



RHETORIC

THE DIFFERENCE BETWEEN ADVICE AND MANIPULATION

WHAT NOW?

You've made the effort to take HypnoBirthing® classes. You've found a sense of confidence you didn't know you possessed. You've heard your classmates speak excitedly about how receptive their care providers were to their HypnoBirthing birth preferences. You have researched your birthing options. You walk into your own next appointment excited at the possibilities...only to be told 'we don't do that'.

It doesn't happen often. Most providers are pleasantly surprised when parents want to be partners in their own care (Roizen & Mehmet, 2006). However, sometimes it does happen, and when it does, parents may feel they have no choice other than to do what their told, either because of financial constraints (their insurance will only pay if they birth with that specific provider), or because the choice they are being forced to make is a difficult one.

Parents have the legal right, and responsibility, to make informed decisions, without coercion (Prown, 2006). They have the right to make autonomous decisions about the care they receive, refuse treatment, or revoke consent for treatment in non-life-threatening situations.

If your provider is upfront about the intent to deny you your legal rights, you are fortunate. At least he is being honest with you. Some unethical providers have been known to tell a woman they can do whatever they want, only to tell them just weeks before the birth that they actually can't. I've known women to change providers two weeks before birthing. I even knew one

self-determined young woman who, when her doctor turned into Frankenstein *during* labor (suddenly ordering several non-medically indicated interventions she knew, from her research, to be a one way trip to a surgical birth) to sign herself out AMA (Against Medical Advice). She walked into neighboring hospital, who willingly took her in (although thanks to EMTALA would have had to take her in regardless of her ability to pay). She had a lovely, gentle, vaginal birth with people who respected her and her baby.



Planning your baby's birth together can be a date night opportunity!

The International Cesarean Awareness Network has compiled a 10-page work *The ICAN White Papers. Enforcing and promoting the rights of women seeking vaginal birth after cesarean (VBAC): A Primer. Part one: The legal and ethical foundation of the rights of pregnant women.* http://www.ican-online.org/resources/white_papers/wp_legalprimer.pdf

I cannot urge women strongly enough to read this work if you are having issues with getting your needs met with your current provider. It is not just relevant to women with previous cesareans...but even if it were, if your provider is not practicing evidence-based care, your chance of becoming a cesarean statistic increase greatly.

CONSIDER THIS:

- Are your requests appropriate for your personal situation?
- Are your requests supported by scientific evidence?
- Are your requests reasonable?
- Are other people in your situation able to have their requests honored?
- Are you willing to be flexible if your situation changes and your requests are no longer appropriate?
- If your reasonable requests are being denied, is scientific evidence provided to support that decision?

NOTES:

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NOT INTENDED TO REPLACE SOUND MEDICAL ADVICE. EVERY CIRCUMSTANCE IS UNIQUE AND EACH MOTHER MUST COLLABORATE WITH HER CARE PROVIDER REGARDING INDIVIDUAL CONCERNS. EACH MOTHER ASSUMES TOTAL AND COMPLETE RESPONSIBILITY FOR ANY ACTIONS TAKEN IN REGARD TO HER MATERNITY CARE CHOICES.

RESOURCES:

Childbirth Connection, (2006). *The rights of childbearing women*. Retrieved from, http://www.childbirthconnection.org/pdfs/rights_childbearing_women.pdf

Prown, K., (2006). *ICAN White Papers. Part one: The legal and ethical foundation of the rights of pregnant women*. Retrieved from, http://www.ican-online.org/resources/white_papers/wp_legalprimer.pdf

Roizen, F., Mehmet, O., (2006). *YOU: The smart patient: An insider's handbook for getting the best treatment*. A Joint Commission Resource.

WHAT IS 'RHETORIC'?

A rhetorical question *can* be one in which there is only one logical response...but 'rhetoric' is much more. It is also a manipulation tactic that uses carefully chosen words meant to make you act on emotion instead of reason. It is usually used when there is no factual or logical way to influence you.

For instance, to use a 'euphemism' or 'dysphemism' is to play with words. Thus, major abdominal surgery becomes 'birth from above', and the major contribution of midwives to maternity care is minimized by calling them 'physician extenders'.

'Rhetorical comparisons' use unfavorable comparisons intentionally. Comparing natural birth to having dental work without Novocain instead of comparing it to the natural act it actually is physiologically and psycho-

logically, for example.

'Rhetorical definitions' use a definition to prejudice the meaning of a term, i.e. defining 'birth' as a dangerous medical condition. Of course if this rhetorical definition is used, homebirth advocates seem illogical.

'Rhetorical explanations' slants opinion by explanation... 'this happened because of this'. An example might be headline that labels an infant death by an intoxicated mother who passed out breastfeeding a 'breastfeeding death' instead of a neglectful mother/ alcohol issue. The baby didn't die because the mother was breastfeeding, she died because the mother was drunk.

'Innuendo' is very subtle. "Well, *for one*, care what happens to your baby." Implying that if you don't agree

with proposed test or intervention that a. you don't care and b. that the not having the test/intervention is a danger to your baby.

A 'loaded question' rests on at least one unjustifiable assumption. "Do you want to kill your baby?" implying that without a particular test/intervention that is the probable outcome.

Most of us are familiar with 'ridicule' and 'sarcasm'. When we encounter it, our intuition tells us we are being played.

'Proof surrogates' suggest there is proof for a claim without actually giving proof. 'The evidence says', 'it's obvious that', 'there is every reason to believe', 'everyone knows', 'it's only common sense that'.

There are many more techniques used in rhetorical persuasion. The point is,



You may have to do the research to get the birth want. You only get one chance to birth this baby, and what you decide may impact every baby after this one. Choose wisely.

they don't belong in your decision making process when you should be basing decisions on facts and evidence, not emotion.

We all want to do what's best for our babies. We need care providers who will assist us. If a caregiver is using these techniques or others like it to force decisions that are not in our best interest, we need to find someone who will.

BIRTH PREFERENCE OPTIONS BROUGHT TO YOU BY THE HYPNOBIRTHING INSTITUTE

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