

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

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24. by midwives, who assisted women through childbirth.
25. This coincided with a shift in perspective in the medical textbooks, which started
26. to promote the “medicalization” of childbirth, presenting the process as inherently
27. dangerous—somewhat like an acquired illness—and therefore something women
28. should be protected from.
29. The focus of care during childbirth moved from dealing with problems if and when
30. they occurred to intervention aimed at controlling the process itself.
31. Procedures, such as the use of forceps to pull the baby out of the womb and
32. sedation at the onset of labor, were introduced to “save” women from the “evils
33. natural to labor.” Many such procedures became standard and are still widely
34. used today. There was no immediate decrease in maternal mortality, however,
35. and infant death rates actually rose by 40 percent between 1915 and 1929, largely
36. because there were no antibiotics to fight the bacterial infections commonly
37. contracted in hospitals.

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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

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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

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98. textbooks by midwives in the early 20th century to adopt procedures from medical
99. 3. the emergence of an attitude that view childbirth as an essentially risky
100. 4. a campaign by obstetricians to establish a law prohibiting midwives from
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
103. 2. Hospital births became safer as nurse-midwives worked with obstetricians to
104. 3. Some states began requiring that obstetricians receive training in the natural
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 led to demands from midwives that the risks be investigated more thoroughly.

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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] 出産 (しゅっさん) **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 (いがくかい) 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) 産科医 (さんかい) 婦人科医 (ふじんかい) denounced 非難 (ひなん) する home birthing, saying that “complications can arise 合併症 (がっぺいしょう) 起 (お) ころ with little warning 低 (てい) りすくの 妊娠 (にんしん)”

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Further Questions & 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 20th century?**
142. 20世紀せいぎまでは、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やって産まれていましたか。
Until the early 20th 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 (こうてんでき) な病気 (びょうき)—and therefore それゆえに 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”

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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 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.

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(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 ～したいと思（おも）う inclined to give.

Further Questions & Sample Answers



175. 7) **What is a C-section?** C-section とは何なんですか。
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?**

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assisting with childbirth in situations where a doctor was not present.

- 184.
185. (39) **What influence did nurse-midwives have on childbirth practices?**
186. 出産しゅつぱんの現場げんばで、看護助産師かんごじょさんしはどのような影響えいきやうをあたえましたか。
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 控（ひか）える reverse medical procedures that had been used before World War II.
189. 3. Some states began requiring that obstetricians receive training in the 自然分娩（しぜんぶんべん） うまく natural childbirth methods used successfully by midwives since the early 1900s.
190. 4. The presence of nurse-midwives in hospitals increased public knowledge of 参加（さんか） childbirth and allowed fathers greater participation in the birth of their babies.

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) 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.

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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 20th century?
206. *Until the early 20th 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?
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209. 4) Why did obstetricians allow "nurse-midwives" to help in hospitals?
210. *A sharp increase in the birthrate overwhelmed obstetricians.*
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- 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

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