Tidsskriftet Tidsskrift for Den norske legeforening

# Stories of giving birth

ARE BREAN

are.brean@tidsskriftet.no
Are Brean, PhD, Editor-in-Chief of the Journal of the Norwegian Medical Association. He is a specialist in neurology.

**When there is no room at the inn, women in labour lose the battle for beds – just like 2,000 years ago.**

Photo: Einar Nilsen

'And so it was, that, while they were there, the days were accomplished that she should be delivered. And she brought forth her firstborn son, and wrapped him in swaddling clothes, and laid him in a manger; because there was no room for them in the inn.' (1) The story of Jesus' birth is fascinating for many reasons. However, the very idea that the manger served as a childbed for Mary has always struck me as illogical: when a woman in labour has travelled from afar and is unable to find 'room at the inn', would it not have been natural for at least one of the other travellers to offer her his bed?

Perhaps, though, nothing has changed over 2,000 years later. Because even in Norway, one of the world's safest countries to give birth, women in labour still appear to be systematically deprioritised in the battle for beds.

Just as in the time of Emperor Augustus, it is pregnant women from afar that come off worst. Since 2011, all women in Norway have had the right to receive the necessary antenatal and post-natal care (2). In reality, however, this does not apply to all women, as undocumented migrants do not have the right to a GP. Many fear being reported if they seek antenatal care from the public health service. Some also fear – not without reason – having to pay for the care using money they do not have, despite the right to free antenatal care (3). A recently published study showed that half of 500 pregnant undocumented migrants at Norway's two NGO antenatal clinics received substandard antenatal care because their first antenatal visit was too late, and that they had a far higher incidence of complications than other pregnant women (2). The incidence of stillbirth among these women was 1 %, preterm birth 10 % and emergency caesarean section almost 20 %. A total of 170 of the women, from 52 different countries, were completely lost to follow-up, and no details of their labour were therefore available (2).

*«Just as in the time of Emperor Augustus, it is pregnant women from afar that come off worst»*

However, women in labour who are legally resident in Norway also lose out in the battle to be prioritised. Helgeland Hospital recently decided to close the maternity ward in Sandnessjøen for 16 weeks in the summer – almost one-third of the year. This measure is profitable for the hospital trust: 'Calculate the economic effect: NOK 3.2 million' it says in the board papers (4). But the summer closures that have become the norm for maternity wards in several parts of the country are not purely due to finances. There is a national shortage of qualified staff, such as in Kristiansund, where the maternity ward had to close despite sufficient financial resources and professional and political will (5). The staffing crisis is also about a lack of priorities. Obstetricians are leaving in droves, and those who are left are calling for measures to build, retain and staff a robust specialist environment and maternity units (6). Resources need to be diverted, not away from, but towards the healthcare provision for women in labour.

As the Office of the Auditor General of Norway pointed out back in 2019, there is little indication that any such diversion of resources will take place (7). On the contrary, the number of midwives graduating each year is lower than the

target figure that was set in 2013 (8). New hospitals are planning to continually reduce the periods of hospitalisation and the number of beds in maternity wards (9, 10). At Oslo University Hospital, the midwife-run ABC maternity unit is now closed at the weekend. This is the first step in a planned phasing out of the service; a move that has been defended by saying that they do not want to take 'baggage' with them to the planned new hospital (11).

Conditions such as poor antenatal care for pregnant undocumented migrants, summer closures of maternity wards, the closure of special services for pregnant women, fewer beds for women in labour, the planned reduction in periods of hospitalisation after childbirth, and a lack of investment in training and retaining professionals can all be viewed as a blot on the copybook of one of the world's best maternity services. Overall, however, it paints a clear picture of how pregnant women are systematically deprioritised in the battle for beds – just like 2,000 years ago.

---

## REFERENCES


1. Bibelen.no. Evangeliet etter Lukas kapittel 2, vers 6-7. https://bibel.no/nettbibelen?book=LUK&chapter=2 Accessed 30.11.2022.

2. Eick F, Vallersnes OM, Fjeld HE et al. Use of non-governmental maternity services and pregnancy outcomes among undocumented women: a cohort study from Norway. BMC Pregnancy Childbirth 2022; 22: 789. [PubMed] [CrossRef]

3. Dommerud T. Gravide «Sarah» turte ikke oppsøke lege. Papirløse gravide er redde for å be om helsehjelp. Aftenposten 22.11.2022. https://www.aftenposten.no/norge/i/zEEpWO/gravide-sarah-turte-ikke-oppsoeke-lege-papirloese-gravide-er-redde-for-aa-be-om-helsehjelp Accessed 29.11.2022.

4. Mariell AB. (26) måtte føde i ambulansebåten – nå vil sykehuset doble stenging av fødeavdelinga. NRK.no 26.10.2022. https://www.nrk.no/nordland/mariell-_26_-matte-fode-gutten-sin-i-ambulansebat-_-na-vil-sykehuset-ha-sommerstenging-i-16-uker-1.16150341 Accessed 29.11.2022.

5. Aftenposten. Aftenposten mener: Senterpartiet kan ikke tvinge gynekologer til å bo i Kristiansund. 26.8.2022. https://www.aftenposten.no/meninger/leder/i/66r4j0/aftenposten-mener-senterpartiet-kan-ikke-tvinge-gynekologer-til-aa-bo-i-kristiansund Accessed 29.11.2022.

6. Oppegaard KS, Goderstad JM, Oddenes K et al. Vi har en alvorlig mangel på fødselsleger. Aftenposten 15.12.2021. https://www.aftenposten.no/meninger/debatt/i/7d408B/vi-har-en-alvorlig-mangel-paa-foedselsleger Accessed 29.11.2022.

7. Riksrevisjonen. Undersøkelse av bemanningsutfordringer i helseforetakene. Dokument 3:2 (2019-2020). https://www.riksrevisjonen.no/rapporter-mappe/no-2019-2020/undersokelse-av-bemanningsutfordringer-i-helseforetakene/ Accessed 29.11.2022.

8. Helsedirektoratet. Endring i fødepopulasjon og konsekvenser for bemanning og finansieringssystem. Rapport oversendt til Helseog omsorgsdepartementet mars 2020. IS-2895. https://www.helsedirektoratet.no/rapporter/endring-i-fodepopulasjon-ogkonsekvenser-for-bemanning-og-finansieringssystem/Rapport%20om%20f%C3%B8depopulasjonen.pdf/_/attachment/inline/3435df20-ea13-4d9f-99ed-f711d6ffbef0:51f3f1f4a94cd0893d94f09f3c7663d150ae61b0/Rapport%20om%20f%C3%B8depopulasjonen.pdf Accessed 30.11.2022.

9. Five ML. Kvinner forteller om skrekkopplevelser på fødeavdelingene – frykter det skal bli enda verre. TV2.no 22.3.2022. https://www.tv2.no/nyheter/innenriks/kvinner-forteller-om-skrekkopplevelser-pa-fodeavdelingene-frykter-det-skal-bli-enda-verre/14592463/ Accessed 29.11.2022.

10. Solvik AC. Norsk fødselsomsorg har mest å tape på helseforetaksmodellen. Samfunn og økonomi 2/2021. https://www.samfunnogokonomi.no/2021/07/norsk-fodselsomsorg-taper-pa-foretaksmodellen/ Accessed 29.11.2022.

11. Lunde AL, Hansen SB. Fjerner klinikk for naturlig fødsel. Aftenposten 18.2.2022. https://www.aftenposten.no/oslo/i/WjW5XQ/fjerner-klinikk-for-naturlig-foedsel Accessed 29.11.2022.

---

Publisert: 12 December 2022. Tidsskr Nor Legeforen. DOI: 10.4045/tidsskr.22.0763
© Tidsskrift for Den norske legeforening 2026. Downloaded from tidsskriftet.no 24 June 2026.