Childbirth in Canada is, for the most part, a medicalized experience. Women who choose to birth their babies at home are by far the exception rather than the rule. In Alberta, in 1981, the College of Physicians and Surgeons forbade physicians from attending homebirth, with the belief that women would stop having babies at home if they could not have medical care. However, women have continued, in increasing numbers to have homebirths, seeking alternatives to medical care such as midwives. What does it mean to these women to give birth in their own homes? What is it like to have a homebirth?

Birth Stories

Molly has had three babies, the first in hospital, the second two at home. There was nothing particularly wrong with her hospital birth, she just liked the stories told by her friends who had had homebirths. Her family was supportive of her decision to have homebirth. Her second homebirth took place just 15 months after the first one. Her two boys were present at the birth as well as her husband, her sister-in-law, and her mother-in-law. Within two hours of the birth of her daughter, many relatives came calling, pizza was ordered and a birth-day party took place. Three days after the birth, Molly, her husband and her new daughter drove to BC for another special family celebration.

Diane had a homebirth for her first baby. She made the decision to have the homebirth late in her pregnancy. Her obstetrician had one day told her that her baby was in the breech position and that he would do a cesarian section within a month. She did not feel good about that decision, first, because he diagnosed the breech without even touching her abdomen, and second, because she did not think she was due for at least 10 more weeks. She initially came to see a midwife to see if the midwife could turn the baby. At that time, she discovered that her baby was not in the breech position. She still thought she would have a hospital birth with a midwife attending as labour support, but after attending one of the prenatal classes offered by the midwives, she decided to have a homebirth. Diane’s husband was very supportive of the decision, but none of her family or friends were supportive, and in fact, tried to persuade her to change her mind. Diane’s labour progressed very well until near the end when she “got stuck” for several hours. Her midwife offered her the option of going to hospital for some intervention, however, Diane persisted and gave birth to her son. After the birth, her family came to visit. They are now supportive of her decision.

Cathy is waiting for her third birth. She had her first baby in hospital and her second at home. She decided to have the homebirth because she felt completely out of control during the hospital birth. She knew that she did not want some of the interventions, but felt powerless to stop them. She and her husband believed that
homebirth with midwives was a better fit with their personal philosophy of self-care and minimal intervention. Her daughter was present at her son’s birth, and she plans to have both her son and daughter at this birth. Besides her immediate family, she plans to have her best friend, her mother, her mother-in-law, and her mother-in-law’s sister at this next birth.

Amy has had three babies, the first in hospital and the second two at home. She was not satisfied with her hospital birth experience because she felt that she was treated like an object, not like a person. She decided on homebirth after attending a film night sponsored by a consumer group who supports alternatives in childbirth. She had her children present at her second homebirth, and her husband “caught” the baby with the assistance of the midwife.

Megan has had seven children, the last four were born at home. Megan has a very strong sense of the spiritual nature of birth and felt that she was not able to have the spiritual experience that she desired in the hospital. She also feels that birth is a family affair, but was not able to negotiate having her children present at the birth in the hospital. Her seventh birth was attended by all the children, her husband and two close friends.

Irene was a single mother when she had her first baby in hospital. She knew about homebirth at that time, but it never occurred to her that she might do that. She found the hospital experience to be terribly isolating, especially because she was separated from her daughter for a prolonged period soon after the birth. When she became pregnant a second time, she had no difficulty persuading her husband that homebirth should be their choice. His sister and his sister-in-law had had homebirths. Irene is an extremely private person and is extremely uncomfortable with any invasions to her person. She had invited two sisters-in-law to her homebirth. For her, the best part of the homebirth was at the end, being able to hold onto her new daughter for as long as she wanted.

Lea had her first baby in hospital. Just a few days before her birth, she found out that her baby was in the breech position and so her doctor said that she would have to have a cesarian section. The cesarian section was a frightening experience which her husband was not allowed to attend. Before she became pregnant the second time, Lea had decided that she wanted to have a vaginal birth (VBAC) but was not sure how to do that without having to fight with the doctors and hospital staff. She heard that she could have a homebirth with midwives and decided that that was the best option for her, her husband and her daughter. Her son was born at home with family and friends in attendance. Lea describes the homebirth as being a spiritual, empowering experience.

**Deciding on Home as a Place for Birth**

Women who have experienced both home and hospital births note significant differences between the two experiences. What is it about having a birth at home that creates such a remarkable difference? Bollnow (1961) describes home as the centre point of a person’s world
or lived space. At home, the person is rooted to the world in a space that is safe, protected and familiar. The walls of the house separate the person from the outer, strange and potentially dangerous world. At one hospital, all births which occurred in the labour room (rather than moving to the delivery room) were called “homebirths”. Can a homebirth occur in the hospital? The hospital may be the centre of the world of the physician or nurse working there, but it is part of the outer, strange world for the woman. Some women feel scared in the world of the hospital.

Rick pushed his way in right to the OR door, then they got really mad at him because he wasn’t listening to them. I really appreciated that you know. That’s one of my nicest memories, you know, that he did that. And then when they got really mad at him at the OR door, I was right in the middle of a whopper of a contraction and they made him leave me in the middle of this contraction and I started to cry cause I thought I needed him there to hang onto. Like I was really really scared. That whole hospital thing was one where I was really scared the whole time. By the time they got me in the OR, they were in a big hurry because they were afraid that I was going to be pushing. Sounds pretty weird eh, the baby’s going to come out, so we’d better do the cesarian now. (Lea)

Despite the attempts to make the hospital appear to be more like home, for example wallpaper, pictures, wooden headboards, and television sets, the woman is still a stranger there. In fact, the home-like touches may contribute to a feeling of “what is wrong with this picture?” A sense of a “through-the-looking-glass” experience. Bergum (1989) notes that the hospital labour and delivery areas appear more like hotel rooms than someone’s home. Interestingly, hotel and hospital were originally synonyms, meaning places where guests were received (Ayto, 1990). In the hospital, the woman giving birth is the guest; at home, she is the hostess.

For most Canadian women, the hospital is usually considered the appropriate place for birth. For women who regard pregnancy and birth as an illness, fraught with potential dangers, it is not surprising that the woman would choose to leave her home to go to a strange place in order to give birth with all the “experts” in attendance. However, for women who regard pregnancy and birth as usually normal, healthy physical states that blend relationships with physiology, the strangeness of the hospital may be overwhelming. Megan noted that although she liked both her physician and the hospital setting she used for her first three births, she found that going to the hospital caused a great deal of disruption for her family and that she never quite was able to have the experience that she wanted. She felt that her homebirth experience was a social event, involving her whole family, rather than disrupting it. When the woman steps into the strange world of the hospital, she may find she is helpless in her attempts to keep from being caught up in the activities of that world, rather than following her plan that was made in her world.

I was so angry when I had Celine in the hospital. I had the best doctor in town, but still, he just went ahead and broke my water and cut me without asking. And, I knew what was happening and couldn’t do anything about it. (Cathy)

We often look forward to getting home; we find that the day we managed to stay home to work was a treat. Somehow, it seems so much easier to be ourselves, to be comfortable in our
own space. Would that feeling of ease, familiarity and comfort be any different when home is
a place of birth? How do women giving birth at home perceive their home? Although women
do have access to research findings supporting the safeness of homebirth (e.g. Kitzinger, 1991),
the medical model view of birth as a risky, medical event pervades our society. Women may
find that their choice is constantly challenged by well meaning family, friends and strangers.

  My mother refused to talk to me. She was absolutely against it. She said that I was
taking my baby’s life in my own hands and that I had no right to do this. (Diane)

  My family, well they were never really negative toward it, but, they weren’t
supportive of it either. They just thought that I’d smarten up and change my mind
and go into hospital, like where I belonged, by the end. They never believed that I
would go through with it. (Lea)

**Home as a Safe Birthplace**

Home is generally thought of as a safe haven, a place to go to be protected, to be safe from
strangers (Baldrursson, 1985). Women choosing homebirth weigh the risks and benefits of
home and set their own limits to what would be considered a safe homebirth experience.
Doubtless, there are women who would never consider home to be a safe birthplace and
would, therefore, never choose homebirth. When home is not a safe place, when the woman
perceives danger there through abuse, lack of privacy, conflict, home is not likely to be
perceived as a safe birthplace. For some, the perception of safeness is present, yet, home is not
the comfortable, familiar place where the woman can be at ease during her birth. Irene had
some strong negative feelings about her home related to earlier conflicts with her husband
where he kept reminding her that this was his house, not hers. She did believe that the home
was a safe place for birth, but believes some of her earlier feelings about the house negatively
affected her birth experience. The perception of home as a safe place for birth is an important
part of the experience.

  It felt, and this is going to sound really stupid, but it sounded like or felt like the
house was hugging me almost. I mean, it had always been our house, but it seemed
to take on an almost human quality of protection, security at that point. (Diane)

The very nature of the parent-child relationship would preclude deliberate choices about birth
that were perceived by the parent to be dangerous. A mother wishes to protect and safeguard
her child. The woman who perceives danger in her birth place may have as much difficulty
giving birth as a woman who perceives danger in her neighbourhood has difficulty allowing
her child to venture out into that world. In making their decisions, preparations and plans,
women confront and conquer the safeness issue. Most women get information from reading,
talking to their caregivers and from peer support. Lea needed to know about how
complications would be handled even though she never seriously believed that she would
ever have a complication. For her, the confidence in the safeness of home gave her an inner
knowing that the birth would work out really well.

**Home as a Familiar Birthplace**
When we move to or build a new home, we organize our belongings in a way that creates meaning for us (Bollnow, 1961). This organization creates space, a space to sleep, to eat, to relax. The order of our world is based on familiar things being in familiar places. Although birth may be an unfamiliar experience, the connection to a familiar world brings the peacefulness of the home to the birth. Women know the comfortable places in their homes from previous experiences with illness, fatigue or nesting. The bed has her place, where the mattress is moulded so that her body fits. The chairs and sofas are all tested for the best position, the ones that the pregnant woman can get in and out of easily, the ones where another person can sit near to rub her back or speak softly. The tub is her own, no need to worry about who sat there last, was the tub cleaned, will there be hot water. The best places of the house are known, where to stay warm, where to cool off, where there is a nice view, where the woman can have privacy. Even if the hospital has all the physical items of the home, none of these are known to the woman. For example, the bed has been laid on by thousands of women before her, none long enough to make her mark on the bed. The space created by the arrangement of the furniture and other objects in the hospital does not have meaning for the labouring woman. Although the uses of many of these things are familiar to the woman, they are not organized by her in a way that creates meaning for her. At home she does not need to use her labouring energy to get to know the space and the furnishings.

Making Home a Birthplace

As the woman makes preparations for her homebirth, she creates a space for birthing. She becomes familiar with her home as a birthplace, usually long before the actual birth experience. The preparations she makes go beyond the nesting rituals of putting up the crib or decorating the baby’s room. She sees and touches the supplies and equipment that the midwife will bring with her and makes plans for where these things may go in her home at the time of birth. The woman shops for supplies for the birth, such as a plastic cover for her bed, olive oil, bendy straws and K Y jelly. This is often described as being “fun” and “exciting”. It was like going through the grocery store so proud of what you’re doing and you want people to ask you questions so you can just tell them. (Lea)

The woman performs preparatory acts for the birth itself such as getting the bed ready, making up packs of “sterilized” sheets and towels, selecting the “right” pan for the placenta, deciding what is to be done with the placenta. She is actively involved in preparing the tools of birth, perhaps as one step in giving her body the right environment for birth. She is shaping the space of her home to allow for the new purpose of giving birth. She puts things in their proper place in readiness for the birth. Rather than having the order of home disrupted by the birth experience, the home is prepared to be a birthplace. The sheets and towels selected are usually old, well known ones, unlike the hospital where a disposable paper drape is used to cover the woman and the bed.

I got off the bed and stripped the four-poster down, bringing the birthing sheets from the hall closet. The rubber sheet we’d used when Anna was born in this room went over the mattress first, then a Turkish towel, and then the linen, washed clean but stained. Tobie had used these same sheets when Sam came, in this bed with its carved finials. Before Anna’s birth I’d welcomed this sense of history and looked forward to sharing my debut into motherhood with her... I stacked a half-dozen clean towels on the dresser. The room was ready. (Sexton, 1988, p.23)
By using her things in her space, the woman is taking ownership over her birth experience.

It was exciting because it reinforced our feeling that we were in charge of what was happening, what was going on. And just the anticipation, you know, like when we finally got to sterilize the towels, like this means YES, this means it’s going to happen within two weeks. And then, it didn’t so we had to resterilize everything. (Diane)

For some women, the arrival of the midwife and her equipment can create some disturbance in the order of her home. Up until that time, everything in the home is part of the home, the woman is using her things in her space. Bringing new things into the space means a rearrangement is necessary. For some women, that rearrangement interferes with labour, at least, temporarily.

And when the midwife came, then it (the labour) kind of slowed down and when she first got to the door it kind of petered out a little bit. And that was because I was watching the equipment coming in. It was weird seeing the oxygen. I wasn’t scared but it was like, well, I guess this really is going to happen. But it took a few minutes to settle into the mode that this was going to really happen. And then, they (the contractions) started to come back. (Lea)

In addition to the preparations of equipment, women spend time selecting the place of birth. As opposed to hospital where the choice of place is generally limited to the bed in the birthing or delivery room, the woman has many choices at home. Some women prefer to use their bed, in their bedroom. They say that giving birth in the place where they conceived completes the cycle, that it is fitting that both intimate acts occur in the same place. Megan wanted to give birth in water, but knew her bathroom was too small to accommodate the midwives and her family of husband, six children and her sister. She spent many weeks seeking the “right” alternative, finally settling on a huge galvanized steel feed tub which sat in the middle of her kitchen floor for the two weeks prior to birth. When her labour became strong, she climbed into the tub full of warm water, and within half an hour pushed out her seventh child, a daughter. Immediately after the birth, the two youngest daughters pulled off their clothes and climbed into the tub with their mother and their new sister. Because the “place of birth” sat around the kitchen, it became a familiar, safe place for the children to be included.

During the labour itself, women have the freedom to move about their home, not worrying, as they may in hospital, that they are trespassing into some forbidden territory. Although the measurable area of the hospital is larger than most homes, the perception of space in the hospital may be very restricted.

In the hospital, I had my little path, from the bed to the bathroom, and back again. That was it. (Amy)

Some woman like to maintain contact with the outside world, particularly in early labour. Irene described wanting to go out for walks in the early part of her labour. Diane described that she liked being in the living room for part of her labour because the sunshine was pouring in, but once her labour became more intense, she wanted to go into the bedroom where it was
darker, more like a nest. Some women change their plans for their place of birth during their labour.

I was sort of thinking of doing something really mushy romantic like being in the living room with really nice dim lights, and when the birth actually came, I was too embarrassed to follow through on it... I actually thought I was going to do it in the bathtub. I was just labouring in the bathtub and then a thought came to me that I hate this bathroom, I can't have it in here, forget it, it's the grossest room of my whole house. So, I moved. (Lea)

Being in one's own home gives one the freedom to decide, even during the labour, where one will be. At home, it's okay to change your mind.

At home, women give birth in a place that is used for everyday activities. During the beginning of strong labour, Molly sat on her living room floor folding diapers until the whole basketful was folded and then went to her bedroom. The sense of familiarity in the space for birth need not make the experience any less special to the woman. After all, many special events and celebrations occur in one's home. Seeing the familiar walls, treasures and furniture can be reassuring when everything inside her body is undergoing change. The woman need not spend any of her energy being “surprised” by a strange picture or piece of furniture. She knows where everything is kept, she knows the rules of the place, in fact, she may have made many of the rules. She does not need permission to go anywhere, to do anything, to use anything.

Home is even so much more comfortable in terms of familiar things, it’s comforting. And, also, you feel so much more that you’re the boss. (Diane)

Because birth occurs in a place of everyday activities, some unexpected or funny things may happen during the birth. One woman had punctured her freezer the day before her labour started. The refrigerator repair man arrived just as labour became strong. The couple decided that getting the refrigerator repaired was too important to ask him to come back another time, so, he worked in the kitchen directly below the bedroom where the woman was labouring. The repairman worked at lightening speed to get out of that house. Irene has tenants living in her basement. The day after her birth, she discovered that they had been listening attentively to the birth.

They were right there sitting in the living room waiting for it to finish and after the baby was born, they didn’t hear me saying it’s a girl. They thought it was a boy because they thought only a boy could make a mother suffer like this. So, the day after, when they came, when we opened the door, before we said anything, they said “it’s a boy”. And they said the time and we said, “no, it’s a girl” and they were very surprised. We knew they were stuck to the wall. (Irene)

Even the everyday nature of some of the birthing activities can create unusual situations. In order to have warm towels for drying the baby after birth, towels are put in the oven on low heat toward the end of labour. Lea’s towels caught on fire, filling the house with smoke. Despite the bitter cold, all the doors and windows were open for the birth.
Time to Birth

In “real” time, there is no evidence that being at home does anything to decrease the length of labour. In fact, some studies suggest that the average length of labour is longer among women who birth at home than among those who birth in the hospital. In the hospital, the clock rules the labour. If the woman does not follow a normal curve in her progress, interventions such as intravenous hormones are used to speed up the process.

The “clock” used at home is the one set by the woman’s body. Midwives who attend homebirth are committed to the natural process of labour and birth and are content to watch nature take it’s course. Events that mark time in the hospital such as routine assessments, shift changes and lunch breaks do not happen at home. Women are free to mark the passage of time in ways that are meaningful for them. Many women check the clock when that first “real” contraction, sign of labour comes. Early in labour, the time from one contraction to the next may seem forever as the woman tries to decide if this is really “it”. As labour becomes intense, there is never enough time between contractions. It seems like forever since the beginning of labour, yet somehow the night flew by. Others may keep track of clock time for the woman. Lea knows that it took her 26 minutes to push out her son, but at the time she was not conscious of the passage of time.

Van den Berg (1970) suggests that our sense of time is associated with change, change of light, change of colour, change of place, change of plans. Time is important to the labouring woman. “How long?” “How long until it’s done?” “How long until I push?” “How long should I try this?” “How long should I stay in the bathtub?” What kind of answer does the woman want? An answer built on clock time may seem the kindest answer, “only one more hour.” But, what is that hour? Thirty more contractions? An endless sea of pain? A blink of an eye? Not long enough, I need more time? Too long, I can’t bear it? At home, the answers come with body time. “When your body is ready.” “When your cervix is open.” “When you feel like it.” “When the next contraction comes.” Time, for the woman, is marked by the changes she feels - a time for sleeping, walking, crying, pushing, rejoicing. The feelings are internal, sometimes confirmed by an external assessment. Yet, the usual time markers of routine internal exams and prescribed limits on stages of labour and the amount of time to push out the baby, are less important at home. The woman is encouraged to “listen” to her body for the time cues. The inward focus makes the “usual” time passage cues less important. The woman may not have noticed the beautiful sunrise that informed the rest of the world that yet another day has started.

When I was checking the time, it felt very long. But if I wasn’t checking the time, it just felt like a very hard day of work. Six or eight hours of work. Like going to the office and coming back home. It didn’t feel any longer than that. And I was actually from eleven at night until six the other night... when I think back, the feelings I have is that it lasted an eternity. But while it was happening, it felt just like six hours, I was surprised every time that I looked at the time - how come three hours went by?! (Irene)

Time at home takes on a continuity, marked by the changes perceived by the woman. When a labouring woman goes into the hospital, external time - the time clock, the “normal” labour curve - prevails. Even during the time that the woman is at home, she is marking time for the right moment to go to the hospital. Women whose bodies don’t conform with the times
imposed by the texts or with what is believed to be acceptable, have interventions performed on them to speed up the labour. And, if even that is “too slow”, surgery is performed so that the doctor can do the job that the woman’s body could not. Although the woman may be aware of her internal experience of time while in hospital, there are frequent intrusions reminding her of external time - the routines of nursing assessments, the shift changes, and the meal breaks.

**At Home, I am My Body**

Labour and birth are intense body experiences. The woman develops a new or heightened awareness of parts of her body. Trust in her body is of primary importance for the woman choosing homebirth. Although there is always an option to transfer to hospital for interventions such as pain medication, the lack of these at home are serious considerations. Throughout the pregnancy, the woman confronts her beliefs about her body’s capacity to birth. This is a particular consideration for women having first babies or who have previously had a cesarian section.

I really had confidence in my body, because I knew my body worked really well and I was really healthy, I’d never been sicker than with the flu in my whole life. I’d never had any problems with anything, so, I knew that I’d be fine. (Lea)

It is up to her body to give her the cues of what is happening, to do the physical work of birth, to do the right healing things afterwards, and to nourish her baby. Yet, her body is more than merely a machine that does that work. The woman in the body is strongly connected to the physical aspects of birth. She has the ability to maintain control over her body by being able to decide what position to assume, when examinations will be performed and who will touch her and how. Yet, she is in an environment that gives her the security to relinquish control to her body, allowing labour to happen, vocalizing, recognizing body cues.

It kind of surprised me that I made no noise because I’d always been really quiet and when I felt like when I needed to make the noise I didn’t hold that back. I let it be. It wasn’t really loud. You know, just letting out the nice moans, or the yells or whatever with the contractions. And it felt really good, I liked it. I liked making the noise actually. (Lea)

Although the woman trusts and believes that her body will be able to give birth naturally, it is always awesome that it happens!

It sent me flying into a million pieces. It was incredibly empowering. (Lea)

The pain of labour and birth is a very real experience for women birthing at home. They know that the midwife does not carry narcotics, cannot do an epidural. For some women, those first birthing pains are welcome, a sign that “it” is really happening.

Oh finally, finally, finally, finally!!! And I was just so excited that I found it hard to sleep. It was YES, YES, YES, YES!!!! I was dancing around in the bathroom. (Diane)
I got up and thought, I don’t really want to wake anybody up yet, this is fun, it’s nice, it’s something I want to have for myself. (Lea)

Birthing pain is faced with a blend of fear and courage. Pain is not experienced throughout the labour and birth. Words such as pressure, stretching, discomfort, and cramping are also used to describe the bodily feelings throughout labour and birth. Women can describe the most painful times of their birth and labour experience. And yet, the pain seems nearly forgotten once the baby is in the woman’s arms.

And when he opened his eyes and looked at me, that to me was the whole birth right there, was him being there and the process of him getting there, instantly, anything that I had felt in terms of pain or anything faded. THAT was the moment. And there he was. (Diane)

In hospital, there is a tendency to concentrate on the baby in the woman’s body. Continuous electronic fetal monitoring may take precedent over the woman’s desires for finding a comfortable position, walking or being in the shower. The woman’s body is often viewed as a hostile environment for her baby. Her inner knowledge about her baby and herself is not to be trusted. Her way of labouring and birthing ought to fit the set norms of the institution. Moaning and crying in labour are seen as disturbing and are responded to by offers of medications. Women are bullied into complying with the desires of the caregivers, usually through threats of “we wouldn’t want to do anything to harm that baby, would we...”. One woman was pushing out her baby on her hands and knees. Her physician walked into the room and told her to roll to her back. When she said that she was very comfortable in that position, he told her that he did not know the anatomy from that direction, and he was sure that he would injure the baby, and probably cause her to have a large tear. Naturally, she rolled over. The ultimate separation of woman and body is the epidural. The woman is disconnected from all sensation of the part of her body involved in birth. Her body becomes the machine that does the birthing, often with much assistance from the physician.

Gadow (1980) describes a dichotomy between the lived body and the object body. The lived body is a way of being that is not in objective space or time. It is a pre-reflective consciousness of self, and the way that self is affected by and affects its world. The object body is public, open to inspection and belongs to objective space and time. The object body parts have only functional value. At home, the woman may find she can connect her object body, the part brought to consciousness through the labour and birth, with her lived body. She is in a space where her body is familiar with the external environment, so that her connection of body with space is part of her lived body experience, not her object body experience. Her confidence in her body’s ability, her knowledge of the processes and her empowered position all contribute to her ability to embrace her objective body and unify it with her self. Some women speak of someone else occupying their bodies during their labours, a self that they did not know before the labour and birth. Perhaps, this is the new complex reality of the unified object and lived bodies to which Gadow (1980) refers.

I felt like I was something different. I was something, well, I’d say it was definitely me, but it was a part of me I had never met before. It scared me, it was a really powerful part of me I had never met before. A really powerful part that I before the
birth would have never believed was there. I just followed her. I just did what she was telling me to do, be naked, make noise, I made great noise. (Lea)

For some women, being at home gave them a comfort with their body not experienced in other situations. Even for Irene, who was concerned about being naked in front of people, and finds it very difficult to watch the video of her birth, the familiarity of home gave her the comfort with her body to expose much more than she expected she would. At home, women can choose the appropriate body coverings and wear or remove them as desired. Diane was surprised at her attitude toward her body during birth.

I’m not very proud of my body and so I tend to keep it covered up as much as possible at all times. Like I won’t wear shorts ever. I mean this is, I just don’t like the way I look. But there was such a feeling of support and acceptance from the midwives that by the time I gave birth, actually, halfway through, I was completely nude and it didn’t bother me in the least. There was no judgment from them, it was just as I said, it was very much acceptance. (Diane)

The baby in the woman’s body is separate, yet connected to her. Some women speak of knowing their baby inside them. For Diane, that connection came during her decision to have a homebirth. She attended a prenatal class given by the midwives and participated in a relaxation exercise.

I had a really, a really profound experience with that. I actually felt like I was communicating with him. There’s a part where it says, you know, allow yourself to see your baby and I felt such incredible joy at that minute and not coming from me but coming from the baby. And I felt so close that I felt like I could check and see if it was a boy or a girl, but at the moment it was absolutely not important to me. (Diane)

Lea made connection with her son when she was pushing and the baby’s heart rate was beginning to slow down.

I sort of closed my eyes and was thinking about Adam, and I didn’t know it was Adam at the time. I was thinking and I knew that I was being told that everything was fine, like I knew he was fine. I knew, you know, I didn’t have anything to worry about. (Lea)

For Cathy and Irene, the recognition of the connection came after their daughters were born.

When I saw her, she was no surprise to me. Oh, this is who this was all the way inside me, I wasn’t surprised. (Irene)

Most women who give birth at home wish to extend the experience of the baby in their body, by having their baby on their body immediately following the birth. The woman’s way of knowing her baby throughout her pregnancy has been through her body. Her body is highly aware of the baby’s passage into the outside world. It is through her body that the woman first gets to know her baby after the birth.
Suddenly he was in my arms. I felt him in my arms and he felt so heavy to me and there was a hot sweet smell that was coming from him. I have flashbacks of that a lot, and you know sometimes a certain way that he’ll cuddle up in my arms and it almost brings tears to my eyes. (Diane)

And so he flew out and he was perfect. The feel of him on my skin, that’s something I’ll never forget. It took me a long time to look under the towel, to see the baby. I could feel him, and that’s all I needed to do. I had to really let that sink in that there was really a baby there. (Lea)

**Homebirth - A Family Experience**

The very nature of birth is to bring about a new member to a family. As home is the centre of the world of the family, those women choosing homebirth have a strong sense of family in the planning of the birth and through the birth experience itself. Family approval of the decision to have a homebirth is important. Although many women will have a homebirth without support or approval of parents, siblings or extended family, it would be difficult for a woman to go ahead with her plans if her partner was unsupportive. Bollnow (1961) suggests that one can increase one’s lived space by working with another. In this sense, the support of the partner, the other person living in that home, opens all aspects of the home to the birth experience. Without support, the space for birth would be so restricted that there may be no place for birth in the home. Where in a couple’s home is there a space that is truly the woman’s alone?

Al believed that you have to be where a person would be most comfortable to give birth. So, I knew even from before that I got pregnant that my husband supported homebirth. I don’t think that I would have been able to have the homebirth if he wasn’t. (Irene)

**Continuity of Family**

When birth occurs at home, there is no disruption to the functioning and growth of the family. The new family member arrives into the centre of the world of the family. There is never any question of whose baby it is. The baby need not be examined and observed in a separate nursery. In hospital, women are often expected to relinquish their baby soon after birth, if they were even able to hold the baby at all immediately after the birth.

In the hospital when I had Sandra, I had these feelings of feeling abandoned and that they stole my baby. I felt I was a number when they took Sandra away. They wanted to measure her and stuff and I thought, gee, who is most important here? You, your measurements or the baby that needs me and I need her? (Irene)

At home, the baby is held by the woman for as long as she wants before even basic assessments like weight and toe counting are done. It is up to the woman to announce the gender of the baby -when she is ready, she’ll look under the towel. This is her baby, her news.
And everybody was pacing the room, patiently waiting for me to say that it was a boy. I remember my friend tried to peek for me and then she said “what am I doing? I’ve had a homebirth, I know I wouldn’t want that!” (Lea)

For some women, this early connection with their new baby causes feelings of grief over the loss of this experience during an earlier hospital birth.

I bonded with him to the point where, whoa, like I had really really bonded with him. And I started to really grieve over what I lost with Annie. Because it was so strong with me and Adam. (Lea)

I was so happy I was allowed to have my baby immediately, the way I wanted. I felt like crying for the pain I had when they took Sandra away, I never really felt I had the right to cry at that time, five years ago. But, then at the birth of Katie, I felt, oh, I’m sorry Sandra, I didn’t give you and me this pleasure to be together and that’s what I really liked about the homebirth. (Irene)

The woman is able to introduce her new baby to the rest of the family, to create a space for the baby in the family.

When Kevin came out, I knew I loved him right away, and I know I said it. At the same time, Celine was sitting beside me and so I turned to her and hugged her and told her how much I loved her and was glad that she was there. I didn’t want her to feel replaced by Kevin. (Cathy)

The woman’s role as mother, as caregiver for her new baby is established immediately, through her caregiving activities in preparation for the birth, and through her immediate contact with her baby.

Being at home immediately after the birth, having your baby there, you being the caregiver to the baby was really nice with the homebirth too. Because you really learned what to do on your own. And you really built your confidence. It’s like, well what’s next here? Well, next is nursing, feeding my baby, and looking at him and not having people telling you you’re doing it wrong or right, and you did that in your own home, in your own way, as a mother, and it really helped to get early parenthood on the right foot. Instead of having to doubt your confidence level with your baby, always wanting somebody else to tell you or say you need to do this now or need to do that. But to be free to discover what that is for you. And to do it. (Lea)

In our society, we have come to expect the presence of the partner at the birth. Partners, too, feel like strangers in the hospital environment. They are often expected on one hand to be the supportive labour coach, the expert in caregiving for the woman, and yet, on the other hand to stay out of the way of the work of the professionals. At home, they are the expert on their role in the relationship. Often, their involvement in the birth is much more intimate than it could ever be in the hospital. The way that touch and words are expressed is different in the privacy of one’s home than in the public place of the hospital. At home, closing a door is respected,
the couple may be together in a way that is comfortable to them. In the hospital, the door is the property of the staff, not the woman or her partner. A closed door is suspect. At home, the involvement of the partner is defined by the couple, not by the rules of the institution.

It was really nice for Rick. You know there was nobody telling him he couldn’t do this, he couldn’t do that. He was free to get right in there and he did. He never left my side, and he knew how to support me and he was great, and he was just totally filled with emotion when Adam came out. (Lea)

Sam really wanted to catch the baby. It felt okay to ask Paula to help him catch. I never could have asked a doctor in the hospital. It was so special to me to have Gwen and John sitting beside me and Sam sitting in front catching Carole as I pushed. (Amy)

The continuity of the couple’s relationship and the involvement of both in the planning and in the event strengthens their bond and their relationship with the new baby. Even Irene, who resented Al’s lack of participation, particularly prior to the birth, found that Al was moved by his close involvement in the experience.

All through the pregnancy he took his rest. I’m not saying he wasn’t working and having the money coming and the house and the food, but he would rest about this baby, he wouldn’t work and read the book. That was the type of work I wanted him to do. And he didn’t do it. I felt so uncomfortable to see him sleeping when I was in early labour, I felt like a single mother all over again. But, my feelings now have changed a lot about him, about him contributing to the work that a child involves. All through the first month, I didn’t burp one single time that baby, I didn’t change one single diaper that first month, I would just feed and rest, feed and rest. So he was the biggest help. Again, having a homebirth made him conscious of the work that it involves, that it was great for him. (Irene)

At home the involvement of family often extends beyond the partner. Many women choose to have family or their other children present. For women like Megan, having her children present was a major factor in her decision to be at home. The arrival of a new sibling can be a confusing time for a young child, and for the woman. The woman has already formed a strong relationship with that first child. If she goes to the hospital for the birth of the new baby, the child may question “where is my mom?” “Why did she have to bring home this baby?” The woman herself may feel the tensions of her existing love for the older child and her developing love for the new baby. Although a physical space has been made in the home for that new baby, a relational space may take a long time to develop. The arrival of the new baby creates chaos in the order of the existing space. Women who include their children in all or part of the birth process facilitate the development of family relationships. The introduction of the new baby occurs in a place of security, within the children’s orderly and trusted world (Bollnow, 1989). The preparation of the home as a birthplace creates early beginnings to the development of a relational space for the new baby. Children often sense the magnitude of the birth event and sense a particular trust that their mother must have in them. Women often say that their children were great at the birth, “better behaved” than usual. Children seem to be intuitive to their mothers’ needs and are highly interested in the process. In some cases, the child may even take on a caregiving role for the woman.
Annie was a couple of months shy of being three. So, she was right with me in labour. She was helping, she was rubbing my back at times, and she was pouring water on my tummy. And her eyes were as big as saucers incredibly intense, because she’s a really intense little girl. And I remember that intensity. It was so cute. And then she was with, when Adam came out, she was in the room and watched the whole thing. And I remember after the birth, I asked her what she saw at the birth. She said “well, I saw Paula put the bag on her hand and take the baby out.” (Lea)

At Home, You Know Me, You Know My Name

The woman having a homebirth is attended by family, friends, and caregivers who know her, in her own place for a longer time than just the birth experience. Everyone knows her by name, and she knows everyone there by name. The experience of naming and being named brings the birthing woman closer to those around her. She cannot be an object for their entertainment or work, she is a person with a name, with feelings, with a life history. Her relationship with others takes on a deeper level of trust and respect. The knowing associated with the naming is deeper than merely attaching a label of Irene or Amy or Cathy to the woman in labour. In hospital, nurses and doctors also call the woman by her name. However, the nurse just met the woman at the time of admission, or at the beginning of a shift. The doctor has had longer contact with the woman, but generally only on a superficial basis, and only on “his turf.” The use of first names in the hospital can take on a very different tone. The levels of hierarchy within the hospital dictate that only those at the top are given the respect of title - “doctor”. Those at the bottom, are often patronized, treated like children. In addition to being called by their first name, they may be called names like “sweetie” and “dear” (Bergstrom, Roberts, Skillman, & Seidel, 1992). This naming does not establish a close relationship, rather, it creates space and barriers between the woman and her caregivers.

The close relationship allows the woman to use the people around her as support, both physical and emotional. One midwife tells women “every supportive person at a birth is worth 50 mg. of Demerol.” The presence and touch of others brings a connection, a sharing of the experience. Touch is an extremely intimate form of communication. Women say that touch from others gives them confidence in their abilities.

When I’d say I couldn’t go on any more, there was immediately a hand touching part of me, you know, massaging, well, a leg, or a cool cloth on my forehead. And it was just wonderful and it was like being surrounded by a circle of your closest friends who were just there to help you through. (Diane)

Buystendijk (1970) suggests that touching is both a way of being together with others and of being oneself. It is through the close relationship between the woman and her selected others, that touch can be a way of relieving pain, of connecting with others, of connecting with herself, of knowing herself during labour and birth.

Most women having homebirth talk about developing a special relationship with their midwife, one that is very different from any previous professional caregiver relationship. They feel that their midwife has come to know them through many hours of contact prior to the birth, some at the midwife’s office, some in her own home. Confidence in the midwife’s
abilities is extremely important, yet the relationship between the woman and her midwife is based on more than professional competence. Women gain a sense of respect, confidence, love, and empowerment from their midwives.

It was the first time in my life that I had ever been treated so respectfully or as a whole person and where I was the one doing what I needed to do and everyone was loving me and respecting me for that. That was also extremely empowering for me. I felt like I was free. I didn’t even feel a need to be in control. I could do what I needed to do. And, I was in a position to make my own choices. But, I never had to say to anybody that I needed to do this now. I just did whatever I felt, and they followed it, you know. (Lea)

I felt like I was surrounded by friends, even though I hardly knew any of the midwives, really. I had only met Lisa once, for example. But, it was because of the way the midwives acted and reacted to things that were going on. The midwives were absolutely there and not just physically, but almost mentally as well. I could feel the support and the caring. And the other thing is that love is really important - it is one of my most major important things ever - and it seems a funny word to use again with women you hardly know, that there was such an atmosphere of love in that room and particularly when he was born. And in a way that it could never be in a hospital where truly because of the way a hospital is set up there isn’t room for that kind of love and taking your time to feel it. (Diane)

The midwife creates a woman centred experience. She knows the woman, understands her vision of her birth and is known as “the guardian of normal birth.” The woman knows her midwife will be with her for the duration, no matter what. In hospital, the technical aspects of relationship building can be present - the naming, the interest in choices, and the recognition that each woman is an individual. However, the limits to the relationship building are artificial to the woman, based on institutional rules, not always even relevant to safety or health. In hospital, the caregivers are strangers. The nurse is a stranger who will not be with the woman consistently because of shift changes and meal breaks. The physician who has some form of relationship with the woman generally only comes in time to catch. The language of the hospital can be contrasted with home. At home, the woman gives birth. In the hospital, the physician delivers the baby. In this situation, birth involves a power relationship, with the control centred on the professional, not on the woman.

Many women speak of another relationship or kind of knowing that is developed through the homebirth experience, that of connection with women. For many women, there is a sense of pioneering, of doing it ourselves when they decide to give birth at home.

Again I was pioneering, again I was strong and in control. There was a pleasure in doing something I was good at. There was nothing to rely on here but myself and Tobie and Sam: no medications, no surgery, no anesthesia. Just me and my body. For a minute, I thought of my own mother, lying drugged and unconscious in a hospital while they dragged me out of her with forceps. I did not want that. I wanted to be awake, to be the Creator, to give life. (Sexton, 1988, p.45)
The atmosphere created by the comfort, safety, respect and love at home is one in which the woman can move, grow, and discover herself spiritually. During her birth, Lea found herself questioning what it was to be a woman. She had a profound spiritual experience, one that she believes could never have occurred except at home where she felt totally safe and respected.

It was almost as if I felt very connected to all women and it was almost a native feeling. I really felt something watch over me. I really felt the presence about me that I had never felt before. It was almost like I had a guide. This was definitely a connection to women, and it felt really old. It wasn’t like any woman I’ve known, it was like from way back, ancestry type of thing. (Lea)

*Inviting is a Gift*

The invitation to a homebirth is a very honoured privilege. Women at home employ their position as hostess to carefully orchestrate who the people around her will be. For the woman, it is vital to create an atmosphere of trust, patience, respect and love (Bollnow, 1989). Being the hostess of the birth establishes ownership of the event. Many women use this very special experience as a way to share the power of being a woman with other women, to bring back the lost traditions of birth as women helping women.

When I realized that my mother-in-law’s sister had never seen a birth, I decided to invite her too. At first, I thought she was put off by the idea because she didn’t say anything. But, the next day, my mother-in-law called and said that her sister was just so overwhelmed that I would ask her, she really wants to come. It’s like a gift I can give, from one woman to another. (Cathy)

The hostess role can sometimes result in having people at the birth who are not right for creating a comfortable birthing experience. Irene felt obliged to invite her sister-in-law to her birth because of a very close relationship between Al and her. She felt that Al needed to have his sister present at this very special event.

I thought I had an obligation of having her there. And somehow I wanted an experience to get me and her closer together because we were not that close. She’s professional, she has her own company, she knows so much more than me. So, I have a lot of admiration for her. But it wasn’t enough to feel comfortable. She has a different personality than mine. But, I think it was because I wanted to have a special opportunity to bind with her. So now, when she comes, she doesn’t want to talk to me, she doesn’t want to talk to Sandra, her main purpose is to see the baby, and even though she doesn’t tell me that, I know. (Irene)

*Birthday as Celebration*

Homebirth is a celebration of birth, of family, of women. Bollnow (1989) says that celebrations are festive occasions that are distinct from everyday life. A celebration can only occur when there is an active participation of people who have a sense of relationship to one another and to the event. Homebirth takes on the qualities of a celebration, the inviting of guests, the participation of all the players, the development of a sense of community and togetherness. Although couples experiencing birth in hospital may feel joy in their experience,
the experience itself is unlikely to take on the mood of celebration. Hospital birth is more like a ceremony, which occurs regardless of the participation and relationship of the players. The routines and language of the hospital and its professionals are like rituals carried out by those in power, to control the woman’s experience of birth (Kelpin & Martel, 19??). As long as the woman presents herself at the door of the hospital, she need do little else, the ceremony will go on without her.

Many women plan a party following the homebirth. This can be an intimate event, often only involving the partner and the new baby. For others, it is a big event, thoughtfully planned. Diane had her party catered. She arranged to have her brother to pick up their favourite food when she went into labour. Megan had a birthday cake in the freezer, that came out to thaw when labour started. Molly phoned several relatives and ordered pizza within an hour of her birth. The house was full of family having a good time, celebrating the birth of her daughter. For children who are involved in birth, the birthday party takes on a whole new meaning. They realize that this is not only a day that occurs each year when they get gifts, but it is a day that is special for the whole family. For the woman, the birth-day is a celebration of her power as a woman, her connections to her family, her friends, her caregivers and to women.

Epilogue

I have been asked if there is a downside to homebirth. Certainly for the woman who does not plan on a homebirth, where the baby comes too fast, homebirth can be a frightening experience. She has not made her home a place for birth. For her, the proper environment for birth is somewhere else, where the equipment and experts are present. Rather than being empowered by her experience, she may doubt her ability to recognize labour, and her body’s ability to do its job correctly by waiting until she gets to the hospital.

It could be proposed that the woman who planned a homebirth and ends up in hospital, or has a less than optimal outcome will experience profound feelings of failure or guilt. Yet, it is common for those women to choose home again for their next pregnancy. Homebirth is an experience that extends beyond the actual act of giving birth. The space made for birthing in the woman’s home and relationships is a space that can be used for grieving and healing. Rather than being a source of failure and guilt, the choice of home can be a source of comfort and support.

There are many other aspects of the birth experience (Bergum, 1989) that have not been discussed in this paper. Many of these are experienced by women regardless of their place of birth, and so, are not specific to the experience of homebirth.

References


