Networking continued from page 5
planned unassisted births and those births
for which there was no plan at all—those
involving mothers who had substantial bar-
riers to access to care, such as poverty or
mental illness.

It is surprising that Goer cites only two
studies in order to illustrate her point. As
noted in a more recent research paper, these
"reports of unattended out-of-hospital births
have originated from areas of rural poverty
in the Southern U.S., where obstacles to
hospitalization at delivery may be quite
different from those of the inner city."
(Bateman et al., 1994) Bateman et al go
on to describe the outcomes of unattended
births in an urban poor area—Harlem. They
reported neonatal mortality rates that were
1/2 to 1/5 less than those reported in the
rural studies.

None of these studies took place
within the contemporary unassisted birth
movement. They were done within poor
populations, whereas the unassisted birth
movement crosses socioeconomic
boundaries. They were also conducted before
the Internet facilitated the widespread
sharing of maternity self-care information. It
is time for a large-scale, in-depth study of
the contemporary unassisted birth trend. In
the meantime, let’s leave these irrelevant
and outdated publications aside.

Rachel Westfall
*The North Carolina study describes three deaths
in 100 unattended births, as compared to none
with physicians in attendance (out of 55 births)
and three with lay midwives (out of 768 births).
Burnett et al., 1980) In the Missouri study, there
were six neonatal deaths in 474 unassisted births
and six deaths in the 725 births attended at home
by midwives. There were four deaths in the 1,156
homebirths attended by physicians. (Schramm et al.,
1987) Even combined, these numbers [nine deaths
out of 574 unassisted births (16 per 1,000)] are inade-
quate and inconclusive.

Outcome of Unattended Out-of-Hospital Births in Harlem. Arch.
and Neonatal Mortality in North Carolina. JAMA 244(24):
2741-2745.
Guide to the Medical Literature. Westport, CT: London: Bergin
& Garvey, p. 13.

77(1): 930-935.

Goer Responds

I stand by what I said in my letter, which is
that there are unforeseen events that occur at
birth even in healthy women that can be put
right or stabilized for transport by a skilled
and knowledgeable person using modest
equipment or medication. What research we
have supports my view. I agree that every
choice has the potential for benefit or harm
and the odds of each will not tell you what
will happen in any individual case. None-
thless, if I’m going to roll the dice, I prefer
to load them in my favor.

Choosing the right midwife may be a
problem, and there may well be situations
when having no practitioner at the birth is
the best option. In fact, I acknowledge that
point on page 200 of my book The Think-
ing Woman’s Guide to a Better Birth. For
my part, though, I believe that it is foolish
to assume that things can’t go wrong and
to fail to protect against that possibility to
the extent that one can. For me, that
would mean having someone with me who can
monitor my condition and the baby’s condi-
tion during labor and who has the skill and
supplies to deal with a prolapsed umbilical
cord, shoulder dystocia, postpartum hem-
orrhage and infant resuscitation.

Henci Goer

Continued next page

News continued
(CPF), measured by levels of the pesticide
in umbilical cord blood from the newborn,
was associated with decreased birth weight
and birth length in both African Americans
and Dominicans. Residential use of CPF
has been phased out, and research results
show the exposures have been dropping
dramatically.

The research team used molecular epi-
demiology to combine biomarkers with
epidemiologic methods to obtain precise
information on the biologic dose, preclinical
effects and genetic susceptibility to
environmental contaminants. Columbia

Maternal Periodontal Disease
Can Cause Premature Delivery

A five-year University of North Carolina
study shows that mothers with periodontal
disease are significantly more likely to give
birth prematurely than women with healthy
gums. Researchers evaluated periodontal
disease in more than 850 women before
and after they gave birth, dividing the
subjects into groups representing healthy

Community Breastfeeding
Support in Houston

Proyecto Leche de Vida (Project Milk of
Life), a community-based project spear-
headed by scientist Judy Hopkinson at
Children’s Nutrition Research Center at
the Baylor College of Medicine, Houston,
Texas, has instituted a program to help
Houston-area mothers breastfeed. A study
of 105 women who participated in the
program found that 38 percent breastfed
exclusively for a period of three months,
compared to the normal area rate of 5 per-
cent. The project study also found that 41
percent of participants who received home
visits and 35 percent of those who received
phone calls still breastfed their child exclu-
sively at three months postpartum.

The study was designed to compare the
effectiveness of home visits and telephone
consultations among Hispanic women living
in Houston’s East End community. The
neighborhood is home to a large immigrant
population, of which 90 percent are Hispanic
and many are first-generation families in
the U.S. Hispanic women in the area have
limited access to Spanish-language breast-
feeding information and assistance in hospi-
tals. As a result, bilingual hands-on teaching
during home visits improved breastfeeding
rates among the experimental group.

The group has provided approxi-
mately 2,700 consultations about breast-
feeding to more than 450 women living in
Houston. Another 1,000 women have
participated in prenatal breastfeeding
classes. Proyecto Leche de Vida’s suc-
cess has helped it gain a $250,000 Texas
grant to help develop similar projects in
underserved Houston neighborhoods.
www.ars.usda.gov/is/pr/2001/011219.htm,

www.midwiferytoday.com