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In Defense of Crunchy Mom Practices: Why the “New Normal” Parenting Practices Are
Not So “Normal”

Crunchy mom? The unfamiliar term may conjure up an image of a maternal looking neo-hippie munching on granola, but you have probably already seen one hop out of her Subaru at the local farmer's market and whisk her baby into a sling across her chest. Or maybe this image describes you. Simply put, a “crunchy mom” is any mother who subscribes to any number of natural parenting practices, from co-sleeping to home-schooling, for any number of ethical, environmental, or religious convictions. As part of a larger social movement to live a simple, sustainable life, crunchy parents realize that the benefits of their practices extend beyond just their children and family, and improve the health and well-being of their entire community and earth. This article explores two of the most common crunchy mom practices—natural childbirthing and breast-feeding—to uncover the scientific merit behind these newly unconventional parenting practices.

Whether you are or aspire to be a crunchy mom, or the whether the thought downright repulses you, there are a few things you should know about crunchy mom practices. First, despite what mainstream American media dictates as “normal” parenting practices, “crunchy” practices have *been* the norm since the beginning of time. Second, crunchy practices really do make a difference. So, if you are looking to defend your parenting practices or just searching for some

information to help you get off the fence, take a read. We will start at the beginning: the miracle of birth.

1. Natural Childbirth: Pain is Part of the Game (and Gain)

1.1 History and Context of Maternity Care in America

For centuries, women have given birth in their own homes without intervention. Only in the last century has maternity care in the United States deviated from this tradition (Boucher et al. 119). As the 2008 documentary film *The Business of Being Born* explains, in 1900, 95% of American women gave birth at home; by 1938, this number had dropped to 50%, and by 1995, the number of home births fell to less than 1%, where it remains today. A number of factors including unsanitary conditions in working class homes (Shorter 157), urbanization, and the privatization of health insurance have facilitated the shift of birth location from home to hospital (*The Business of Being Born*). The feminist movement in the early 1900s was also a major influence that advocated for analgesic-assisted hospital births to help women overcome the Biblical curse “pain in childbirth” (*The Business of Being Born*). This shift from home birth to a hospital no doubt appeared to present many benefits. What woman wouldn’t object to a perceived safer, less painful birthing experience? Yet, in the height of technological and medical advancements, the national statistics are beginning to tell a different story of maternity care in America. Despite the fact that the United States spends 16.2% of her GDP on healthcare—the second highest expenditure of any other nation—the newborn death rate is higher in the US than in 50 other developed nations, and the maternal mortality rate is higher in the US than in 47 other nations (CIA). The 2009 National Vital Statistics Reports also shows that the rate of C-sections reached its peak in 2009 at 32.9% after the culmination of a steady, 13-year climb (Amnesty International 8). One has to wonder if it might be time to reconsider some aspects of “normal”

maternity care in America. Maybe the crunchy moms are on to something. So, what is normal birth?

1.2 The Difference between Normal and Natural Childbirth

For years, normal and natural childbirth were synonymous (Block xvii). Today, however, this is no longer the case. “Normal” American childbirth has come mean that 99% of women give birth in a physician-assisted hospital setting, 86% of women happily accept medications for pain relief, and one-third receive Cesarean deliveries (Boucher et al. 119, 124). What could be wrong with a “normal” hospital birth? Women who give birth in a hospital setting have higher rates of medical interventions including C-sections, episiotomies, and the use of vacuum extraction and forceps (Janssen et al 377). Interestingly enough, these interventions do not diminish the amount of neonatal death (Block xvii). Additionally, the World Health Organization (WHO) has made it known that a C-section rate of more than 15% leads to an increase in the maternal mortality rate (World Health Organization 436-7). For every one woman who dies from giving birth vaginally, four women die from having a C-section (Wagner 244).

“Natural childbirth,” on the other hand—a term coined by British obstetrician and progenitor of the natural birth movement, Grantley Dick-Read—has deviated from the “normal,” mainstream perspective of childbirth in that it maintains the ideas that that women’s bodies are especially designed for vaginal delivery, pain in childbirth has a purpose, and routine medical intervention should be avoided (Gaskin 155). Ina May Gaskin the “mother of authentic midwifery,” and attendant of over 1,200 births cites that one of women’s greatest hindrances to achieving an empowering birth experience is fear of pain (Gaskin 150-151). “Birth is a normal physiological process,” Gaskin states as a fundamental truth in her book *Ina May’s Guide to Childbirth* (131). She continues: “Our bodies must work well, or there wouldn’t be so many

humans on the planet” (Gaskin 131). Jennifer Block defines normal birth as a “physiological birth” in which “labor begins and progresses spontaneously, the woman is free to move about for the duration, and she pushes in advantageous, intuitive positions” (Block xvii). In her article, “Why Natural Childbirth,” Dr. Judith Lothian describes the process of normal birth:

In the last month of pregnancy, the cervix softens and ripens like a piece of fruit. Contractions of the uterus become noticeable, and the baby settles into the pelvis. The contractions become stronger, the cervix stretches and opens, the baby moves lower and rotates, eventually moving down the birth canal. With each contraction, pain sends a signal to the brain and oxytocin is released. With the release of oxytocin, the contractions increase in intensity. As the pain of contractions increases, more oxytocin is released and the contractions become harder. (Lothian 45)

Lothian goes on to describe the value of pain in the labor process: “In a very real sense, the pain of the contraction becomes a guide for the laboring woman...When the pain is entirely removed, the feedback system is disrupted and labor is likely to slow down and become less efficient” (45). One study by Morse and Park revealed that women who give birth in a hospital reported significantly higher pain than women who gave birth at home (Morse and Park 178). On a scale of 1.0 – 18.0 (1.0 being the least amount of pain and 18.0 being the most) along with the comparison markers of eight other painful events such as a tooth ache or heart attack, 149 women who gave birth at home rated the pain of childbirth at 3.67—higher than a tooth ache but lesser than that of a broken bone. One hundred-and-two women who gave birth in a hospital rated the pain level at a 12.03—greater than that of a tooth ache, broken bone, eye injury, gall stone, and kidney stone (Morse and Park 79, 80). The main differences between the women who

gave birth at home and those who gave birth in a hospital were that the women in their homes had a more intimate relationship with their surroundings and caregivers, and they were able to eat, drink, and move freely through the process, thus diffusing some of the anticipation of pain (Gaskin 152). In Gaskin's experience, women "who are not terrified are more likely to secrete in abundance the hormones that make labor and birth easier and less painful—sometimes even pleasurable" (Gaskin 149). Unfortunately, the media's distortion of childbirth, coupled with our lack of personal observation of animals giving birth, has allowed us to view birth as painful, unnatural, and something to be remedied (Gaskin 141).

1.3 The Science that Supports the Need to Reform Maternity Care in the US

The WHO states that "Midwives are the most appropriate primary health care provider to be assigned to the care of normal birth" (Department of Reproductive Health and Research 7). All that is necessary to assess the state of modern maternity care in America is an honest evaluation of the scientific evidence. To begin this evaluation, one must first accept that planned, natural childbirth is just as safe as an intervention-assisted hospital birth. One landmark study that established the safety of home births was the Farm Study, conducted in 1992. At the time, this study was the largest comparative study to be published on home births (Durand 450). The Farm Study compared the outcomes of 1,707 midwife-assisted home births that took place at the Farm Midwifery Center from January 1971- June 1989 with the outcomes of a sample of 14,033 physician-attended hospital births selected from the 1980 US National Natality/National Fetal Mortality Survey (NNS/NFMS) (Durand 450). The Farm Study revealed that for low-risk and normal pregnancies planned home birth was just as safe as hospital birth and required fewer interventions (Durand 451). Several of the most important findings from the study revealed that only 2.11% of women who delivered in the midwife assisted home setting on the Farm required

assisted deliveries, while this number was 26.60% for women who delivered in the in the physician-attended hospital setting (aspects of an assisted delivery include a C-section, use of forceps or a vacuum extractor) (Durand 452). Another important finding of the study revealed the difference in the percentage of C-sections between the two groups; the C-section rate for women on the Farm was 1.46% as compared with 16.46% for women who gave birth in the hospital (Durand 452). Also important to note is the outcome of perinatal death. The rate of perinatal death on the Farm (1.00%) was lower than the than in the hospital setting (1.33%) (Durand 452).

In his book *Born in the USA*, Dr. Marsden Wagner contrasts the most common maternity care procedures American women undergo with the scientific proportion of need for these procedures in a compelling chart. Table 1 is an adaptation of Wagner's original chart.

Table 1

Maternity Care Procedures vs. Scientific Evidence in the US		
Procedure	Occurrence of Procedure	Evidenced-Based Approach
One continuous attendant for all labor	<10%	100%
Routine midwife care	5%	80
Routine no food or drink	86%	no
Routine electronic fetal monitoring	93%	no
Routine intravenous drip	86%	no
Confined to bed during all or part of labor	69%	no
Lithotomy (on back with stirrups) near end of labor	nearly all	no
Episiotomy (cut vagina open)	35%	< 20%
Induce labor with drugs	44%	10%
Accelerate ongoing labor with drugs	53%	10%
Vacuum or forceps	13%	<10%
Cesarean section	27%	10-15%
Mother holds baby during routine exam of her newborn	seldom	yes

Source: Marsden Wagner, *Born in the USA: How a Broken Maternity System Must Be Fixed to Put Women and Children First*. (Berkeley: University of California Press, 2006) 51.

Print.

The significance of this table is that it establishes a level of appropriateness for certain procedures in childbirth, based on scientific evidence. These numerical values are important because they illustrate just how off-base the current maternity care model is from “normal.”

1.4 Benefits to All

Natural childbirth gives women the control to remain alert and intervention-free as well as the opportunity to enjoy an intimate experience, complete loved ones and a range of different birthing techniques, all in the comfort of their own home (Boucher et al. 122). Natural childbirth not only facilitates a more personal experience for baby and mother, but it is a cost effective solution for the entire health care system. The average cost of a midwife-attended birth in the US is \$1,200, considerably cheaper than the average cost of a physician-attended vaginal birth in the hospital—\$4,200—or the average cost of a C-section—\$7,826 (Wagner 243-44). Wagner estimates that \$8.4 billion dollars could be saved in US health care costs if midwives were used for 75% of pregnancies (244). Interestingly enough, while there may be many cases where “more expensive is better” the cost of childbirth does not appear to apply. Regardless of whether natural childbirth becomes your choice, it is, and should remain, your reproductive right. Speaking of reproductive rights, let us venture into another topic that is sure to spark some controversy: breast-feeding.

2. Breast-feeding: The Breast is More than Best

2.1 History and Context of Breast-feeding

Since the beginning of time, breast-feeding has been recognized as the optimal method of infant feeding for the baby, mother, and society. Only in the latter part of the 19th century did this traditional practice begin to decline as commercial infant formula developed under the global market strategy (Doolan). The development of the rubber teat and bottle, alongside the invention of evaporated milk in 1885, broke ground for the production and world-wide distribution of infant formula by the Swiss company, Nestle, in 1905 (Doolan). By the 1960s, hospital staff in the US and UK were routinely administering anti-lactation drugs to new mothers, feeding babies

with Nestle formula, and sending them home with free formula samples (Doolan). Unfortunately, a natural, biological blessing was being replaced with a synthetic, inferior substitute in the name of modernization and convenience.

2.2 Breast-Milk: What it is and What it Does

There is perhaps no biological function as natural as breastfeeding: lactation is an expected event that occurs without question after childbirth (Britton 305). Immediately after birth, the mammary glands produce colostrum, a rich, yellowish milk that is full of nutrients and antibodies (*Your Guide to Breastfeeding* 4). Within three to five days after birth, colostrum changes into mature milk with the perfect balance of fat, sugar, water, and protein to help the baby grow (*Your Guide to Breastfeeding* 4). R.N. Jenny Stanfield, an Internationally Board Certified Lactation Consultant, stated in a personal interview, “For the baby, antibodies in the breast milk prevent ear and respiratory infections as well as gastrointestinal complications, attributing to the fact that breast fed babies are 10 times less likely to be hospitalized in the first year of life.” Stanfield described that the long term benefits of breast milk for babies include higher intelligence levels and lower rates of obesity, allergies, and even orthodontia. For mothers, breast feeding assists her body in the healing process by decreasing hemorrhaging, helping her shed pregnancy weight, and combating post-partum depression (Stanfield). Long term benefits for mothers include decreased risk for breast and ovarian cancer and osteoporosis (Stanfield). In her article “The Science of Mother’s Milk,” Ayala Ochert describes how breast milk “has been to found to contain 90 different oligosaccharides forming over 900 different chemical structures, each of which can block infection by preventing a particular strain of bacteria from sticking to the gut wall” (28-29). Now that’s something worth drinking to.

2.3 The Risks of Not Breast-Feeding

Formula is not nearly an acceptable substitute for breast milk (Stuebe 155). The American Academy of Pediatrics (AAP) stated, “Human milk is species-specific, and all substitute feeding preparations differ markedly from it, making human milk uniquely superior for infant feeding. Exclusive breast-feeding is the reference or normative model against which all alternative feeding methods must be measured with regard to growth, health, development, and all short- and long-term outcomes” (*The Surgeon General’s Call* 5). The AAP recommends exclusive breast-feeding for the first 6 months of life and sustained breast-feeding through the first year and as long as baby and mother desire (*The Surgeon General’s Call* 6). However, the most recent data from 2007 shows that though 75% of American mothers breast fed at least once after delivery, this number quickly tapered off; at 6 months only 43% of these mothers were still breast-feeding, and at one year, this number had dropped to 22% (*The Surgeon General’s Call* 6).

“More than 3,000 babies are dying every day from infections caused by bottle feeding, and 1.5 million children are dying each year because they are not breast fed,” UNICEF has stated (Hunt 24). Table 2 is a reproduction of table from the *Surgeon General’s Call to Action to Support Breast-feeding 2011*. The table shows the excess risks associated with not breast-feeding as they occur for full-term infants, pre-term infants, and mothers.

Table 2

Excess Health Risks Associated with Not Breast-Feeding	
Outcome	Excess Risk %
<i>For full-term infants</i>	
Acute ear infection	100
Eczema	47
Diarrhea and vomiting	178
Hospitalization for lower respiratory tract disease in the first year	257
Asthma, with family history	67
Asthma, no family history	35
Childhood obesity	32
Type 2 diabetes mellitus	64
Acute lymphocytic leukemia	23
Acute myelogenous leukemia	18
Sudden infant death syndrome	56
<i>For pre-term infants</i>	
Necrotizing enterocolitis	138
<i>For mothers</i>	
Breast cancer	4
Ovarian cancer	27

Source: US Department of Health and Human Services. *The Surgeon General's Call to Action to Support Breastfeeding*. (Washington: Office of the Surgeon General, 2011) 2. Print.

2.4. Benefits for Baby, Mother, and Society

Breast-feeding makes a positive impact on the well-being of the entire society. According to a cost analysis using data from the 2007 Agency for Healthcare Research and Quality (AHRQ) report, "Breast-feeding and Maternal and Infant Health Outcomes in Developed Countries," Bartick and Reinhold determined, "If 90% of infants in the United States were exclusively breast-fed for 6 months, there would be \$13 billion and 911 lives saved each year"

(Bartick and Reinhold 1052). Additionally, breast-feeding promotes a more productive workforce due to the facts that breast fed infants have stronger immune systems which allow the mothers to miss less work (Stanfield). Breast-feeding also produces less trash and plastic refuse, which creates helps create a sustainable environment (Stanfield). True, breast-feeding is a life-style in itself, complete with sacrifice, obstacles, and opposition of all kinds, but the rewards cannot be replaced. Often times the decline of breast-feeding in modern society is not the lack of education on the benefits of breastfeeding, but the social, cultural, and political pressures which negatively influence the decision to breast-feed. The solution, therefore, is not more education, but the creation of a framework of social, cultural and political support, as demonstrated by the media, that will work to advance the health of the infant, mother, and community.

3. Conclusion: Return to Nature's "Normal"

Despite all the critique, the interesting thing about crunchy mom practices is that there is nothing new or revolutionary about them. Up until 100 years ago, natural birth and breast-feeding were social norms echoed by all aspects of nature. Only in the last century when we no longer had cows around to show society first-hand what birth and latching-on looked like, did we get the idea that "normal" was supposed to be easier, faster, and prettier.

Whether you are already a crunchy mom who embraces these natural parenting practices, or whether the thought of these practices makes you feel overwhelmed and squeamish, take heart. The essence of crunchy parenthood is searching for truth, picking your priorities, sticking to your values, and giving yourself grace when things do not go as planned. Maybe you wanted to buy only free-range eggs, but it was just not in the budget this week. Forgive yourself. Maybe you wanted to home-school, but it did not work out. Forgive yourself again. After all, we are only human, bound by 24-hours a day. The good news is that each day we are presented with

new set of choices to think for ourselves and care for our families and earth in a responsible way. Do not be afraid to challenge society's view of "normal." If you do your research, you just might find that nature had it right all along.

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