

3[C] – Childbirth in the United States  Lesson5 G1 Chobun TypeB 

1. In the United States, an argument has been rumbling on for decades between
2. those who believe childbirth should take place in hospitals and those who regard
3. the home as the ideal setting.
4. As the popularity of home birthing has grown, the medical establishment's
5. opposition to it has deepened.
6. In 2008, the American Congress of Obstetricians and Gynecologists (ACOG)
7. denounced home birthing, saying that “complications can arise with little or no
8. warning even among women with low-risk pregnancies.”
9. The American Medical Association has started that “the safest setting for labor,
10. delivery, and the immediate postpartum period is in the hospital.”
11. Until the early 20th century, most babies in the United States were delivered at
12. home by midwives, who assisted women throughout childbirth.
13. Only if complications occurred were women sent to the hospital to be treated by
14. obstetricians—doctors specializing in the childbirth process by bringing it into
15. hospitals.
16. Around 1900, however, the medical establishment began to exert its influence in
17. order to take control of the childbirth process by bringing it into hospitals.
18. This was supported by obstetricians, who discouraged the use of midwives,
19. declaring them unskilled and incompetent.

## Further Questions &amp; Sample Answers



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20. 1) What did the ACOG do in 2008?
  21. *\_In 2008, the ACOG denounced home birthing saying “complications can arise with little*
  22. *\_or no warning even among women with low-risk pregnancies.”*
23. 2) How were most babies in the United States born before the 20<sup>th</sup> century?
  24. *\_Until the early 20<sup>th</sup> century, most babies in the United States were delivered at home*
  25. *\_by midwives, who assisted women through childbirth.*
26. This coincided with a shift in perspective in the medical textbooks, which started
27. to promote the “medicalization” of childbirth, presenting the process as inherently
28. dangerous—somewhat like an acquired illness—and therefore something women
29. should be protected from.
30. The focus of care during childbirth moved from dealing with problems if and when
31. they occurred to intervention aimed at controlling the process itself.
32. Procedures, such as the use of forceps to pull the baby out of the womb and
33. sedation at the onset of labor, were introduced to “save” women from the “evils
34. natural to labor.” Many such procedures became standard and are still widely
35. used today. There was no immediate decrease in maternal mortality, however,
36. and infant death rates actually rose by 40 percent between 1915 and 1929, largely
37. because there were no antibiotics to fight the bacterial infections commonly
38. contracted in hospitals.

**Lesson5** This document is for use in eTOC training sessions, outside of eTOC is strictly prohibited.  
38. After World War II, a sharp increase in the birthrate overwhelmed obstetricians,  
39. leading the medical establishment to allow “nurse-midwives”—women trained as  
40. midwives after becoming nurses—to help obstetricians in hospitals.  
41. Although relatively few in number, these nurse-midwives had a big impact:  
42. pregnant women were able to learn more about childbirth, and the idea of  
43. childbirth as a family-centered process with the father present in the hospital  
44. delivery room became more commonly accepted.

### Further Questions & Sample Answers



45. **3) What is the reason infant death rates rose by 40 percent between 1915 and 1929?**  
46. *There were no antibiotics to fight the bacterial infections commonly contracted in hospitals.*  
47. **4) Why did obstetricians allow “nurse-midwives” to help in hospitals?**  
48. *A sharp increase in the birthrate overwhelmed obstetricians.*

49. In the 1960s and 1970s, some women became interested in childbirth as a natural  
50. process that should not normally require the presence of an obstetrician.  
51. These women chose to give birth at home with only a midwife present.  
52. Despite this trend, however, the majority of midwife-assisted births still took  
53. place in medical facilities, remaining consistent with ACOG’s position that if a  
54. woman gives birth without an obstetrician ready to intervene quickly, “she puts  
55. herself and her baby’s health and life at unnecessary risk.”  
56. Between 1980 and 2005, the number of midwife-assisted births in the United  
57. States rose from 1.1 percent to 8 percent—around 300,000 babies, but still only  
58. 40,000 of these were home births.  
59. Elan McAllister, present of Choices in Childbirth, an organization that promotes  
60. home birthing, says the medical organization that promotes home birthing,  
61. says the medical establishment has “a long history of holding the authority when  
62. it comes to maternity and healthcare respectively, and are not interested in  
63. giving away any of that power.”  
64. In fact, there are statistics to support claims by home-birthing advocates that  
65. doctors exaggerate the dangers of giving birth at home.  
66. A 2005 report on low-risk pregnancies in North America found that home births  
67. involved fewer complications necessitating medical intervention than hospital  
68. births. There was also no increase in infant mortality, and there were no  
69. maternal deaths.

### Further Questions & Sample Answers



70. **5) How many home births were there between 1980 and 2005?**  
71. *Between 1980 and 2005, there were 40,000 home births.*  
72. **6) Why does Elan McAllister feel that doctors exaggerate the dangers of giving birth at home?**  
73. *There are statistics showing home births have fewer complications*  
74. *and no increase in infant mortality or maternal deaths.*

75. A major complaint home-birthing advocates like McAllister have against the  
 76. medical establishment is the frequency with which Caesarean sections  
 77. (C-sections)—a surgical operation in which the baby is removed directly from the  
 78. mother's womb via the abdomen—are performed. The number of C-sections  
 79. routinely performed in the United States is much higher than in comparable  
 80. societies, compromising nearly a third of all births. Like any surgery, C-sections  
 81. have inherent risks related to infection, blood clotting, and adverse reactions to  
 82. anesthesia, but their true risk is difficult to determine as they are often  
 83. performed when a mother and baby are experiencing complications during  
 84. childbirth. What is undeniable is that C-sections are more profitable for hospitals  
 85. than regular births, and there are indications that women are being encouraged  
 86. to have them for even low-risk births.

87. A 2005 survey of American mothers revealed that 10 percent had felt pressured to  
 88. have a C-section even though there was no medical reason for doing so. The  
 89. increased interest in home births is in part a response to such pressures  
 90.—mothers want more control over their bodies and the birth of their babies than  
 91. the medical establishment is inclined to give.

### Further Questions & Sample Answers



#### 92. 7) What is a C-section?

93. *A C-section is a surgical operation in which the baby is removed directly from the mother's womb via the abdomen.*

#### 94. 8) What is a reason that hospitals may be pressuring mothers to have C-sections?

95. *C-sections are more profitable for hospitals than regular births.*

### \*Choose the correct answer from these choices.

#### 96. (38) The author of this passage uses the term “medicalization” to refer to

97. 1. advances in medicine, including the development of antibiotics, that brought down infant mortality rates associated with midwife-assisted deliveries.
98. 2. efforts by midwives in the early 20<sup>th</sup> century to adopt procedures from medical textbooks that made childbirth less painful and dangerous for women
99. 3. the emergence of an attitude that view childbirth as an essentially risky process requiring medical involvement to protect the mother.
100. 4. a campaign by obstetricians to establish a law prohibiting midwives from assisting with childbirth in situations where a doctor was not present.

#### 101. (39) What influence did nurse-midwives have on childbirth practices?

102. 1. Many women who were considering home births in the 1960s and '70s changed their minds once they realized how skilled hospital-based midwives were.
103. 2. Hospital births became safer as nurse-midwives worked with obstetricians to reverse medical procedures that had been used before World War II.
104. 3. Some states began requiring that obstetricians receive training in the natural childbirth methods used successfully by midwives since the early 1900s.
105. 4. The presence of nurse-midwives in hospitals increased public knowledge of childbirth and allowed fathers greater participation in the birth of their babies.

106. (40) What can be inferred in light of the report on low-risk pregnancies and Elan McAllister's comments?
- 107.1. Obstetricians have presented statistics that show the dangers of home births as proof that midwives do more harm than good.
- 108.2. Obstetricians' efforts to discourage midwives from being present at hospital deliveries are motivated by a fear that their own expertise will be questioned.
- 109.3. The medical establishment has undermined its position by allowing people without proper qualifications to make decisions about where babies were born.
- 110.4. The medical establishment will not acknowledge the safety of home births because it sees the home-birthing movement as a threat to its authority.

111. (41) What does the author of the passage suggest about Caesarean sections in the United States?

- 112.1. The high number of complications associated with C-sections add to demands from midwives that the risks be investigated more thoroughly.
- 113.2. The frequency with which C-sections are performed has more to do with the money hospitals.
- 114.3. The immediate availability of surgeons able to perform C-sections is a persuasive reason why hospital births are the wisest choice for most women.
- 115.4. The dangers of C-sections have increased since hospitals started pressuring surgeons to cut corners with the expensive safety procedures involved.

### Review Questions



- 116.1) What did the ACOG do in 2008?
117. *In 2008, the ACOG denounced home birthing saying "complications can arise with little or no warning even among women with low-risk pregnancies."*
- 118.2) How were most babies in the United States born before the 20<sup>th</sup> century?
119. *Until the early 20<sup>th</sup> century, most babies in the United States were delivered at home by midwives, who assisted women through childbirth.*
- 120.3) What is the reason infant death rates rose by 40 percent between 1915 and 1929?
121. *There were no antibiotics to fight the bacterial infections commonly contracted in hospitals*
- 122.4) Why did obstetricians allow "nurse-midwives" to help in hospitals?
123. *A sharp increase in the birthrate overwhelmed obstetricians.*
- 124.5) How many home births were there between 1980 and 2005?
125. *Between 1980 and 2005, there were 40,000 home births.*
- 126.6) Why does Elan McAllister feel that doctors exaggerate the dangers of giving birth at home?
127. *There are statistics showing home births have fewer complications and no increase in infant mortality or maternal deaths.*
- 128.7) What is a C-section?
129. *A C-section is a surgical operation in which the baby is removed directly from the mother's womb via the abdomen.*
- 130.8) What is a reason that hospitals may be pressuring mothers to have C-sections?
131. *C-sections are more profitable for hospitals than regular births.*





## 日本語訳付

**3[C]—Childbirth in the United States** eTOC English Teachers On Call Lesson5 G1 Chobun dokkai G1 11-1

132. In the United States, an argument has been rumbling on くすぶっている for between those who believe childbirth should take place in hospitals and those who regard the home as the ideal setting.
133. As the popularity of home birthing 分娩 (ぶんべん) has grown, the medical establishment's 医学界 (いがかい) opposition to it has deepened 深 (ふか) まった.
134. In 2008, the American Congress of Obstetricians and Gynecologists (ACOG) 議会 (ぎかい) denounced home birthing, saying that “complications can arise 産科医 (さんかい) with little 婦人科医 (ふじんかい) or no warning even among women with low-risk pregnancies.” 非難 (ひなん) する 合併症 (がっぺいしょう) 起 (お) ころ 低 (てい) りすくの 妊娠 (にんしん)
135. The American Medical Association has started that “the safest setting for labor 陣痛 (じんつう), delivery 分娩 (ぶんべん), and the immediate postpartum period 産後期 (さんごき) is in the hospital.”
136. Until the early 20<sup>th</sup> century, most babies in the United States were delivered at home by midwives 助産師 (じょさんし), who assisted women throughout childbirth.
137. Only if complications occurred were women sent to the hospital to be treated by obstetricians—doctors specializing in ～を専門 (せんもん) とする the childbirth process by bringing it into hospitals.
138. Around 1900, however, the medical establishment began to exert 及 (およ) ぼす its influence ～するために in order to take control of the childbirth process by bringing it into hospitals.
139. This was supported by obstetricians, who discouraged ～をやめさせようとした the use of midwives, declaring them unskilled 未熟 (みじゆく) な and incompetent 無能 (むのう) な.

## Further Questions &amp; Sample Answers

140. 1) What did the ACOG do in 2008? ACOGは2008年ねんに何なにをしましたか。  
*In 2008, the ACOG denounced home birthing saying “complications can arise with little or no warning even among women with low-risk pregnancies.”*
141. 2) How were most babies in the United States born before the 20<sup>th</sup> century?
142. 20世紀せいきまでは、アメリカ合衆国がっしゅうこくのほとんどの赤ちゃんあかはどうかやっうて産まれていましたか。  
*Until the early 20<sup>th</sup> century, most babies in the United States were delivered at home by midwives, who assisted women through childbirth.*
143. This coincided with 同時 (どうじ) に起 (お) こった a shift in perspective 視点 (してん) の変化 (へんか) in the medical textbooks, which started to promote the “medicalization” of childbirth, presenting the process as inherently 本質的 (ほんしつてき) に dangerous—somewhat like an acquired illness 後天的 (こうてんてき) な病気 (びょうき) —and それゆえに therefore something women should be protected from.

144. The focus of care during childbirth moved from dealing with problems if and when they occurred to intervention aimed at controlling the process itself. Procedures, such as the use of forceps to pull the baby out of the womb and sedation at the onset of labor, were introduced to “save” women from the “evils” natural to labor.
145. ” Many such procedures became standard and are still widely used today.
146. There was no immediate decrease in maternal mortality, however, and infant death rates actually rose by 40 percent between 1915 and 1929, largely because there were no antibiotics to fight the bacterial infections commonly contracted in hospitals.
147. After World War II, a sharp increase in the birthrate overwhelmed obstetricians, leading the medical establishment to allow “nurse-midwives” —women trained as midwives after becoming nurses—to help obstetricians in hospitals.
148. Although relatively few in number, these nurse-midwives had a big impact: pregnant women were able to learn more about childbirth, and the idea of childbirth as a family-centered process with the father present in the hospital delivery room, became more commonly accepted.

## Further Questions & Sample Answers



149. 3) What is the reason infant death rates rose by 40 percent between 1915 and 1929?
150. 1915年から1929年の間に幼児の死亡率が40パーセント上昇した理由は何ですか。  
*There were no antibiotics to fight the bacterial infections commonly contracted in hospitals.*
151. 4) Why did obstetricians allow “nurse-midwives” to help in hospitals?
152. 産科医が「看護助産師」に病院で手伝うことを認めたのはなぜですか。  
*A sharp increase in the birthrate overwhelmed obstetricians.*
153. In the 1960s and 1970s, some women became interested in childbirth as a natural process that should not normally require the presence of an obstetrician.
154. These women chose to give birth at home with only a midwife present.
155. Despite this trend, however, the majority of midwife-assisted births still took place in medical facilities, remaining consistent with ACOG’s position that if a woman gives birth without an obstetrician ready to intervene quickly, “she puts herself and her baby’s health and life at unnecessary risk.”
156. Between 1980 and 2005, the number of midwife-assisted births in the United States rose from 1.1 percent to 8 percent—around 300,000 babies, but still only 40,000 of these were home births.
- 157.

158. Elan McAllister, present of Choices in Childbirth, an organization that promotes home birthing, says the medical establishment has “a long history of holding the authority when it comes to maternity and healthcare respectively, and are not interested in giving away any of that power.”
159. In fact, there are statistics to support claims by home-birthing advocates that doctors exaggerate the dangers of giving birth at home.
160. A 2005 report on low-risk pregnancies in North America found that home births involved fewer complications necessitating medical intervention than hospital births.
161. There was also no increase in infant mortality, and there were no maternal deaths.

Further Questions & Sample Answers



162. 5) How many home births were there between 1980 and 2005?
163. 1980年から2005年の間に、自宅出産は何件ありましたか。
164. *Between 1980 and 2005, there were 40,000 home births.*
165. 6) Why does Elan McAllister feel that doctors exaggerate the dangers of giving birth at home?
166. エラン・マカリストは、医師たちが自宅での出産の危険性を誇張しているのはなぜだと感じていますか。
167. *There are statistics showing home births have fewer complications and no increase in infant mortality or maternal deaths.*
169. A major complaint home-birthing advocates like McAllister have against the medical establishment is the frequency with which Caesarean sections (C-sections)—a surgical operation in which the baby is removed directly from the mother’s womb via the abdomen—are performed.
170. The number of C-sections routinely performed in the United States is much higher than in comparable societies, compromising nearly a third of all births.
171. Like any surgery, C-sections have inherent risks related to infection, blood clotting, and adverse reactions to anesthesia, but their true risk is difficult to determine as they are often performed when a mother and baby are experiencing complications during childbirth.
172. What is undeniable is that C-sections are more profitable for hospitals than regular births, and there are indications that women are being encouraged to have them for even low-risk births.

173. A 2005 survey of American mothers revealed that 10 percent had felt pressured to have a C-section even though there was no medical reason for doing so.
174. The increased interest in home births is in part a response to such pressures—mothers want more control over their bodies and the birth of their babies than the medical establishment is <sup>～したいと思(おも)う</sup> inclined to give.

## Further Questions & Sample Answers



175. 7) **What is a C-section?** C-section とは何ですか。  
*A C-section is a surgical operation in which the baby is removed directly from the mother's womb via the abdomen.*
176. 8) **What is a reason that hospitals may be pressuring mothers to have C-sections?**
177. 病院が母親たちに帝王切開をするように圧力をかけているかもしれないと思われる理由は何ですか。  
*C-sections are more profitable for hospitals than regular births.*

## \*Choose the correct answer from these choices.

178. (38) **The author of this passage uses the term “medicalization” to refer to**
179. この文章の著者は、“medicalization”という言葉をもとに言及するために使っている。
180. 1. advances in medicine, including the development of antibiotics, that brought down infant mortality rates associated with midwife-assisted deliveries.
181. 2. efforts by midwives in the early 20<sup>th</sup> century to adopt procedures from medical textbooks that made childbirth less painful and dangerous for women
182. 3. the emergence of an attitude that view childbirth as an essentially <sup>危険(きけん)な</sup> risky <sup>出現(しゅつげん)</sup> process requiring medical involvement to protect the mother. <sup>関与(かんよ)</sup>
183. 4. a campaign by obstetricians to establish a law prohibiting midwives from assisting with childbirth in situations where a doctor was not present. <sup>運動(うんどう)</sup> <sup>禁止(きんし)する</sup>
- 184.
185. (39) **What influence did nurse-midwives have on childbirth practices?**
186. 出産の現場で、看護助産師はどのような影響をあたえましたか。
187. 1. Many women who were considering home births in the 1960s and ‘70s changed their minds once they realized how skilled hospital-based midwives were.
188. 2. Hospital births became safer as nurse-midwives worked with obstetricians to <sup>控(ひか)える</sup> reverse medical procedures that had been used before World War II.
189. 3. Some states began requiring that obstetricians receive training in the <sup>自然分娩(しぜんぶんべん)</sup> natural childbirth <sup>うまく</sup> methods used successfully by midwives since the early 1900s.
190. 4. The presence of nurse-midwives in hospitals increased public knowledge of childbirth and allowed fathers greater <sup>参加(さんか)</sup> participation in the birth of their babies.
- 191.



192. (40) What can be inferred in light of the report on low-risk pregnancies and Elan McAllister's comments?
193. 低リスクの妊娠のレポートとエラン・マカリスターのコメントを考慮すると、どんなことが推測されますか。
194. 1. Obstetricians have presented statistics that show the dangers of home births as proof that midwives do more (do+で) 危害 (きがいはい) を加 (くわ) える **harm** than good.
195. 2. Obstetricians' efforts to discourage midwives from being present at hospital deliveries are 動機 (どうき) を与 (あた) える motivated by a fear that their own 専門知識 (せんもんちしき) expertise will be 疑 (うたが) いをかけられる questioned .
196. 3. The medical establishment has 弱 (よわ) める undermined its position by allowing people without proper 知識 (ちしき) qualifications to make decisions about where babies were born.
197. 4. The medical establishment will not 認 (みと) める acknowledge the safety of home births because it sees the home-birthing movement as a threat to its authority.
198. (41) What does the author of the passage suggest about Caesarean sections in the United States? この文章の著者は、アメリカ合衆国での帝王切開について、何を示唆していますか。
199. 1. The high number of complications associated with C-sections ad to demands from midwives that the risks be investigated more 徹底的 (てっていてき) に thoroughly .
200. 2. The frequency with which C-sections are performed 〜との関係 (かんけい) が深 (ふか) い has more to do with the money hospitals.
201. 3. The immediate 利用 (りよう) できること availability of surgeons able to perform C-sections is a 説得力 (せつとくりょく) のある persuasive reason why hospital births are the wisest choice for most women.
202. 4. The dangers of C-sections have increased since hospitals started 節約 (せつやく) する pressuring surgeons to **cut corners** with the expensive safety procedures involved.

## Review Questions



203. 1) What did the ACOG do in 2008?
204. *In 2008, the ACOG denounced home birthing saying "complications can arise with little or no warning even among women with low-risk pregnancies."*
205. 2) How were most babies in the United States born before the 20<sup>th</sup> century?
206. *Until the early 20<sup>th</sup> century, most babies in the United States were delivered at home by midwives, who assisted women through childbirth.*
207. 3) What is the reason infant death rates rose by 40 percent between 1915 and 1929?
208. *There were no antibiotics to fight the bacterial infections commonly contracted in hospitals*
209. 4) Why did obstetricians allow "nurse-midwives" to help in hospitals?
210. *A sharp increase in the birthrate overwhelmed obstetricians.*
211. 5) How many home births were there between 1980 and 2005?
212. *Between 1980 and 2005, there were 40,000 home births.*

- 213.6) Why does Elan McAllister feel that doctors exaggerate the dangers of giving birth at home?
214. *There are statistics showing home births have fewer complications and no increase in infant mortality or maternal deaths.*
- 215.7) What is a C-section?
216. *A C-section is a surgical operation in which the baby is removed directly from the mother's womb via the abdomen.*
- 217.8) What is a reason that hospitals may be pressuring mothers to have C-sections?
218. *C-sections are more profitable for hospitals than regular births.*



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解答: (38) 3 (39) 1 (40) 4(41) 3