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Discussion

Where the thread of home births never broke – An interview with Susanne Houd

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ABSTRACT

Background: The option of a planned home birth defies medical and social normativity across countries. In Denmark, despite the dramatic decline in the home birth rates between 1960 and 1980, the right to choose the place of birth was preserved. Little has been produced documenting this process.
Aim: To present and discuss Susanne Houd's reflection on the history and social dynamics of home birth in Denmark, based in an in-depth interview.
Methods: This paper is part of wider Short Term Scientific Mission (STSM), in which this interview was framed as oral history. The whole interview transcript is presented, keeping the highest level of detail.
Findings: In Susanne Houd's testimony, four factors were highlighted as contributing to the decline in the rate of home births from the 1960s to the 1970s: new maternity hospitals; the development of obstetrics as a research-based discipline; the compliance of midwives; and a shift in women's preference, favouring hospital birth. The development of the Danish home birth models was described by Susanne Houd in regard to the processes associated with the medicalisation of childbirth, the role of consumers, and the changing professional dynamics of midwifery.
Conclusion: An untold history of home birth in Denmark was documented in this testimony. The Danish childbirth hospitalisation process was presented as the result of a complex interaction of factors. Susanne Houd's reflections reveal how the concerted action of consumers and midwives, framed as a system-challenging praxis, was the cornerstone for the sustainability of home birth models in Denmark.

Statement of Significance:

Problem or issue

Little is known about the remarkably uninterrupted history of the Danish home birth public system, and the social dynamics generated as a reaction to institutional and political changes.

What is already known

The social and legal status of home birth varies globally. The social construction of risk and the hegemony of the medical model has contributed for the marginalisation of this option.

What this paper adds

This paper discloses part of the history of the Danish home birth system. Through this narrative, consumer movements and maverick midwives emerge as the key actors for change.

1. Introduction

Within the diversity of maternity care and maternity experiences, the option of a planned home birth is a particular case that defies medical and social normativity across countries.[1–5] The social and legal status of home births varies, from crime to a publicly funded option. Recent literature reinforces the safety of home births and the multidimensional impacts of having limited choices in childbirth for women and families.[6–8] Nevertheless, the

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social construction of risk in childbirth,[9] and the hegemonic emergence of the medical model of maternity care,[3,10] especially throughout the 20th century, contributed to the fact that, in most developed countries, home birth rates declined. The hospital, with its technocratic model,[11] was institutionalised as the normal place to give birth, and there are now countries with few or no policies addressing and supporting home births.

Looking at contexts where women and families are freer to choose the circumstances of their childbirth experiences might inspire and stimulate the framing of new models of care elsewhere, in line with the recent international recommendations for mother–baby friendly birthing facilities.[12] Concerted multi-level actions can, in fact, trigger changes in maternity care. Regarding the place of birth, in Iceland, following the rising rates of home births, it has been shown how the option of a home birth is now being portrayed as a safe choice by the media[13]; and the recent release of the evidence-based national guidelines from the National Institute for Health and Care Excellence, in the United Kingdom,[14] reaffirmed the need to support a universal access to out-of-the-hospital childbirth care in the country. These examples illustrate how contemporary research, professional practices, and social movements are being translated into new policies and practices.

Denmark, however, has an uninterrupted history of supporting women's rights in childbirth. Nowadays, women are legally entitled of having public midwifery care at home.[15] National guidelines for the practice of midwifery are widely accepted and protect midwives from litigation when conflicts arise,[16] and midwives have the right to independently request uterotonics at a pharmacy to use in their out-of-hospital practice in case of a post-partum haemorrhage,[17] which, in most countries, is reserved to physicians. Within the Nordic countries, Denmark is where women can find stronger support to their right to choose the place of birth, followed close by Iceland.[18] Roughly three-fifths of all Nordic home births happen in Denmark, and the number of midwives attending births at home is much higher than in any of the other surrounding countries.[16] The rates of home births are now 2.2% in Iceland, 1–2% in Denmark, 1.5/1000 in Norway, and 0.7/1000 in Sweden.[16]

It is not clear why neighbour countries with significant similarities at the social, economic, and historical levels present these important differences regarding their organisational conditions for home births.[18,19] In fact, they seem to share a common past regarding the place of birth: by the end of the 19th century, almost all births in the Nordic countries happened at home; by 1950 the decline of the rate of home births was evident; and by the end of the 20th century home births were already rare events.[18,19] Still, Denmark was one of the last Nordic countries to institutionalise hospital birth as the norm.[19] Paradoxically, one of the most remarkable difference regarding this institutionalisation process is found between Denmark and Sweden, countries which are particularly similar in most aspects of their history, economy and social development. A comparative study on the changes of place of birth in these countries from the late 19th century to 1970 shows that a steeper decline in the rate of home births initiated in Sweden around the 1920s and 1930s, while in Denmark this only happened in the 1960s.[19] In both countries the contributing factors seem to have been the emergence of a hospital-centred health system, the establishment of obstetrics, and the dissemination of a discourse on risk and pathology in childbirth, but it is not clear why the differences between countries took place. Vallgårda presents a tentative conclusion – Sweden went through slightly faster and more radical social and economic changes, which might have set the stage to the emergence of a new model of childbirth, where the hospital was the representation of the modern, hygienic, scientific, and technological way to give birth. Home births represented a rural and traditional past, while the hospital gave way for a new consensual birth ritual among women, families, politicians, and health professionals.[19] However, while planned home births almost disappeared from Sweden, they kept a low but relevant rate in Denmark until today.

The available data and the comparison with the contemporary organisation of home birth care in neighbour countries contribute to the hypothesis that the history of home births in Denmark has been linear, with a continued and consensual support of the women's right to choose the place of birth. Yet, little has been produced documenting the singular development of the Danish home birth models, particularly in the period from 1960 to 1980, when the decline of the home birth rates was more evident. The Danish system seems to have changed and evolved in the face of challenges. In 1968, 39% of all births still happened at home, but in 1973 the rate was already around 1%.[20] Following this decline, the number of county midwives, who provided community-based childbirth care, decreased, and they were formally abolished in 1973.[19] It is not clear which decline led to the other, but this abolishment definitely compromised the universal access to quality midwifery care at home.[19]

Personal testimonies of privileged informants constitute valuable sources of information and grant the access to this recent period of history. Acknowledging the subjectivity of this approach, framed within a qualitative research project, this paper presents a privileged informant's testimony as the ground for a discussion on the social transformations associated with the descending rate of home births in Denmark. It explores the experience of the well-known Danish midwife Susanne Houd, who was not only a witness of this process, but was also part of it. The aim of this paper is to present and discuss Susanne Houd's reflection on the history and social dynamics of home births in Denmark, based in an in-depth interview.

Susanne Houd has broad experience in midwifery practice, research, and training, both in developed and developing regions – in Scandinavia and Greenland, Eritrea, Canada (Ontario and Nunavik), and New-Zealand. She directed midwifery courses in several countries, and was consultant for the World Health Organisation (WHO) Regional Office for Europe. Susanne was trained and started working as a midwife in Denmark when the decline of the home birth rate was more evident. She was one of the midwives who fought for the continuity of midwifery care at home in the country. The inspiring testimony captured in this in-depth interview with Susanne Houd reminds us of the potential for social change lying within each social actor, and reveals how midwives are in a privileged position to enable situations in which women can feel empowered to exercise choice and self-determination.

2. Methods

This paper is part of the wider project of a Short Term Scientific Mission (STSM) held in Denmark in February 2014 with the purpose of exploring the Danish contemporary home birth care, its organisation and background, in a comparative perspective. An interdisciplinary framework, intersecting sociological and health sciences perspectives, was the basis for this STSM. The core dimensions to explore were the roles and views of different social actors – midwives, researchers, and women and families – as well as the coexistence of different models of home birth care. The methodological design encompassed short ethnographic explorations of the field, and interviews to key informants. This STSM was crucial for the design of an ongoing doctoral research on the organisation and further social dynamics of the home birth care network within a country with no professional guidelines or formal system in this matter, and no public support for women planning to give birth at home.

Susanne Houd was interviewed in English, in Copenhagen. While the other interviews were focused on the contemporary