

Having known for a while that The Practising Midwife was celebrating her tenth birthday year, I had been thinking about writing a special article for this column. I started by checking back to see what interesting things had happened around the time of TPM's birth. Amidst other important world events, Bill Clinton denied that he "had had relations with that woman", the film Titanic won 11 Oscars, the US Federal Drug Administration approved Viagra and Geri Halliwell announced her departure from the Spice Girls. Few of these things, however, have made a significant impact on midwifery practice, so what has changed about midwifery and birth in the past ten years?

One of the key things that struck me when I began to think about birth-related developments is how the gap between the technocratic and holistic approaches to birth seems to have widened. Ten years ago, you had to search hard to find anything written about practices like lotus birth or the advantages of physiological third stage. Organic baby food was just setting out and real nappies, for many women, still meant folding terry towels into kite shapes. Today, relevant articles abound, and whole websites are devoted to in-depth discussions of alternative approaches and products which are more earth-centred, including the replacement of those dreadful plastic pants with cotton leopard prints.

On the other end of the spectrum, the technocratic model could be viewed as becoming even more technocratic. A company in Israel, for instance, has developed a "Computerized Labour Monitoring System", which transcends even the intrusiveness of the CTG / FSE combo and involves attaching internal transducers to the woman's cervix as well as her abdomen and the baby's head. The distances between each of these transducers are continually measured by the use of ultrasound, and the output is turned into colourful graphs on a computer monitor that sits beside the woman's bed. (She has to be lying on a bed, by the way, I've seen the pictures and I can't imagine how a non-pregnant Olympic gymnast could mobilise with all those wires and a TV attached, let alone a woman in labour).

The developers (Farine et al 2006: 162) claim that, as well as leading to a *decreased dependency on skilled personnel* and *reducing medicolegal risk*, this machine saves women from *hours of endless suffering and inconvenience*. Presumably they believe that having a couple of sensors clipped to your cervix for several hours is preferable to a few VE's? I have to say I'm not convinced.

What is interesting is that the sales pitch for this machine is based, in part, on the disadvantages of

vaginal examination. This new technology can apparently reduce the infection and discomfort which can result from over-use of this procedure. So, too, can the use of non-invasive techniques of assessing progress in labour; discussions of which have also increased during the last decade, in TPM and other forums.

I am well aware that, just as there will continue to be women who want as natural and uninterfered-with a birth as they can get, and who will extend their midwives into new heights of non-intervention, there will also continue to be women who will embrace the very latest technology, whatever the cost to their ability to move in labour. At the end of the day, both of these ends of the spectrum exist because of demand.

It's the woman in the middle, ideologically speaking, that I worry about. The woman who feels that, although home birth sounds nice in some ways, she would really rather be in the hospital this time, just in case. It's where she feels safe, and that's the most important thing. But she'd like to be able to mobilise, please, and doesn't want any drugs unless they are really necessary, and wouldn't mind having a physiological third stage because it makes sense to her that the placenta should be allowed to come out in its own time.

If the polarisation continues to increase, where will this woman find space to birth the way she chooses? Over the last decade or so, many women have lost the space and security that they found in local birthing units; those little havens that we knew offered little more technology than a home birth but that provided a sense of safety and a refuge for some women. Will more women experience the dilemma that women having breech babies have had to face over the last decade: the unenviable choice where the hospital insists on compulsory surgery, yet the option of staying home in the hope of a vaginal birth cannot offer the benefit of the technology that is more likely to be needed? One can only wonder where the next decade will take us...

Farine D, Shenhav M, Barnea O et al (2006). The need for a new outlook on labor monitoring. The Journal of Maternal-Fetal and Neonatal Medicine, March 2006; 19(3): 161-164

Further details of the Continuous Labour Monitoring System can be found at www.barnev.co.il