Hospitals. "In oxytocin-induced labors...almost 75% of the mother's uterine contractions were shown...to result in a reduction of oxygen to the baby's brain." Most emergency c-sections are now occurring during the workweek and daylight hours, revealing the problems associated with this practice. Being induced doubles the odds of a cesarian birth. "Waiting out" a pregnancy can be taxing and inconvenient, but by doing so mother and infant can avoid risks associated with medical interventions.

Often women go to the hospital expecting a vaginal birth and return home having had a cesarian. Called the "cascade effect," one medical intervention results in another and can ultimately lead to surgical delivery. For example, a woman is hooked up to a fetal heart monitor and can no longer move around as much. This inactivity leads to her labor slowing down. She is given *pitocin*, or her membranes are ruptured to speed her labor. She now experiences extreme pressure on the cervix and the pain of transition. Given something for the pain, she and the baby's heart tones change indicating fetal distress, so she is wheeled to surgery for an emergency c-section.

Often medical interventions can be contributors to the cascade effect including electronic fetal monitoring, epidurals, forceps; the list goes on. Electronic fetal monitoring has been proven to increase chances of a c-section by nearly 10% as opposed to not using the device. Epidurals, a common local pain medication injected in between the vertebrae of the spine, make it hard for a woman to feel anything and reduce a woman's urge to push. This numbing slows down the second stage of labor increasing the likelihood of fetal brain damage, emergency cesarian, forceps or vacuum extract deliveries. The use of forceps or vacuum, in which the baby is pulled forcibly from the vagina, can cause intra-cranial bleeding of the baby's head, can reduce oxygen, cause foot and leg problems and possibly death.

Since the dawn of time women have trusted their bodies' ability to bring a child into this world without the aid of drugs. Our grandmothers and their mothers were "drug free" and not only delivered healthy babies, but reached an intoxicating conscious state laboring to bring another being into the world. Out of place with an ancient way is the current use of drugs to speed up, slow down and control a natural occurrence.

Columbia Memorial Hospital labor and delivery nurse Barbara says staff typically use *Cytotec* and *pitocin* to induce labors. "*Pitocin* is a synthetic hormone created in the laboratory to stimulate uterine activity and duplicate oxytocin, the body's normal stimulant..it is a potent chemical that is hard to control," Nancy Wainer Cohen and Lois Estner write in *Silent Knife*. "The United States Food & Drug Administration has banned the use of *pitocin* for elective induction of labor (induction for the convenience of the woman or her physician) because of the potential hazards of premature birth, fetal distress, newborn jaundice, *rupture of the uterus*, and higher cesarian rate." In 1983, many obstetricians were heeding these warnings, but in 2006 most obstetricians ignore the FDA and its counsel. *Misoprostol*, or *Cytotec*, is the drug most often used in this country to induce labors. The Oregon State Health Department has admitted that *Cytotec* is the most frequently used drug for induction. However, the FDA *has not* approved the drug for this use, but instead to treat ulcers. Included with each prescription is a warning that *no pregnant woman should take the drug* and that a female patient must negatively pass two pregnancy tests! Ruptured uterus, fetal asphyxia and possible death are also included in the drug's warning information. "*Misoprostol* may cause miscarriages, premature labor or birth defects," Medline warns. The drug is highly effective in producing hard uterine contractions which opens the cervix of women whose bodies have not naturally reached this stage. Studies conducted in regards to *Cytotec* show the baby's heart rate tends to soar, and the uterus has ruptured or exploded in some women. Why is uterine rupture with an induction acceptable in this country, but not the 1% risk associated with a VBAC even when a mother wants to take the risk?

Lights, camera, action! With Hollywood stars like Elizabeth Hurley, Claudia Schiffer and Madonna at the lead, cesarians are being touted as a woman's right to choose and are a popular preference among the wealthy. Rumored reasons for elective c-sections include avoiding getting too fat, having stretch marks, no labor pains, and babies with prettier heads. Many doctors are now willing to accommodate these women's wishes. Some doctors are going so far as to say all births should be performed in this way. Women getting a primary (first time) with no "indicated risk rose 67% from 1991 and 2001," Christine Kilgore wrote in *Family Practice News* last year. And Sora Song wrote in *Time* magazine in 2004 that "63,000 (c-section) births per year, are purely by patient choice." The American College of Obstetricians & Gynecologists (ACOG) holds the opinion that these elective c-sections are a woman's choice and deems the surgery an ethical practice. Suzanne Arms, an advocate for natural birth, writes, "Women need the right to 'choose' a cesarian the way teenagers need the right to 'choose' to smoke cigarettes as a means of proving that they are free and hip and have control over their lives." Women should make a choice that best suits their unborn child and not their waistlines.

The birthing industry is a $50 billion a year business in this country. In 2001, England and Wales conducted a study concerning elective c-sections and the associated costs. They determined that an elective c-section cost a patient $2,225 more than a vaginal birth. With around four million births a year in the United States, these elective c-sections add up to approximately $1.6 billion in hospital income annually. Many doctors also worry about losing money via lawsuits. Cesarians are seen as the "most" a doctor can do for a patient. "With malpractice premiums hovering at $150,000 to $200,000 per year, obstetricians can no longer afford to take even the slimmest risk associated with natural birth," Sora Song wrote in *Time*. Mounting medical costs and malpractice insurance premiums play a major role in the number of c-sections in the United States. Women are being offered pseudo birthing choices that produce money instead of well being of mother and infant.

Elective cesarians carry with them the problems of a major surgery. "A woman...has four to eight times greater chance of dying from a cesarian section than she does giving birth through her vagina," Doctor Marsden Wagner wrote in *Midwifery Today* ("Technology in Birth: First Do No Harm"). Further risks can include, according to International Cesarian Awareness Network:

...infection, blood loss and hemorrhage, hysterectomy, transfusions, bladder and bowel injury, incision endometriosis, heart and lung complications, blood clots in the legs, anesthesia complications, rehospitalization due to surgical complications, establishment of breastfeeding is reduced (and) emotional trauma. Potential chronic complications from scar tissue adhesions makes subsequent cesarians more difficult to perform, increasing the risk of injury to other organs and the risk of chronic problems from adhesions.

Some women opt for an elective cesarian because they fear hours of hard labor. However, when weighed against the risks associated with major surgery, vaginal delivery is more endurable. Babies encounter risks during major surgery also. In 5% of cesarians the surgeon's knife cuts the baby. "My baby's face was cut by the doctor when he did the cesarian. They covered her with a blanket — nobody told me," Nancy Cohen wrote in *Silent Knife*.

A woman's body design has evolved into a near-perfect birthing machine. The baby was meant to be delivered through the vagina for reasons both known and unknown. Dr. Wagner writes, "Because all the water is not squeezed out of the baby's lungs as is normally done during a vaginal birth, more babies born after cesarian section develop serious respiratory distress syndrome, one of the biggest killers of newborn babies. Because doctors are not as good as they would like to be in estimating, even with ultrasound, the baby's gestational age...too often a cesarian is done too soon resulting in a premature birth...a big killer of babies...and carries a high risk of brain damage."

A mother risking her life for her child is commonplace; not so common is putting her child in harm's way. Physicians downplay the serious risks to infants when promoting cesarian birth.

Sometimes cesarians *can* save lives. Sometimes a cesarian is warranted as the only way to save a baby's life. Absolute reasons are as follows: maternal pelvic contraction (a rare condition when a woman's pelvis is too small due to malnourishment or an accident making babies passage through the vagina impossible), prolapsed cord, complete placenta previa (where the placenta is covering the cervix), placenta abrupto (when the placenta has torn away from the uterine wall), and a transverse lie that refuses to correct itself once labor begins).

We are fortunate to live in the United States where we have sophisticated medical care. In some situations, cesarians are a technological intervention truly needed and esteemed. Nonetheless, the drastic rise in cesarian rates in this country cannot be explained and attributed to only these emergency situations or to a failing health system.

In addition to increased infant deaths, mothers are being cheated out of a profound and beautiful birthing experience. Within the technological confusion, one in four babies are born in a surgical suite. Ludicrous reasons for cesarians are given: "I was told I had an absolutely contracted pelvis, so I had a c-section. The next time around, my absolutely contracted pelvis delivers an 8½ pound baby." (Nikki, a mother quoted in *Silent Knife)*. Many women are now convinced they don't want the conscious-altering labor, nor recognize their greatest supremacy lies in their ability to bring a baby into this world.

Losing the spirituality and empowerment traditionally gained through giving birth may not be killing babies, but it is detrimental nonetheless. With the help of the medical enterprise this intangible yet sacred part of birth is being lost and forgotten. Technological birth "choices" offered and touted by the medical community are counterfeit and steal from time-tested wisdom of women. We must take action to educate ourselves in regards to unnecessary medical interventions, increasing cesarian births, and the resulting infant deaths. Women need to recognize vaginal birth as a natural occurrence and a powerful right of passage. Natural births should not be eliminated or controlled in the name of convenience, fear or greed.

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