

CIANE - Collectif interassociatif autour de la naissance

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Birth activism in France: from social communication to social mobilization

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1. Self-empowerment

- Empowerment = **a collective construction of subjectivities (Félix Gattari). It means that you do not get power as an individual, but from the sense of belonging to a group, although this power will be your own'** regardless of the strength of the group.

Involving men and families at large played a significant role in social mobilization. Parents are not only the focus, the benefitors, they should also take initiatives and become actors of social change. Sharing information, mutual support and bringing up critical consciousness have been the key issues of this movement.

1.1 Non-profit societies

- In France (2000) there were no strong united groups of midwifery (today 17 groups!) unlike Britain with its *Royal College of Midwifery*. Doula societies had not been created in that period. A myriad of local societies were working in the field of perinatality, with little coordination.
- The new societies that appeared after 2000 focussed on the needs of parents. Example: founding a 'support' society in the absence of the midwife.

1.2 The Internet made it possible to connect societies, independent activists, and to create 'virtual communities'.

- Private list: Naissance
- Public list: Re-Co-Naissances
- More details, see my paper
<http://portail.naissance.asso.fr/VirtualCommunity2002> liste-naissance@yahoogroupes.fr - the birth of a virtual community (2002)

1.3 Naissance encounters

- Free-speech forum inspired by self-education workshops (Paolo Freire, Guy Poitevin)
- Self-evaluation

2. Parents-citizens

2.1 Sitting in professional committees

Our new Public health regulations in 2002 have strengthened the obligation of involving representatives of consumers at every stage of decision-making with respect to Public health: hospital management, perinatal networks, regional and national commission on childbirth, and the High authority on health (HAS) that produces recommendations for proper medical practice. It is the task of non-profit societies to 'train' people who wish to take part in meetings as representatives of consumer groups.

2.2 Linking societies and individual activists

In 2003, the National college of gynecologists-obstetricians organised *Etats généraux de la naissance* (EGN). Their idea was to have a meeting on the model of medical consensus conferences. They also wanted to involve representatives of consumers, but their idea was to invite a small group of 'pregnant women'. Interconnected leaders decided that they should create a Collective on the model of another existing collective (CISS). In a couple of months it brought together 23 societies. During the same period a small group of activists founded 'Alliance francophone pour l'accouchement respecté (AFAR) with particular focus on legal matters and evidence-based medicine. (Two books had been published on parent's rights regarding childbirth.) EGN 2003 was successful in bringing to light the expectations of consumers (in a 40-point statement) and it firmly established CIANE as a partner of the State and professional groups. Today it links about 140 non-profit societies, thereby representing more than 150,000 citizens. Still, CIANE remained unregistered and not hierarchized for a long time. It is run on the Internet via collaborative websites (technically, a [blog](#) and a [wiki](#)) plus a discussion list in which every member of any affiliated society is invited to take part. Registration and accreditation processes are on the way. CIANE publishes 'motion proposals' on its [website](#) and readers can write comments. If there remains a consensus after a few months we consider that this motion is definitive. (However the consensus may be broken at any time.)

2.3 Growing expertise on published material

In 2004, after our first campaign on episiotomy, CIANE filed a request for a study group along with the National health insurance (CNAM) and the National college of gynecologists-obstetricians (CNGOF). At the end of 2005, recommendations for fair practice were published though in the meantime this project had been "hijacked by CNGOF for bureaucratic reasons. More recently, CIANE has been involved in four study groups:

1. Antenatal screening for Down's syndrome (over);
2. The follow-up of normal pregnancy (pending);
3. Induction of labour (pending);
4. Fundal pressure (over).

In order to participate actively in these groups, the AFAR created a [shared](#)

[database](#) of scientific publications on perinatalty. This database is operated in a cooperative manner and it is publicly accessible. We can provide fields for Czech translations! The database is currently used by parents, journalists, members of study groups, student midwives etc. Recently a study group requested us to extract a report on all topics related to 'physiological birth'. Earlier (in 2000) I had started the Naissance portal, a classical website pointing at resources in French language. The portal was supervised by the Naissance list. However I believe that the future is in Wikipedia and similar 'wikies'. Let us colonize Wikipedia!

2.4 We need both gentle and nasty people!

The CIANE collective is a neutral, consensual and cooperative network of societies and good-willing people, both parents and medical practitioners. They are the 'nice people'. However, there are also political issues, cases of lobbyism and vested interests in the field of perinatalty. These are conflicting powers. For this we need 'bad people'. AFAR is playing this role in several ways:

1. Firmly reacting to wrong interpretations of scientific literature, either in the public media or in the statements of professional lobbies;
2. Emphasizing the rights of parents, and occasionally the rights of professionals (without any prejudice regarding categories);
3. Publishing open letters written by parents to maternity services that rejected their birth plans;
4. Supporting court cases.

3. Political activism

3.1 EGN 2006

- During their closing session of EGN 2003, its organisers suggested that the next EGN be managed by consumers.
- [EGN 2006](#) have been constructed on a cooperative approach: call for proposals of thematic workshops in which medical specialists and customers would contribute on an equal stand.
- Each workshop was documented months in advance and it had its own forum on the website.
- Workshops have been recorded and their full transcriptions are available on the [website](#).
- Immediately after the EGN we opened a [public-archive discussion list](#) in which the participants could extend discussions and evaluate the workshops.

3.2 CIANE's political agenda

- From October to December 2006 the EGN list worked in collaboration with the [CIANE](#) discussion list to elaborate a political agenda .
- The political agenda received official support from several professional groups.
- The political agenda has been submitted to politicians contesting elections this year.

4. Difficulties

- The age group and social status of the main beneficiaries of birth activism

- The necessity of becoming 'professional' in many aspects
- The difficulty of integrating 'birth culture' with progressist movements. We are often associated with Christian traditionalists, religious groups, radical ecologists etc.
- Therefore a critical awareness is necessary...
- ... and a great sense of humour!



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