

changing worlds & signs of the times

Selected Proceedings

from the 10th International Conference
of the Hellenic Semiotics Society

EDITORS

Eleftheria Deltsou

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Changing practices and representations of birth and birth-spaces in maternity clinics and at home

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Abstract

Recent changes in birth care and birth spaces in the maternity system in Volos and Thessaloniki will be presented and their social significations analysed in relation to the economic crisis in Greece. In the birth-clinics of Volos reduced funding has resulted in the downgrading of the maternity system and has contributed to the contestation of medicalisation and the emergence of 'natural childbirth' alternatives. In these processes, new meanings and representations of birth and birth care are being formed. Concurrently in Thessaloniki, the legal persecution of home birth delegitimises it as an unacceptable practice and resignifies the home as a dangerous place, while the interest of hospital midwives in home birth care redefines this option as belonging to the conventional maternity system. These developments seem to present a chance for the creation of alternative definitions of childbearing, maternity care and places for birth, both in maternity clinics and at home.

Keywords

maternity care , medicalisation , home birth , new meanings

Introduction

In the current conditions of the economic and social crisis in Greece, maternity care practices, birth-spaces and related representations of reproduction are in a process of transformation, as shown by recent developments in maternity clinics in Volos and in the legal persecution of homebirth in Thessaloniki.

For some time now, the maternity system is being questioned by numerous mothers and many health professionals. The negative consequences of the hypermedicalisation of birth are being noted, and less interventive alternatives have started to appear (Birth Rights in Greece, 2013; <http://www.eutokia.gr/>; <http://www.birthchoices.gr/>). At the same time, the typical site for natural birth, the private home, has become the ground for legal persecution in Thessaloniki. There, home birth parents and supporting professionals are being charged with inappropriate disposal of the placenta, forged birth certificates and possible child trafficking (Giannarou, 2013a; Roumelioti, 2013; <http://diki79.blogspot.gr/>). The Midwives' Association, who are making these charges, seem to be claiming that only they carry the professional authority to support homebirth properly (Litou, 2013).

This paper will attempt to contribute to the discussion on the present and future of the maternity care system by presenting the interaction of space and maternity practices with new significations of birth and birth care in conventional clinics and at home. It will investigate how financial curtailments in the health sector affect maternity care and its spaces and explore how different uses of those same sites give material substance to new models of birth care, which in turn redefine birth itself. The presentation will also discuss how the meanings and significations of the home place are changing in the current persecution of home birth, how established positive meanings of the home are being cancelled, people involved in homebirth are stigmatised, and how in this attack representatives of the conventional system are trying to reclaim home space and birth in it as their own territory.

The fact that these developments cause numerous problems in birth care, resulting in a sense of insecurity and instability to parents and birth attendants is recognised; however, at the same time, fluidity and transformation may offer a chance for improvements to the maternity system, even if this seems to be happening almost by force, outside the familiar norms, people and places.

The disintegration of medicalisation

In the current conditions of the economic and social crisis, the public health sector and health services are deeply struck (Saggana, 2013; Souliotis, 2013). At a pragmatic level, healthcare expenses are reduced, health services are downgraded and the buildings of the public hospitals are neglected and decay (Metropolitan Health Centre of Ellinikon, 2013; Badawi, 2013). Symbolically, the public health care system is devalued through its signification as superfluous, overcostly, badly organised and inefficient (Ad. Georgiadis, 2013; Changes in the health system. (2013); Lykourantzou-Sourlas, 2013; Rakintzis, 2013).

One of the most important healthcare sectors, the maternity system, shares all these problems and at the same time continues to be dominated by interventive medicalisation (Matsagganis, 2001; Georges, 2008; Papaventsis, 2013; Avramidou, 2013). The result of this combination, together with a complete withdrawal of alternative types of birth care (Birth Rights in Greece, 2013; <http://www.birthchoices.gr/>), is that obstetric services in general are being downgraded. The safety net of health security is being ruptured with consequences being felt on the symbolic level first of all: childbirth is being signified as dangerous once again and people are reluctant to have children, as shown in the new reduction of birth rates (Papadakis, Kogevinas & Trichopoulos, 2012; Economic crisis: major drops in birth rates, 2012; AMPE, 2013; Eurostat: Greece is getting old, 2013).

Moreover, this falloff in maternity services reveals the inherent contradictions of the medicalisation of birth. The lack of medical necessity of most typical obstetric procedures (Odent, 1984; World Health Organization, 1996) is made more evident; simultaneously, their symbolic role (Leach, 1976) in signifying science and technology as superior to the natural powers of mother and baby is highlighted (Davis-Floyd, 1992; Scopesi & Viterboro, 2007). In the current drop in quality, however, even these symbolic meanings are cancelled and the social prestige of the obstetric profession is questioned. With no practical necessity and stripped of the glamour that surrounded them, interventionist birth practices are revealed as what they were from the beginning: signifiers without signifiants, remnants of the older ideology of our dependence on technoscience (see Illich, 1976; Castoriades, 1990).

Nowadays, however, the new conditions of the crisis seem to have intensified the critical attitude of many people towards the medicalisation of childbirth (see the numerous newspaper articles and web publications on these issues; (Anarchist Group of Chalkida, 2008; Bouzaki & Papaventsis, 2010; Soufleri, 2011; Veniou, 2013). The conventional system of obstetrics with the high percentage of inductions, caesarean sections, episiotomies, separation of mothers and babies at birth, or the lack of support for breastfeeding are not anymore accepted without questioning (ENCA Hellas, 2013; <http://www.birthchoices.gr/>), just as in Italy some years ago (see Szurek, 1997). Many mothers and fathers now seek alternative approaches for the care of birth and of their babies (Kyriazi, 2012; <https://www.facebook.com/OmadaGiaTonPhysikoToketoStoBolo>). Additionally, certain birth care professionals, realising the dead-end of the continuation of this interventive system, sometimes adopt approaches closer to the so-called natural birth model.

In these practices and social significations of birth and perinatal care, architecture and space play a crucial role. Both the medicalisation and the de-medicalisation of birth pass through the spatial dimension; they are enhanced and solidified or challenged and transformed through the organisation and use of space (Chronaki, 2012).

For many decades now, birth has been signified as a medical problem under the control of specialists, because it has been placed in medical institutions (Riessman, 1992; Kitzinger,

2000). The spaces of maternity clinics are organized so as to make the carrying out of typical obstetric procedures possible (as described in Cunningham, Macdonald & Gant, 1989, and for Greece, in FEK, 2000), to support and to reproduce the medical model of birth.

Today though, in the current contestations of medicalisation, the same rooms in the maternity clinics are sometimes used by women in alternative ways, loading birth and birth care with different meanings, usually in Athens, Thessaloniki, but also in Volos. For instance, delivery and birth may take place in the labour room and not in the operating theatre (personal communication with mothers in Volos, 2012), a fact which recodifies birth as a normal physiological event and not as an operation. The same sites are transformed through their new use and are thus “filled with light”, as one mother observed (mother in *Galoucho*, 2008).

Additionally, some doctors and midwives are attempting to use the spaces of the maternity clinics in different ways, or are interested in replacing the typical obstetric equipment with inexpensive furniture such as birth stools or birth pools, which support the natural model of birth. Even administrative personnel express interest in the design and construction of natural birth rooms or the construction of alternative birth centres in the hospital (co-director and midwives of the private clinic, director of the Technical Services of the public hospital in Volos, personal communication, 2012),

In these new maternity practices and uses of space, the monopoly of maternity care is beginning to show cracks in its interior. Clinics and obstetric protocols have not changed significantly yet, but the meanings and representations associated with birth care and the birth place are in a process of transformation and redefinition both by mothers and their families and by midwifery and medical personnel (even by administrators), who are defining old problems in new ways in order to seek different solutions.

Emerging conceptualisations of home birth

In Greece birth at home had been virtually obliterated in the last 50 years as a dangerous and regressive practice (Gutenschwanger, 1989; Litou, 2013). Recently, however, as the universal medicalisation of birth is being challenged by more and more mothers and professionals, birth at home emerges as an acceptable alternative solution (Liaka, 2009; Giannarou, 2013b; <https://www.facebook.com/mybirth.gr>. <http://www.familylife.gr/el/eimai-egkyos/toketos>).

Although still a marginal choice limited to a few educated and financially independent women, home birth is not rejected anymore as a taboo issue, but has appeared in the foreground associated with significations of safety, intimacy and privacy (Eutokia, 2013). However, in the current attack on homebirth in Thessaloniki, these meanings are altered and symbolically reversed. Place and space play a crucial role in these recodifications too, as the home becomes the vehicle for new definitions and significations of birth, birth care and the role of parents and caretakers.

In the initial obliteration and marginalisation of homebirth, the private house was defined as a place dangerous for the life and health of the baby and the mother, while the technologically equipped maternity clinic was signified as the guarantee for the best outcome of birth (see, for example, Kitzinger, 2000; Wertz & Wertz, 1989).

On the other side, for the supporters of birth in the private residence, the home is codified as a place familiar and secure, as a haven that offers protection from infection and interventions, ensures privacy, freedom and control on what is happening at the birth and thus facilitates the progress and good outcome of birth. Having a baby at home defines birth as a normal, everyday and simultaneously joyous exceptional event for the family, as a birthday party (Abel & Kearns, 1991; O' Mara, 2003; Kitzinger, 2005; Cheney, 2008; Buckley, 2009).

In the current attack on homebirth, though, these representations are reversed: the inquiries of the health authorities, the legal persecution of doctors and parents for false statements of birth and the suspicions for their implication in a circuit of child trafficking, as well as the charges for environmental pollution through inappropriate disposal of the placenta (Griva, 2013; Koutra, 2013) recodify the home as an unfamiliar place, while safety and privacy are cancelled by this type of Orwellian totalitarianism. The persecution reactivates the old representation of the private residence as a dangerous place, mothers as selfish and midwives as irresponsible. It semiologically converts home to a trap for families and birth attendants.

Placental disposal, a completely private matter in other European countries (Griva, 2013), is being renegotiated in Thessaloniki. Since no real danger to public health has been established (op.cit.; https://secure.avaaz.org/en/petition/Stop_the_coordinated_attack_on_home_birth_in_Greece/?fPsEybb&pv=1; <http://www.encahellas.eu/>), this charge and the ensuing inquiry function as an excuse to intrude to a household's and a new mother's private life. It is not only the woman's personal choices that are being scrutinized here, but the interior of her body itself becomes an object of investigation and persecution.

At the same time, hospital midwives from the largest and oldest public maternity clinic in Thessaloniki, the Ippokrateion Hospital, are aspiring to take over the care of homebirths (Litou, 2013). Independent homebirth midwives maintain that the presence of hospital doctors and midwives at a private home will rearrange power relations, homebirth will be medicalised and the territoriality of the obstetric system will be extended to the private residence (midwives, personal communication, 2013).

In fact, this persecution can be correlated with the increasing popularity of homebirth: while it is beginning to come across as a legitimate choice, birth at home is presenting a potential danger to the continuing dominance of the medical interventive model of birth.

Given that in all those homebirth cases no factual problems emerged (midwives, personal communication, 2013; Grivas, 2013), it becomes clear that the war on homebirth is actually a war of signs. For, if it is safe for women to give birth at home without the sophisticated equipment and expert knowledge of the maternity institutions, then what is the

role of obstetricians and clinics? How can they justify their continuing monopoly of care?

This is where the legal persecution of homebirth comes in. In a novel process of sign-breaking and sign-making, the practice of homebirth is first loaded with negative meanings and de-legitimised as unacceptable, and then re-coded as belonging to the representatives of the established maternity system who appropriate birth at home as their own field. Thus, home place is signified not as private and intimate anymore, but re-constructed as a substandard version of the maternity clinic.

Conclusions: New practices, new meanings

These concurrent processes described so far, the disintegration of medicalisation and the emerging conceptualisations of homebirth, are only superficially conflicting. The occasional but persistent rejection of conventional obstetric methods and the application of midwifery care in Volos, together with the rising popularity of home birth and the public discourse that its legal persecution in Thessaloniki has generated, are, in fact, complementary facets of the same resignifications of birth and of the maternity system developed in the context of the crisis. The dominant model of medically and technologically controlled obstetrics is being challenged and new forms of birth care are on the rise, together with changes in the terrains and sites where they are carried out. These transformations can be considered ruptures at a practical-material level, which co-exist and interact with conceptual transformations, recodifying and redefining childbearing, as well as methods and places for the transition to maternity.

The instability and fluidity of the current birthing system observed in the rise of alternative birth practices in maternity clinics, together with the opening of a discussion on home birth, show that redefinitions caused by the economic crisis need not always be synonymous with disaster. Instead, these alternative methods of maternity care and organisation of spaces for birth show that the dissolution of established ideologies and practices may offer a chance for the emergence of new paradigms and possibilities. They may be a reason for new places and spaces to be created, where alternative models of birth care are carried out to their full potential and conceptual power. This fluidity can offer a new, if fragile, possibility for the formation of new meanings and representations of birth, for the redefinition of the roles of birth-care providers and for the formation of new maternal identities and subjectivities.

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