

Homebirth: The Marginalization of a Discourse
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Abstract

The following paper calls on sociologists to conduct more focused research on the issue of homebirth. More quality scholarly research should be conducted so that women can be exposed to alternative birth environment options and feel more confident about choosing alternative paths to childbirth.

I draw on the existing literature to suggest that homebirth is the convergence of knowledge, power, and control. Homebirth generally requires the acquisition of birth knowledge prior to birth as well as “embodied knowledge,” a sort of inner-knowing that involves attunement with the pregnant and laboring body. Women who pursue hospital births do not necessarily need to acquire either types of knowledge as their births are often highly regulated by obstetric professionals. This medicalization model stands in contradistinction to the evidence-based model of midwifery care which encourages active maternal participation during childbirth. More specifically, in the midwifery model of care, women are able to exercise power over their birth environments. Although they do not necessarily consider themselves in control of their bodies during childbirth, homebirthers are typically able to make birth environment and intervention decisions. This is a level of control that is often unavailable to women who birth in hospitals.

I also use pre-existing theoretical frameworks to suggest that women of lower social classes are often more disadvantaged by the medicalization model than other women. Specifically, they are not able to control the kind and quality of care they receive and express more anxiety about their pregnancies and births than their middle class counterparts. Homebirthing may offer these women an alternative to the more impersonal medicalized model. However, policies must be put into place regarding the cost of midwifery care and homebirth as well as the development of comprehensive childbirth preparation programs and material support for women who pursue them.

This paper does not advocate that all women should choose to birth at home. Instead, it argues for the creation of an intellectual space wherein homebirth can be critically assessed and moved from the edges of childbirth discourse to the center. Specifically, I want women to be made more aware of the multiple birth environment options that are available to them, and to make birthing decisions that are not based on fears of obstetric dysfunction.

Biographical Statement

Sara B. Moore is a doctoral student in the Department of Sociology at George Mason University. Her areas of interest include social theory, identity, and the sociology of reproduction. She is currently studying the relationship between women’s birthing decisions and their identities as women and mothers.