

Appendix C: Models of Childbirth
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**Medical Model or
Technocratic Model of Childbirth**

The Body is a Machine.
The Body works mechanically with a rhythm similar to other bodies.
The same time frame can be applied to all bodies.

Birth is inherently dangerous. Many things can go wrong. Woman must often be rescued from the actions of her dysfunctioning body.
Surgeon/doctor serves as hero/rescuer.

Tools are lab tests, results, comparison charts and objective criteria. Intuition and woman's knowledge of self/body are disregarded as unreliable and erratic.

Attendant cannot cope well with variations from statistical norm.

Attendant's desire is to "fix" things. By getting involved, s/he asserts power at the birth. After all, if the machine is not working to the normal guidelines set by other machines of this model, it must need assistance (intervention).

Baby is viewed as an additional patient needing medical skills to begin the life process. Medical caregivers often rescue the infant from injury or death. Baby is often treated as if five senses were not developed.

The medical model does not trust the process of birth or women's bodies.

**Woman-Centered Model or
Holistic Model of Childbirth**

The Body represents the whole self of a woman-her emotional, mental, spiritual and physical selves are all reflected. The Body works to its own individual rhythm, a perfect coordination of all those influences. While it may be similar to other women's bodies, all women are individuals.

Birth is a normal function of the female body. The birthing process reflects its owner's pattern of health and living. Birth attendants ease the process through compassion and respectful, healing skills.

Objective criteria and woman's intuitive knowledge and feelings are both valid in decision making.

Variations in the birth process are expected. They require observation, evaluation, and perhaps discussion.

Attendant's desire is to observe, offer support and suggestions when appropriate. Active participation is defined as charting observational information, and using medical skills only when absolutely necessary. Assessment of emotional states and issues is also important.

Baby is respected a whole human being with all five (six) senses intact. S/he is able to begin life on its own with minimal assistance most of the time.

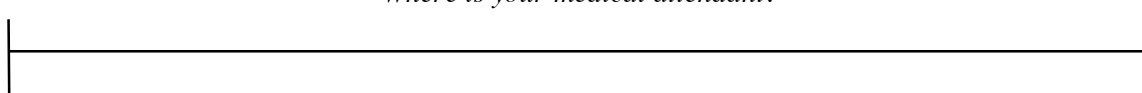
The woman-centered model trusts women and birth absolutely.

Both models are presented as extremes. This line illustrates the range between the two. Your viewpoint and that of your partner and medical attendant may all fall in different places on this line.

The key questions to ask are:

Where are you on this continuum?

Where is your medical attendant?



The larger the space between your viewpoints, the greater the potential for conflict during labor and birth.

Table C1.

Doula Participant Information

Name of Participant	Age Range	Number of Births Attended	Area	Prenatal Meetings with client	Doula Trainer	Date Interviewed
Suzy	50-55	300+	Large City Florida	Yes	Yes	8-02
Serena	40-45	300+	Large City Ohio	Yes	Yes	8-02
Tracy	30-35	200+	Large City* Minnesota	No	No	8-02
Regina	45-50	73	Small City Florida	Yes	No	8-02
Sophie	40-45	150+	Metropolitan New York	Yes	Yes	8-02
JoAnn	50-55	200+	Large City Louisiana	Yes	Yes	8-02
Carmen	30-35	200+	Small City California	Yes	Yes	8-02
Teresa	35-40	200+	Large City Michigan	Yes	No	8-02
Bonnie	50-55	30	Rural Ontario, Canada	Yes	No	8-02
Shenise	40-45	300+	Large City New Jersey	Yes	Yes	8-02
Eve	45-50	23	Rural Area Florida	Yes	No	8-02
Lydia	30-35	75	Large City Florida	Yes	No	8-02
Marci	50-55	150	Small City Florida*	Yes	No	8-02
Delia	35-40	75	Small City Florida*	Yes	No	8-02
Naomi	40-45	300+	Large City* Minnesota	No	No	8-02
Allison	25-30	23	Large City New Jersey	Yes	No	7-03
Iris	50-55	30	Small City New York*	Yes	No	7-03
Thalia	55-60	24	Large City New York	Yes	No	7-03
Camille	40-45	75	Small City, New York	Yes	No	7-03

*indicates same city as other participant

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Doula Participant Information

Name of Participant	Age Range	Number of Births Attended	Area	Prenatal Meetings with client	Doula Trainer	Date Interviewed
Colleen	40-45	100	Small City, New York*	Yes	No	7-03
Ashley	30-35	45	Small City, New York	Yes	No	7-03
Angela	30-35	35	Small City, New York*	Yes	No	7-03
Gladys	50-55	200	Large City, New Jersey	Yes	No	7-03
Mia	35-40	100	Small City, New York*	Yes	No	7-03
Sonia	25-30	200	Metropolitan New York	Yes	No	7-03
Doris	50-55	75	Small City, New Jersey	Yes	No	7-03
Lani	30-35	100	Large City, New Jersey*	Yes	Yes	8-03
Tierney	35-40	400	Large City, New Jersey*	Yes	Yes	8-03
Stella	55-60	30	Large City, California	Yes	No	8-03
Gina	20-25	18	Rural Area, Nova Scotia, Canada	Sometimes	No	8-04
Nancy	30-35	75	Columbia, South Carolina*	No	No	7-05
Crystal	45-50	500+	Columbia, South Carolina*	No	No	7-05
Lila	55-60	200	Columbia, South Carolina*	No	No	7-05
Linda	40-45	300+	Columbia, South Carolina*	No	No	7-05
Sadie	35-40	100+	Columbia, South Carolina*	No	No	8-05
Eleanor	55-60	200+	Columbia, South Carolina*	No	No	9-05

*indicates same city as other participant