

Baby Dies After Group Pushes Overdue Birth - True Story Or Urban Legend?



By *Jamie Wells, M.D.* — February 1, 2019



Credit: Pixabay [1]

A [Patheos blog](#) [2] is suggesting the [Ten Month Mamas Facebook Group](#) [3] that supports “well cooked babies and longer pregnancies” shut down after encouraging an expectant mother to ignore medical advice and instead trust her own instincts. As a result, the outlet claims a full-term infant died because care was delayed until 45 weeks gestation. Whether this is a true story or myth is unclear as a Google search fails to clarify the account. A [Guardian](#) [4] article dating back to 2010 maintains an online resource for Ten Month Mamas had been made defunct then. The [New York Times](#) [5] ran this reference at that time. In 2017, [The Skeptical OB](#) [6] published a piece entitled “[Ten Month Mamas cheers a woman to her baby’s death.](#)” [6]

We may never know the answer to this, but that doesn’t change the reality that many false beliefs still abound surrounding pregnancy and delivery.

The “right way” to give birth has become clouded by ideology, not medical reality or clinical status

There are a lot of public plays albeit via media platforms, advocacy organizations or the like, positioning childbirth as a debate. Associating divisive “too many” or “too few” terminology to the notion of vaginal delivery and surgically-assisted forms as is the case with C-sections. Words like “normal” or “natural” seem to have lost their objectively descriptive roles and transitioned into ideological brands.

Unfortunately, we have lost sight in the narrative of the main goal of such a uniquely dynamic physiological process: a healthy mother and healthy baby. The consideration throughout the entire perinatal experience is always, from a medical perspective, preserving the short- and long-term

optimal health and well-being of the two patients involved who for much of the time are interconnected.

Despite this, there is a segment of the population who desires to have less "medicalization" of labor and delivery. This is manifesting in home births and water births (1), for example, along with ill-conceived notions of delaying labor as long as possible and against medical advice. And for those most adamant about avoiding the hospital or intervention, "free birth," "unhindered birth" and "unassisted birth" go a step further to exclude a trained professional from being present at all during the actual experience of delivery (read [here](#) [7]).

As far as delivery after the due date goes

Complications can occur when beyond a certain point in gestation - and, this is variable for patients and the unique nature of clinical history, status and compounding factors. For example, the baby can [grow larger](#) [8] thereby imperiling delivery and restricting movement while the amniotic fluid diminishes as does placental reserve prompting a cascade of other problems - from minor to catastrophic.

Recently published [work](#) [9] in [Ultrasound In Obstetrics & Gynecology](#) [10] concluded:

"The rate of maternal and perinatal complications increases after 39 weeks in both unselected and complicated pregnancies. The aim of this study was to synthesize quantitatively the evidence on the effect of elective induction of labor at term on the risk of Cesarean section, and maternal and perinatal outcome."

Like many things in life, perfect timing yields the greatest dividends. There is a sweet spot. Maternal-fetal considerations involve a delicate dance integrated into an intricate series of decisions that cause a chain reaction of events - good, bad or indifferent. When a baby is delivered too prematurely, issues arise. When too late, the same can hold true. The difference with birth and a lot of other aspects we manage navigating the world is that the stakes are much higher when falling short of achieving the previously stated goal of a healthy mother and child.

So, knowing when to give a nudge like an induction or make the choice to step toward C-section or complex vaginal birth has consequences and determining the less risky path requires expertise and complete understanding of the clinical course at hand. When situations are extreme, even with a perfect decision, there can be long-term disability or death.

Thankfully, most births are happy endings. But, when labor turns bad, rapid interventions become essential as circumstances quickly become unpredictable. And adding avoidable risk factors or unnecessary delays is like playing roulette with human lives.

So, how should a baby be born?

The *right* answer is a baby should be born in the mode and manner that respects the largest stakeholders, mother and infant, in a way that optimally promotes their short- and long-term health and well-being. Due to the extreme variability in confounding factors, how that looks will be distinct

for the individuals involved.

After all, it wasn't that long ago when every birth carried tremendous risks for mother and child, modern medical advances have prevented a lot of harm. For better and worse, many people today have had the luxury of forgetting or never knowing this crucial point.

Note(s):

(1) To read more comprehensive pieces on the dangers of water birth, review these articles:

- [Water Birth: To Breathe Or Not To Breathe?](#) [11]
- [Just Say No To Water Birth](#) [12]
- [Yet Another Water Birth Goes Awry](#) [13]
- [Legionnaires' Disease Latest Worry For Baby After Water Birth](#) [14]

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Links

[1] <https://pixabay.com/en/pregnant-pregnant-woman-m-mother-2640994/>

[2] <https://www.patheos.com/blogs/withoutacrystalball/2019/01/natural-childbirth-group/>

[3] <https://www.facebook.com/TenMonthMamas/>

[4] <https://www.theguardian.com/lifeandstyle/2010/oct/01/pregnant-for-10-months>

[5] <https://schott.blogs.nytimes.com/2010/10/12/the-ten-month-mamas/>

[6] <http://www.skepticalob.com/2017/08/ten-month-mamas-cheers-a-woman-to-her-babys-death.html>

[7] <https://www.acsh.org/news/2019/01/23/are-free-birth-and-unhindered-birth-thing-13751>

[8] <https://www.acsh.org/news/2019/01/02/what-real-deal-size-babies-bigger-better-13699>

[9] <https://obgyn.onlinelibrary.wiley.com/doi/epdf/10.1002/uog.20140>

[10] <https://obgyn.onlinelibrary.wiley.com/doi/10.1002/uog.20140>

[11] <https://www.acsh.org/news/2016/09/20/water-birth-breathe-or-not-breathe-10183>

[12] <https://www.acsh.org/news/2017/05/16/just-say-no-water-birth-11282>

[13] <https://www.acsh.org/news/2017/10/24/yet-another-water-birth-goes-awry-12010>

[14] <https://www.acsh.org/news/2017/06/12/legionnaires-disease-latest-worry-baby-after-water-birth-11410>