

Raymond de Vries.

A Pleasing Birth: Midwives and Maternity Care in the Netherlands.

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Raymond de Vries has published widely on midwifery, pregnancy and childbirth, as well as the organization of maternity care in the United States. He has also been involved in collaborative research investigating maternity care and the situation of midwives in an assortment of other high-income countries on both sides of the Atlantic. While the Netherlands is the main geographical location of this interesting book in regard to the data presented, De Vries' main intellectual aim is to explain why the Dutch way of birth differs so widely from the dominant U.S. system.

A Pleasing Birth is thus a natural progression from the other work that De Vries has conducted over his academic career. The book brings to the surface for sociological analysis hitherto unexamined core views that Dutch people hold about control over nature, the role of science and technology in everyday life, and social equity. The author argues that it is precisely these values that help to explain why the U.S. has so far failed to establish an efficient and effective public health care system (common across other high-income countries, including the Netherlands) and views childbirth as a medical event.

Rather than study the maternity care system in the Netherlands by amassing large assortments of data (referred to as the 'detailer' approach) or jump from one health care system to another and highlight the prominent features that separate one from the other (referred to as the 'tourist' method), De Vries has chosen in this book to step outside his own culture and reside for a sustained period of time among the Dutch themselves to better understand precisely why they hold unique views of how to organize care during pregnancy and birth, in many ways paralleling their liberal thinking in regard to drug use, prostitution, and euthanasia.

From the vantage point of the Netherlands, the author is able to move the reader's gaze from a focus on obstetrical risk and fear that something will go wrong (i.e., all births are potentially abnormal and thus in need of medical oversight and frequent intervention) to a focus on what it is normal and uneventful about most births. De Vries argues that in contrast to the U.S. system, the Dutch maternity care system creates a space for birth to be 'pleasing' for all involved — women themselves but also their family, friends and the primary caregivers involved in overseeing the labour and delivery. In fact, in the Dutch language, 'to give birth' means also 'to please.' For many Dutch women, their partners and significant others, birth is seen as a low-tech social affair. Women of course seek formal care from primary givers — usually midwives and, less frequently, *huisarts* (family doctors). But only women with medical complications get referred to an obstetrical specialist who may recommend or not that she return to her primary care provider to complete the pregnancy and delivery her baby.

Apart from most births being attended by primary care providers, one-third of Dutch women continue today to choose the home environment to deliver their babies. De Vries asks why this continues to be so for this geographically-small but highly-populated country that stands alone among high-income countries in regard to home birth. Ironically, as the author soon learned when he

moved his family to the Netherlands during his research period, Dutch family homes are small and crowded by North American standards, a fact one would think would mitigate against delivering a baby at home. Nevertheless, the Dutch continue to view the home as the ideal site of birth because, as de Vries (p. 146) notes, it is understood as a family event and should whenever possible take place in a comfortable and cozy environment: “In my discussions with Dutch women about their choice of where to give birth, I heard—over and over—that home was the preferred place of birth because it was more *gezellig*.” This term implies coziness but also “warmth, affection, contentment, enjoyment, happiness, sociability, snugness, and security” (p. 146), and contrasts sharply with the sterile hospital room filled with high-tech devices and medical experts where most U.S. women give birth.

De Vries has written an important book that gives well-deserved attention to the role of culture in the structuring and maintenance of health care systems in high-income countries such as the Netherlands and the United States. Social scientists have tended to ignore the influence of culture on health care delivery; De Vries ends his book by showing how culture not only helped to establish the main features of the Dutch maternity care system described above but also how it is currently re-shaping the system in the twenty-first century. He highlights numerous pressures — structural and cultural — underway to change the Dutch way of birth. Structural changes include pressure from some Dutch obstetricians to medicalize birth, the increasing labour force participation of Dutch women, who tend to delay childbearing and prefer hospital over home birth, changing working patterns of Dutch midwives towards group practice that affects the relationship between birthing women and ‘their’ midwife and, finally, the current way of educating Dutch obstetricians and gynecologists which increasingly involves no experience of home birth and working with midwives. Culture changes are also occurring that are moving Dutch attitudes about how to organize birth closer to that of the U.S. These include a more positive view of ultrasound scans during pregnancy and an increased tendency to prefer a medical specialist and hospital birth among certain groups of Dutch women.

Yet there are also countervailing forces at work that are likely to keep the unique features of the Dutch maternity system more-or-less intact for some time to come. These include continuing governmental support for home birth and midwifery and midwives’ mobilization to change their practices — including developing a *Geboortecentrum*, a centre that gathers the array of childbearing services under one roof--to better meet the changing nature of Dutch women’s work and personal lives.

To sum up, Raymond De Vries has done an excellent job of showing why culture should be considered alongside of structure in sociological analyses of health care systems. He has also succeeded in showing how difficult it is to change the way different countries organize their maternity care services. The unique Dutch way of birth is no coincidence; rather it reflects this country’s core values about home, the family, women, the body and pain, thriftiness, heroes, and solidarity. The same can be said about the more technically-oriented and medically-dominated U.S. system that the author argues is currently organized against women having a pleasing birth. Yet, as the Canadian maternity care system demonstrates, cultural shifts in ideas about birth at home and midwives as primary attendants are possible even in the North American context. It should come as no surprise that in the last decade Canadian midwives and birth activists have been adapting major features of the Dutch way of birth to re-form their own country’s maternity care system.

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