

**For Teachers:** Please have the students read the sentences one at a time and correct their pronunciation of each sentence then have them repeat after you. Wait until after they read the sentence (use the number in place of the missing word) to have the students choose the correct answer to fill in the blank. When the students finish the article, move on to the further questions.

日本語訳なしタイプ B もございます。スクロールダウンするとございますので好きな方をご利用下さい。

**3[C] – Childbirth in the United States**



Version3 G1 11-1

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

**Further Questions&A**\*Ask student to answer the question on their own at first. If the student can't answer correctly, have him look at the last page and read the "example answer" for the question. Have the student try to memorize the answer, if it's too long or difficult, you should divide the sentence into 2 or 3 parts to make it easier to remember. Once they have memorized the answer, the teacher should ask the question one last time so that the student can practice answering. Also if you find any mistakes, please mark the page and let me know ASAP.

- 1) What did the ACOG do in 2008?** ACOGは2008年に何をしましたか。  
*In 2008, the ACOG denounced home birthing saying "complications can arise with little or no warning even among women with low-risk pregnancies."*
- 2) How were most babies in the United States born before the 20<sup>th</sup> century?**  
*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.*

- This coincided with a shift in perspective in the medical textbooks, which started to promote the "medicalization" of childbirth, presenting the process as

本質的 (ほんしつてき) に

後天的 (こうてんでき) な病氣 (びょうき)

inherently dangerous—somewhat like an acquired illness—and therefore something women should be protected from.

対処 (たいしょ) する

13. 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.

治療介入 (ちりょうかいにゆう) ~を狙 (ねら) った

鉗子 (かんし)

子宮 (しきゅう)

鎮静剤 (ちんせいざい)

陣痛発作 (じんつうほっさ)

悪者 (わるもの)

- 14.” Many such procedures became standard and are still widely used today.

妊婦死亡率 (にんぷしぼうりつ)

幼児 (ようじ)

15. 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.

抗生物質 (こうせいぶつしつ)

細菌 (さいきん) による 感染症 (かんせんしょう)

一般 (いっぱん) に 感染 (かんせん) する

出生率 (しゅっしょうりつ)

閉口 (へいこう) させた

16. 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.
17. 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.

妊娠 (にんしん) した

家族中心 (かぞくちゅうしん) の

分娩室 (ぶんべんしつ)

## Further Questions&A



- 18.3) What is the reason infant death rates rose by 40 percent between 1915 and 1929?  
 19. 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.*

- 20.4) Why did obstetricians allow “nurse-midwives” to help in hospitals?

21. 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.*

22. 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.

普通 (ふつう) は

赤 (あか) ちゃんを産 (う) む

23. These women chose to give birth at home with only a midwife present.

24. 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.”

施設 (しせつ)

〜と矛盾 (むじゆん) しないで

介入 (かいにゆう) する

25. 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.
26. 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.”
27. In fact, there are statistics to support claims by home-birthing advocates that doctors exaggerate the dangers of giving birth at home.
28. A 2005 report on low-risk pregnancies in North America found that home births involved fewer complications necessitating medical intervention than hospital births.
29. There was also no increase in infant mortality, and there were no maternal deaths.

## Further Questions&A



30. 5) How many home births were there between 1980 and 2005?

31. 1980年から2005年の間に、自宅出産は何件ありましたか。

*Between 1980 and 2005, there were 40,000 home births.*

32. 6) Why does Elan McAllister feel that doctors exaggerate the dangers of giving birth at home?

33. エラン・マカリスターは、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。

*There are statistics showing home births have fewer complications and no increase in infant mortality or maternal deaths.*

34. 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.

35. 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.

36. 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.

37. 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.
38. 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.
39. 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 inclined to give.

## Further Questions&amp;A



40. 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.*
41. 8) What is a reason that hospitals may be pressuring mothers to have C-sections?
42. 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.

43. (38) The author of this passage uses the term “medicalization” to refer to
44. 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。
45. 1. advances in medicine, including the development of antibiotics, that brought down infant mortality rates associated with midwife-assisted deliveries.
46. 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
47. 3. the emergence of an attitude that view childbirth as an essentially risky process requiring medical involvement to protect the mother.
48. 4. a campaign by obstetricians to establish a law prohibiting midwives from assisting with childbirth in situations where a doctor was not present.
49. (39) What influence did nurse-midwives have on childbirth practices?
50. 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。
51. 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.
52. 2. Hospital births became safer as nurse-midwives worked with obstetricians to reverse medical procedures that had been used before World War II.
53. 3. Some states began requiring that obstetricians receive training in the natural childbirth methods used successfully by midwives since the early 1900s.
54. 4. The presence of nurse-midwives in hospitals increased public knowledge of childbirth and allowed fathers greater participation in the birth of their babies.
55. (40) What can be inferred in light of the report on low-risk pregnancies and Elan McAllister’s comments?

56. 低リスクの妊娠のレポートとエラン・マカリストのコメントを考慮すると、どんなことが推測されますか。

- 57.1. 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.
- 58.2. Obstetricians' efforts to discourage midwives from being present at hospital deliveries are 動機 (どうぎ) 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 .
- 59.3. 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.
- 60.4. 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.
- 61.(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。
- 62.1. The high number of complications associated with C-sections add to demands from midwives that the risks be investigated more 徹底的 (てつていてき) に thoroughly .
- 63.2. 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.
- 64.3. The immediate 利用 (りよう) できること availability of surgeons 外科医 (げかい) 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.
- 65.4. The dangers of C-sections have increased since hospitals started pressuring 節約 (せつやく) する surgeons to cut corners with the expensive safety procedures involved.

## Review Questions



- 66.1) What did the ACOG do in 2008?
67. *In 2008, the ACOG denounced home birthing saying "complications can arise with little or no warning even among women with low-risk pregnancies."*
- 68.2) How were most babies in the United States born before the 20<sup>th</sup> century?
69. *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.*
- 70.3) What is the reason infant death rates rose by 40 percent between 1915 and 1929?
71. *There were no antibiotics to fight the bacterial infections commonly contracted in hospitals*
- 72.4) Why did obstetricians allow "nurse-midwives" to help in hospitals?
73. *A sharp increase in the birthrate overwhelmed obstetricians.*
- 74.5) How many home births were there between 1980 and 2005?
75. *Between 1980 and 2005, there were 40,000 home births.*
- 76.6) Why does Elan McAllister feel that doctors exaggerate the dangers of giving birth at home?
77. *There are statistics showing home births have fewer complications and no increase in infant mortality or maternal deaths.*
- 78.7) What is a C-section?

79. A C-section is a surgical operation in which the baby is removed directly from the mother's womb via the abdomen.
80. 8) What is a reason that hospitals may be pressuring mothers to have C-sections?
81. C-sections are more profitable for hospitals than regular births.

解答: (38) 3 (39) 1 (40) 4(41) 3

## Type B 日本語訳なし

### 3[C] – Childbirth in the United States



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

### Further Questions&A

90. 1) What did the ACOG do in 2008?
91. 2) How were most babies in the United States born before the 20<sup>th</sup> century?
92. This coincided with a shift in perspective in the medical textbooks, which started to promote the “medicalization” of childbirth, presenting the process as inherently dangerous—somewhat like an acquired illness—and therefore something women should be protected from.
93. The focus of care during childbirth moved from dealing with problems if and when they occurred to intervention aimed at controlling the process itself.
94. 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.”
95. Many such procedures became standard and are still widely used today.
96. 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.

97. 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.
98. 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&A



- 99.3) What is the reason infant death rates rose by 40 percent between 1915 and 1929?
- 100.4) Why did obstetricians allow “nurse-midwives” to help in hospitals?
101. 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.
102. These women chose to give birth at home with only a midwife present.
103. 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.”
104. 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.
105. 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.”
106. In fact, there are statistics to support claims by home-birthing advocates that doctors exaggerate the dangers of giving birth at home.
107. A 2005 report on low-risk pregnancies in North America found that home births involved fewer complications necessitating medical intervention than hospital births.
108. There was also no increase in infant mortality, and there were no maternal deaths.

### Further Questions&A



- 109.5) How many home births were there between 1980 and 2005?
- 110.6) Why does Elan McAllister feel that doctors exaggerate the dangers of giving birth at home?
111. 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.

112. 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.
113. 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.
114. 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.
115. 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.
116. 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 inclined to give.

### Further Questions&A



117. 7) What is a C-section?
118. 8) What is a reason that hospitals may be pressuring mothers to have C-sections?

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120. 1. advances in medicine, including the development of antibiotics, that brought down infant mortality rates associated with midwife-assisted deliveries.
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124. (39) What influence did nurse-midwives have on childbirth practices?
125. 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.
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127. 3. Some states began requiring that obstetricians receive training in the natural childbirth methods used successfully by midwives since the early 1900s.
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129. (40) What can be inferred in light of the report on low-risk pregnancies and Elan McAllister’s comments?
130. 1. Obstetricians have presented statistics that show the dangers of home births as proof that midwives do more harm than good.
131. 2. Obstetricians’ efforts to discourage midwives from being present at hospital deliveries are motivated by a fear that their own expertise will be questioned.

- 132.3. The medical establishment has undermined its position by allowing people without proper qualifications to make decisions about where babies were born.
- 133.4. The medical establishment will not acknowledge the safety of home births because it sees the home-birthing movement as a threat to its authority.
- 134.(41) What does the author of the passage suggest about Caesarean sections in the United States?
- 135.1. The high number of complications associated with C-sections add to demands from midwives that the risks be investigated more thoroughly.
- 136.2. The frequency with which C-sections are performed has more to do with the money hospitals.
- 137.3. The immediate availability of surgeons able to perform C-sections is a persuasive reason why hospital births are the wisest choice for most women.
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## Review Questions



- 139.1) What did the ACOG do in 2008?
140. *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. *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.*
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- 145.4) Why did obstetricians allow “nurse-midwives” to help in hospitals?
146. *A sharp increase in the birthrate overwhelmed obstetricians.*
- 147.5) How many home births were there between 1980 and 2005?
148. *Between 1980 and 2005, there were 40,000 home births.*
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