Field Notes

What is a Good Birth? Experiences from Teaching German Midwives Chinese Medicine and Doing Medical Anthropological Research with Chinese Women During Pregnancy, Childbirth, and Childbed in Berlin

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Birth is a miracle—despite recent advances and clarification of medical facts, such as a growing knowledge of the female body and foetal development phases, and despite the invention of new medical technologies. While I am writing these lines as a Western academic woman who is personally, practically, and academically involved in teaching Chinese medicine to midwives and in learning about perceptions of pregnancy, birth, and childbed among Chinese women in Germany, I keep wondering about whether women from China, the Philippines, or from Morocco would perceive of birth in the same way as I do—or which meaning would be ascribed to a ‘miracle’ in their own language.

As a sinologist, anthropologist, and lecturer in Chinese medicine in obstetrics in Berlin, it is both fascinating and paramount to remain aware of and recognise the differences among the views on what is often perceived as a ‘general biological fact’ and a ‘universal human experience’ of pregnancy, childbirth, and childbed. In our vocational courses we almost exclusively train midwives.¹ Those who come to us in Berlin to learn about Chinese medicine often work outside of clinics and hospitals, i.e., at birthing women’s private

* This article is translated from German by Mona Schrempf.

¹ Midwives are the experts in childbirth. Physicians are only called upon for emergencies. Most midwives work in a clinic but there are also midwives on a ‘free-lance’ basis who attend home births and/or work in birth houses.

homes or in so-called ‘birth houses’.² They usually advocate a ‘natural birth’, meaning a ‘good birth’ in the sense of supporting the birthing woman in finding the most comfortable position in which to give birth on her own, enabling her to follow the rhythm of the contractions in, for her, the most unobstructed way. Furthermore, in the best of all cases, she will be able to give birth on her own without medico-technical assistance or anaesthetics. A midwife whom I interviewed in 2006 generally claimed a ‘good birth’ to be like this:

For me a good birth is if the woman gives birth solely relying on her own powers without me having to intervene. That I just accompany and observe her and relate to her the feeling and trust in herself of being able to deliver on her own. One just has to inspire confidence and then she can do it so easily, that’s the best. This is true for all women [...] Some have to pace up and down like a tiger but then others would say, ‘Stop that and lay down!’ but they just naturally feel the urge to do that and then they very quickly deliver their babies, they do all this intuitively (if you let them).³

The wish for a ‘natural birth’ is an ideal that, in practice, is increasingly rare since the 1990s. At the moment, the rate of caesareans is above 30% in Germany. Nevertheless, in academic and ecologically-conscious circles, ‘natural birth’ is still in high demand. Midwives come to us hoping to receive practical help from Chinese medicine; for instance, for common issues, such as learning how to perform acupuncture for problems during pregnancy, how to ease the birthing process, how to correct the wrong position of a baby as well as helping to expel the placenta after birth.⁴ In their eyes, Chinese medical practices stand for ‘non-invasive’ medicine (without an operation). The midwives’ reaction is to be surprised when I tell them that in China, until the twentieth century, acupuncture was discredited as a therapeutic method during pregnancy. It was believed to be too invasive and dynamic. Additionally, it was only used by uneducated low-ranking physicians. Also, acupuncture is hardly mentioned in classical medical books. In contrast, pharmaceutical recipes were considered much more desirable, common, more elegant, and in high demand among renowned doctors of Chinese medicine within China.

² Birth houses offer courses to women (and their husbands) before and after birth and also offer special birthing rooms for those women who do not want to give birth at home or in a clinic. Birth houses have no medical technologies available and do not employ doctors. However, they are usually located in the vicinity of a hospital where the birthing mother can be transferred in an emergency.

³ Margarethe Busch, quotation taken from my field notebook, 23 May 2006.

⁴ There are strict guidelines as to what midwives are and are not allowed to do. In case of health risks during the pregnancy period or post-partum haemorrhage, only trained physicians are allowed to help.

When I read the *Shou Shi Pian* 壽世編 (*Compendium for a Long Life*),⁵ translated from the Chinese into German by the Berlin physician Franz Hübotter in 1913, I am conscious of the fact that I actively shape the image of Chinese medicine in a certain way for my students. This Buddhist-Daoist guidebook offers a practical aide for midwives in a very careful and sensible way. It warns, for example, of pressuring a woman to give birth more quickly or of intervening too early in the birthing process. A birth should be like ‘a ripe chestnut that falls out of its shell by itself’.⁶ The birthplace should be quiet with time and space being reserved for the birthing mother, giving her the chance to concentrate upon herself and her body. I hold this book in high regard and like to cite from it, while at the same time emphasising that there is no such thing as one particular form of Chinese medicine, and that today’s obstetrical practice in Chinese hospitals and clinics is quite different from what they are taught here. I underline the fact that at the school where I work, we represent and teach only a particular fraction of Chinese medicine based on some specific classics while there are many other streams of thought, teaching methods, and schools.

Nevertheless, it is very interesting to see when German midwives show this surprise. They feel alienated or sometimes even outraged when they recall their experiences with Chinese women in labour or during childbed in Berlin. Recently, a midwife told me that she was really looking forward to doing the ‘traditional Chinese childbed’ with a Chinese woman whom she was taking care of at that time. At the next class she told me, obviously disappointed and irritated: ‘Well, the Chinese woman said that she didn’t want to do all that ‘Chinese stuff’ and that she wanted a totally Western childbed just like her friends here’.⁷

In my PhD research with 21 Chinese women who had given birth in Berlin, their different views on the body and on what constitutes a ‘good birth’ became apparent in the question of where the child should ideally come into the world. While many midwives preferred the privacy and calm that a birth house can provide, the Chinese women whom I had interviewed felt wary of the suggestion of giving birth outside a clinic. According to their views, the medico-technological facilities provide security, and the lack of them is a fault. They show little aversion to the use of medical birth technology, such as ultrasound, ECG, epidural anaesthesia, ventouse, or caesarean during birth. Like

⁵ *Shou Shi Pian* 壽世編: *Abhandlung für ein langes Leben*. 1785. *Ein chinesisches Lehrbuch der Geburtshilfe*, übersetzt von Franz Hübotter 1913. Berlin: Urban & Schwarzenberg 1913.

⁶ In German, ‘Die rechtzeitige Geburt ist ein ähnlicher Vorgang, wie wenn eine reife Kastanie von selbst aus der Schale fällt’ (*Shou Shi Pian* 1785, taken from Hübotter, Franz 1913, p. 74).

⁷ Ramona Schneider, quotation taken from my field notebook, 4 June 2012.

one of my informants, Li Chao, most Chinese women perceive birth outside of the clinic to be too risky:

In preparation for the birth [of my child] I have visited several hospitals. A good friend of mine also sometimes accompanied me. Thinking about where to give birth I chose the clinic very consciously. A lot of pregnant women, especially here in Schöneberg, prefer to give birth at home but that was always too risky for me. I get the impression that a lot of Germans strongly reject hospitals. Chinese don't and I don't either. Therefore my hospital experience was not horrible and I do not have a negative image connected to it.⁸

This kind of attitude is more understandable if one knows that 'modernity' and 'development' are positively acknowledged and an important integral part (yet also an obvious feature) of the official and popular culture in China. In today's China, images and reports of modernity are not only closely connected to wealth, well-being, and security, but also demonstrate 'national pride'. In contrast, home births are identified negatively; i.e. with backwardness, poverty, and with a rural (therefore deficient) 'old' lifestyle of the past. One of the most important criteria for choice and decision-making among Chinese women in Berlin is the size and the respective medico-technological equipment and facilities of a hospital. This is best described by Huang Wenlin: 'I wanted a big hospital. I know that there are also birth houses in Germany but I didn't check them out. A hospital like the big one that I have chosen has a lot of babies [being born there], they are experienced'.⁹

Even the wish of two German husbands for a home birth outside of the clinic and within a birth house had no influence on the decisions their Chinese wives made. For Hong Yin, the following quotation reveals that the advantages of a birth within a birth house in Berlin do not count since the atmosphere is too much geared towards European needs and customs with which she does not identify.

We were visiting different informational evenings because I wanted to have a comfortable place for me and the birth of my child. We visited two birth houses here in Kreuzberg and then in Charlottenburg. For many women the birth house is like being at home but for those who worry it is better to go to a hospital. Also, as a migrant, what is home? A birth house would be home for a German but not necessarily for a Chinese. In China, furniture is placed in a completely different way than in Germany.¹⁰

These quotations, taken from interviews with Chinese women, show that what is perceived of as a 'good birth' is variable and differently experienced

⁸ Li Chao, 23 February 2006, cited from Kotte 2009, p. 196.

⁹ Huang Wenlin, 2 February 2007, cited from Kotte 2009, p. 198.

¹⁰ Hong Yin, 9 May 2006, cited from Kotte 2009, p. 197.

depending on many factors. First, when comparing Germany and China, for example, one has to consider different historical developments in biomedicine. In contrast to China, in the 1970s in Germany much public debate focused on a critique of modernity's values of 'progress' and 'development' as being shortsighted and wrong if not controlled by humanistic principles. This included medicine, and the biomedicalization of natural processes, such as birth. In China, the history and present development of medical technology is generally portrayed as positive and not questioned at all, at least not in public. Another important factor is the way in which birth is understood and perceived. We know that, on the one hand, this depends on a person's socialisation, education, and profession,¹¹ but on the other hand, it also relies more on general, culturally-related issues, such as 'trust' in what is known to be right and good, are important. If trust in medical technology is always positively invested and never questioned, then we can understand why Chinese women in Berlin prefer a hospital birth. What one might perceive of as a 'natural process', i.e., that which is best followed by a woman herself and in her own way (as is the view of the German midwives), is obviously very different from perceiving birth as a dangerous transition in life connected with many risks that should be safeguarded in an optimal medical way (as is the view of most Chinese women interviewed).

A third difference concerns divergent responsibilities in the professional practice between a midwife in Germany and in China. In China, at least in urban contexts, birth is a matter for doctors. The midwife is at best a better-educated nurse. Therefore, Chinese women don't see why they should trust a medically lesser-qualified person more than a doctor. However, after having delivered at a hospital, some remarked that they felt better taken care of by the midwife than by the doctor who was called upon in the end.

To summarize, based on my fieldwork data with both Chinese women giving birth in Berlin, and German midwives who accompany Chinese women during pregnancy, birth, and the childbed (where sometimes also Chinese medicine is used), it appears that a 'good birth' is when the woman can feel safe according to her own personal needs for comfort, safety, and security needs. However, what is individually perceived of as being 'safe' is both subjective and culturally influenced. Whereas the choice of the right birthplace

¹¹ Among German women, for example, there are huge differences in their attitudes and perceptions on the 'right' birthplace as well as on the safety guarantee of medical technology. It seems that the most influential factors for this diversity are the level of education and also political alignment among German women. The study by Marstedt 1998 shows that well-educated women and leftist voters are open to non-clinical midwifery and alternative healing methods. See also Kneuper 2004.

seems to be most important factor before the event, the actual experience of birth afterwards was evaluated in a more common way. What really counts then for women's perceptions of a 'good birth' experience is not the birthplace or medical technology *per se* but the quality of human relations during the birth attendance and whether the chosen resources were applied in an empathetic and sensitive way. If the woman felt well attended and if this happened warmheartedly, compassionately, and sometimes even with humour, then women experienced birth in an unanimously positive way. Such a joint creative negotiation of cross-cultural birth practices will always profit both sides—in particular that of the child.

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