“I am never going back to the hospital”

On promoting understanding between Yanomami people and childbirth caretakers

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Main premise:

“Birth is everywhere socially marked and shaped” (Brigitte Jordan, 1978)

Enthnography of relationships of care between indigenous Yanomami people and health professionals in Venezuela, and the equivocal translations of reproductive aspirations and concerns
30,000 Yanomami people
Venezuela-Brazil border

Upper Orinoco district
High infant mortality
Non quantified abortions and stillbirths
Large bias in maternal mortality estimation
Primary health care centre

Picture removed because of confidentiality reasons. It showed a woman and a child waiting outside a busy consultation room.
Hospital in Puerto Ayacucho

Picture removed because of confidentiality reasons. It showed a woman who sleeps on a hammock which itself hangs from the bed.
## Anthropologies of birth

<table>
<thead>
<tr>
<th></th>
<th>Yanomami</th>
<th>Western/biomedical</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Body</strong></td>
<td>Animistic (soul/spirit)</td>
<td>Biological</td>
</tr>
<tr>
<td><strong>Birth</strong></td>
<td>Part of a longer process of making people</td>
<td>Physiological process that results in a live/dead newborn</td>
</tr>
<tr>
<td><strong>Rituals</strong></td>
<td>Pre and postnatal couvade, solitary birth</td>
<td>Medicalization (antenatal, childbirth, post-natal)</td>
</tr>
<tr>
<td><strong>Placenta</strong></td>
<td>A twin sibling</td>
<td>Biological waste</td>
</tr>
<tr>
<td><strong>Risk</strong></td>
<td>Mother, father, and child’s vulnerability of transformation</td>
<td>Of sudden complications, associated medical conditions</td>
</tr>
<tr>
<td><strong>Pain</strong></td>
<td>Not feared, silently endured.</td>
<td>Feared, pain suppression</td>
</tr>
<tr>
<td><strong>Fear</strong></td>
<td>Avoided, calls attention to spirits</td>
<td>Enforced, risk is stressed</td>
</tr>
<tr>
<td><strong>Reproductive aspirations</strong></td>
<td>Fertility, producing abundant human beings</td>
<td>Assuring a safe birth</td>
</tr>
</tbody>
</table>
Anthropologies of birth

Misunderstandings:
Â Arise from failure to recognise the differences in birth models and rituals
Â Results in care that fails

Contribution of anthropology:
Â Stories may just be “anecdotes”
Â Critical analysis of meaningful stories may help in unveiling systematic misunderstandings
Ethnographic vignette I: Miscarriage and D&C in the hospital

“They killed my baby” [incomplete abortion]
“They killed [anesthesised] the women and pulled all their blood out through the vagina with a metal tool” [describing a D&C]
“They threw the placenta and the baby away, and it is now being eaten by vultures” [biological, safe disposal of placenta]
“I am never coming back to the hospital”

In the medical chart: “Patient does not collaborate, does not speak Spanish”
Analysis

Å Ultrasound diagnosis clear for doctors, not for woman
Å Medications/doctors perceived as dangerous by woman
Å Lack of privacy also instills fear in witnessing people
Å Medical disregard for funerary rituals and proper disposal of placenta produces further damage
Å Doctors do not acknowledge their own inability in communicating in Yanomami or lack of translators

Doctors *thought* they provided good care, but care *failed* as woman *thought* doctors killed her baby
Improving birth

While respectful birth movement (White Ribbon Alliance) influential elsewhere

In Latin America:

- Humanized birth (Brazil)
- Law against obstetrical violence (Venezuela, Argentina)
- Intercultural birth (Peru, Bolivia, Ecuador, Mexico)
Obstetrical violence (Venezuela 2007)

1. To fail to provide timely treatment for obstetrical emergencies.
2. To force women to give birth horizontally, having appropriate means of giving birth vertically.
3. To obstruct early attachment of the mother and child, by taking away the baby after birth or preventing immediate breastfeeding without any justified cause.
4. To alter the course of a normal low-risk birth by the use of accelerating techniques without the mother's voluntary, expressed and informed consent.
5. To practice a Cesarean when conditions for vaginal birth are given, without the mother's voluntary, expressed and informed consent.
A woman was stranded in the city. One evening, her birth pains began and she *had* to give birth at the hospital.

I was called to accompany the woman. In the labour ward we were received by a male doctor who became increasingly upset, as I translated the woman’s refusal of repeated vaginal examination, of lying down to push, and of an episiotomy. I mentioned the obstetrical violence law.

Exasperated, the doctor stormed out of the room, blaming all potential responsibility on me.

When the baby was born, it was taken by the nurses and placed in an incubating box, for no medical reason.

The woman did not smile when the nurse presented her with the baby, wrapped in surgical clothes. The nurse assumed that Yanomami women must not love children that much.
Some elements for analysis

Å Obstetrical law disregarded
   ⼤ Doctors feel criticised by non-legitimate law makers and feminist movements

Å Lack of awareness of the ritual character of western births, unsupported by evidence*

Å ‘Cultural’ profiling of uncaring Yanomami women, while silence may be actually part of the birth ritual

Å Structurally similar to the mistreatment of midwives (gender, hierarchies of medical knowledge, age, liability)

*Barbira-Freedman (2010), Marsden (2001)
Alternative models of birth

Å Humanization of birth (adapted from Brazil)*

Based on model of integral, collective health

• Reducing fear of birth
• Based on effective (not excessive), evidence based care
• Alternative places of birth resulting in fewer unnecessary interventions
• Continuous personal support
• Focus on relational care, not only individual choice**
• Holistic: different spiritual and physiological dimensions of bodies; women, families and communities involved

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Intercultural birth

Indigenous grassroots + legal framework for interculturality

Some key elements:

- Appropriate environment: warm, low lighting
- Presence of a companion, usually traditional midwife
- Vertical position for birth (crouched, holding from hammock or chord)
- Allowing relative or midwives to administer herbal infusions, perform ceremonies
- Placenta is not disposed but given to mother or relatives.
Two pictures here showed traditional indigenous birthing practices. They included hanging from a hammock, holding on to a pole and crouching to give birth. Some pictures were provided by the Indigenous Health Office in Venezuela but I do not have explicit permission to further pass them along.
Maternal houses

Three pictures here showed vertical birth in maternal houses in Latin America. Some of them are freely available in the internet by googling ‘parto vertical’ or ‘parto intercultural’. Others were provided by the Indigenous Health Office but I do not have explicit permission to further pass them along.
Inside the hospital

Picture removed for confidentiality and copyright issues. It showed an Venezuelan indigenous intercultural facilitator showing the way for indigenous patients in the hospital. Other experiences in Bolivia and Perú are also available.

Two other pictures here also showed adaptations inside the hospital to enable vertical birth. They included adding poles to the end of the gynecological bed, so that women can crouch and hold onto something while they are in labour.
It showed a premature baby lying inside a tiny hammock that was hung inside an incubator. It suggested that ‘translations of materials’, that is adaptations or hybridization of objects of different cultural origin such as an incubator and a hammock are possible. Just as vertical birth, they may significantly improve the care experience of families and providers.
Concluding points

- Legal frame important, but build care from more positive approaches
- Need for material and semiotic (i.e. meanings) intercultural translation, everywhere
- Evidence should work towards promoting doctors’ self-reflexivity and awareness of cultural aspects of Western birth*
- Continuous care: midwives or companions bridging between home and hospital**