



## OUR BODIES OURSELVES

5 Upland Road #3  
Cambridge, MA 02140  
[www.ourbodiesourselves.org](http://www.ourbodiesourselves.org)

Contact: Wendy Brovold  
[wendy@bwhbc.org](mailto:wendy@bwhbc.org)  
617.245.0200x13

### Q&A with Judy Norsigian, executive director of Our Bodies Ourselves

#### What makes *Our Bodies, Ourselves: Pregnancy and Birth* different from all the other childbirth books on the shelves?

This book challenges the status quo of maternity care when it is not serving the best interests of women, babies, and families. We present the best available evidence about the advantages and disadvantages of a range of practices, from epidurals to episiotomies. And we include the important warning that some common procedures are not consistently helpful to women in good health and might be better avoided in some cases, while other practices that have been shown to improve birth outcomes are not offered widely.

#### Which practices are overused and which are not offered enough?

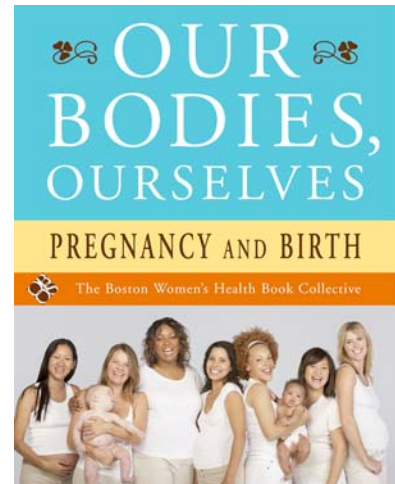
When used appropriately, maternity care interventions such as artificial induction of labor, episiotomies (cutting the opening to the vagina), epidurals, and cesarean sections can improve health outcomes and even save lives. Yet far too often, these interventions are used routinely on healthy women, despite clear scientific evidence that they are unnecessary, ineffective, and/or can cause harm.

The widespread routine use of medical interventions during labor and birth has failed to improve the safety of childbirth for women who are at low risk for medical complications. In addition, these interventions can disrupt the natural rhythms of labor, undermine women's confidence in our capacity to give birth, and decrease our satisfaction with our birth experiences.

At the same time that such procedures are overused, practices that have been shown to improve birth outcomes – as well as women's satisfaction with the experience of giving birth—are widely *underused*. These practices include receiving continuous one-on-one support from a skilled, experienced caregiver during labor; being able to change positions, get out of bed, and walk during labor; and using comfort measures such as massage, warm baths, and birthing balls.

#### What is the difference between what you call a “climate of confidence” and a “climate of doubt”?

Pregnancy and birth are normal, healthy processes for most women, the vast majority of whom have healthy pregnancies and babies. Yet childbirth is often seen as an unbearably painful, risky process to be “managed” in a hospital with the use of many tests, drugs, and procedures. The high-tech medical care that is essential for a small proportion of women and babies has become the 5



norm for almost everyone. Some advocates for child-bearing women describe this as a “climate of doubt” that increases women’s anxiety and fear. In contrast, a “climate of confidence” focuses on our bodies’ capacity to give birth and on our capabilities and strengths. Such a climate reinforces women’s power and minimizes fear. Factors that create a climate of confidence include caregivers who listen to you and respect the birthing process; friends and family who provide support; and a birthing environment in which you feel comfortable.

### **What can a woman or a couple do in advance to increase the chances of a wonderful birth experience?**

First of all, there are no guarantees: Birth is unpredictable and beyond our control. Expectant parents should be aware of that. Staying flexible is much better than having a fixed idea of how you want your birth to go and then feeling like a failure if something else happens. That said, if a woman is healthy and has no medical complications that call for a “high-risk” approach to her care during pregnancy, labor, and birth, she can increase her chances of having a safe and satisfying vaginal birth by:

- Finding a doctor or midwife with low rates of intervention.
- Choosing a birth setting with low overall rates of intervention.
- Considering her preferences for birth and discussing them with her caregivers.
- Arranging for continuous labor support from someone with experience.
- Exploring options for pain relief.
- Avoiding continuous electronic fetal monitoring when possible.
- Avoiding routine use of other medical interventions when possible.

### **Thirty-eight years after publishing the original *Our Bodies, Ourselves*, you say there’s more of a need for this kind of information than ever. Why is that?**

There is so much MISinformation out there, it is often hard to know what to believe. We help people sort fact from fiction by writing clearly and accurately, using language that ordinary people can understand. We also provide excellent guidance on how to use the Internet effectively to get high-quality information. Our website, [www.ourbodiesourselves.org](http://www.ourbodiesourselves.org) is a terrific resource and includes a daily blog on women’s health.

### **Who wrote *Our Bodies, Ourselves: Pregnancy and Birth*?**

This book was written by dozens of people, including midwives, doctors, mothers, and public health experts. Our editorial advisors included Tekoa King, CNM, MPH, a certified nurse-midwife and editor-in-chief of the *Journal of Midwifery & Women’s Health* and Cornelia (Kea) van der Ziel, MD, an obstetrician-gynecologist and co-author of *Big, Beautiful and Pregnant*. The lead author of the chapter on choosing a provider and birth setting, Leah Diskin, is the daughter of one of the founders of Our Bodies Ourselves – and a mother of two herself. This book continues our tradition of learning from women’s LIVED experiences as well as from the latest research findings.

*Our Bodies, Ourselves: Pregnancy and Birth* will be published by Simon and Schuster, March 2008. For more information about the book or to interview contributors to the book (including Judy Norsigian), please contact Wendy Brovold at 617.451.3666x15.