Chapter 11

# *Bad Design—the Birth Canal*

To return the subject of bad design, here is a picture of a baby crowning. This is the part of childbirth where a baby's head has to fit through a circle of bone that is smaller than the head is.

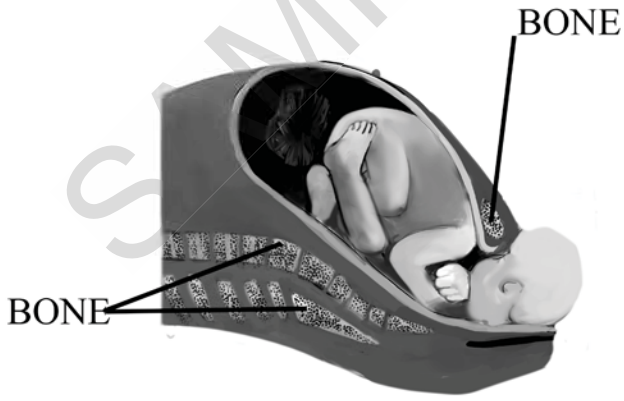


**Figure 11.1 A baby crowning.**

I've labeled the bony parts of the woman's pelvis. The woman's pelvis makes a circle of bone around the birth canal, and a baby being born has to fit its head through this circle. It isn't a good fit.

Here's a picture of the whole birthing sequence.

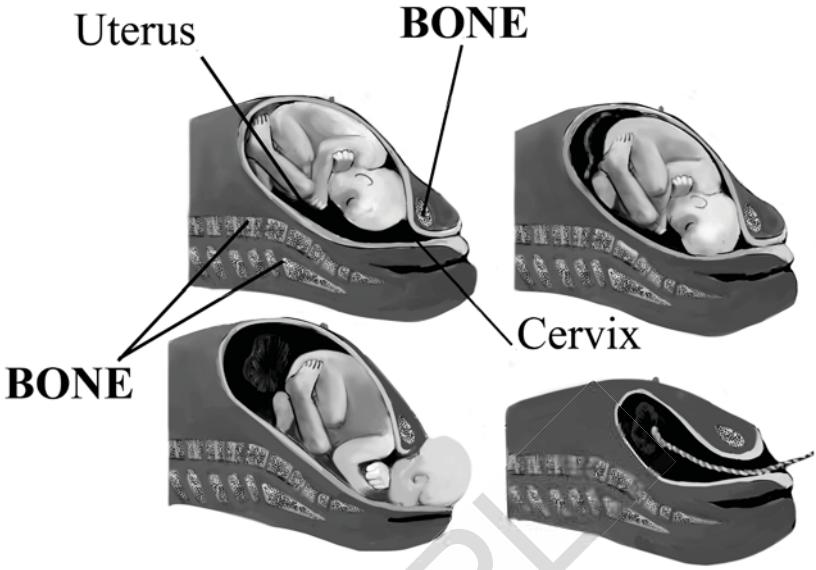


**Figure 11.2 The birth process.**

As before, I've labeled the bone. You can see how the baby's head has to be squeezed pretty hard to fit through this bottleneck. As we all know, in the old days this frequently killed the woman, the baby, or both. These days, we often avoid the birth canal altogether by performing Caesarian sections. These are being done in ever-increasing numbers.

One would think that a benevolent Creator would not make childbirth into such a problem in the first place. In fact there are simple things that could have been done better, if only we *had* been designed rather than evolved.

Let me explain. The main problem from a design standpoint is that we walk upright while being very smart. These two attributes have opposing requirements. Walking upright favors people with narrow hips, which make walking much easier and more efficient. Being smart, on the other hand, requires large heads. Large heads require large birth canals. Large birth canals require *wide* hips.

Now, a wise Creator could have solved this engineering problem easily, by doing something like—this!

**Figure 11.3 Kangaroo and joey.**

Look! The baby develops *outside the body* of its bipedal mother, in a nice comfy pouch complete with a nipple for nursing.

Animals like kangaroos give birth to very small, embryo-like young that are placed in a pocket on the outside of the mother's body. This is where they continue their development. That's the way to do it if you're going to be a biped.

Of course, another way to do it would have been to give us four feet as well as two hands. This would have placed less weight and stress on the hips, allowing the pelvis and birth canal to be wider without sacrificing the ability to walk well. Why didn't the Creator do that?

It's simple. We evolved, rather than being designed. Women's hips are narrow enough that they can walk, because any woman who couldn't walk would die before she could reproduce, in the natural environment. Most women's hips are wide enough, on the other hand, that children can be born . . . most of the time. The end result is an uneasy compromise that doesn't work very well, and is very hard on some individuals. This was

clearly not done by any intelligent Creator. In fact, if this is the best that the Creator can do, then the Creator has a lot of explaining to do.

The ID lobby has a lot of explaining to do, too. They blithely dismiss the deaths of millions of women and children. In his book *The Design Revolution*, Dr. Dembski says, "It would be nice to have all the functionality of a female pelvis along with easier delivery of children . . . But when the suboptimality objection is raised, invariably one finds only additional functionalities mentioned but no details about how they might be implemented."[1]

On the contrary. I have shown that the kangaroo method of bearing children would be very well suited to the challenge presented to human females, with humans' combination of large heads and two-legged locomotion. Dr. Dembski should study zoology more carefully. There are millions of kangaroos in the world, yet somehow Dr. Dembski missed out on seeing a picture of even one of them.

As to Dr. Dembski's statement that it would be "nice" if women could bear children more easily—I have one word for him: fistula.

Now Dr. Dembski, being a man and a theologian rather than being either a woman or a biological scientist, may not be aware of obstetric fistula, so I will explain it. *Obstetric fistula* is a medical condition in which a passage forms between a woman's birth canal and her urinary bladder. Or between her birth canal and her rectum. When she has fistula, the woman dribbles either urine or feces, constantly, for the rest of her life.

It occurs when there has been a difficult, obstructed labor. This happens frequently. If a birth takes a long time, which it often does, then the baby's head can press against the mother's pelvis and cut off the blood supply to those delicate tissues. When this happens, the tissue dies. The dead tissue falls away, and the woman is left with a hole that forms a connection between her birth canal and either her bladder or her rectum. It heals that way, leaving the woman with a permanent, uncontrollable connection between her vagina and one of those two places.

When this happens, she is often abandoned by her husband and family, and ostracized by society because she is always filthy and foul smelling and dribbling. She can't hold a job, and frequently isn't allowed to prepare food. She can't have any more children. These women frequently die from urinary tract infections or infections of the vagina caused by feces.

1. Dembski, *The Design Revolution: Answering the Toughest Questions About Intelligent Design* (Downers Grove, IL: InterVarsity, 2004), 60.

Is this any way for the Creator to act? Remember, childbearing is a normal process. Women get pregnant all the time. It's not like this is an unusual thing to have happen.

It is estimated that 5 percent of all pregnant women will have an obstructed labor. In places with modern medical care, women can get emergency obstetric care such as C-sections. In these places, obstetric fistulas have been largely eliminated. But in parts of the world where women do not have ready access to modern medical care, approximately two million women have untreated obstetric fistulas, with 100,000 otherwise healthy women developing them every year.

For example, in Ethiopia, there are approximately 100,000 women who suffer with untreated fistulas right now, and another 9,000 women who develop them every year.[2]

If this is Dr. Dembski's idea of intelligent design, I shudder to think of what his idea of lousy design is.

Here is a picture of a healthy female reproductive system.

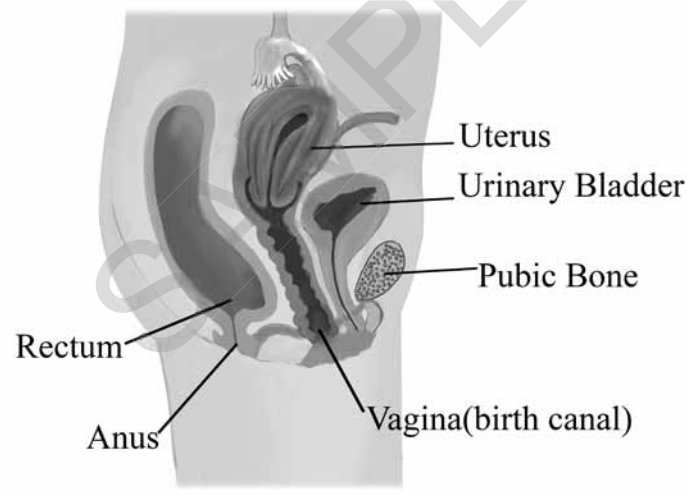


**Figure 11.4 A healthy female human reproductive system.**

2. The Fistula Foundation, http://www.fistulafoundation.org/aboutfistula/faqs.html.

Here is a picture of a fistula between the vagina and the rectum.

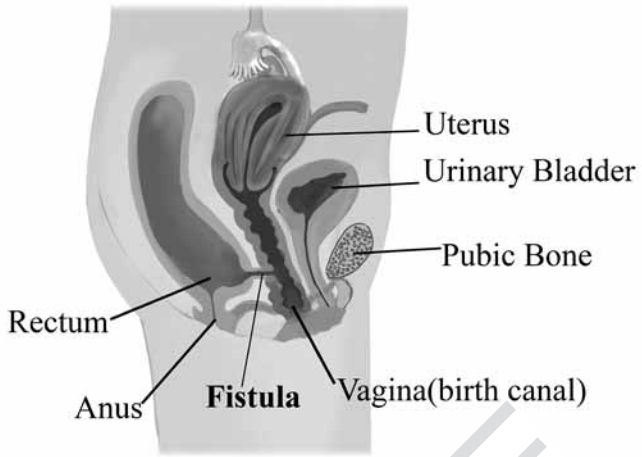


**Figure 11.5 A female human reproductive system with a fistula.**

An obstetric fistula is a passage that forms between the birth canal and either the rectum or the urinary bladder. It is the result of a difficult labor in which some of the vaginal tissue is killed in the process of giving birth. This illustration shows a fistula between the rectum and the birth canal



Of course, Dr. Dembski only thinks it would be "nice" if women didn't have this problem. Or all the other ones associated with childbearing, problems like life and death.

Did Dr. Dembski not notice that giving birth is actually life-threatening? Has he checked mortality records for women giving birth in the ages before modern, scientific medicine? Women and infants died in childbirth by the millions. Women wrote their wills before going into labor, because they knew they might not survive it.

In England in the early 1700s, for every thousand live births, ten to eleven women died as a result of childbirth.[3] At the beginning of the twentieth century in the United States, six to nine women died for every 1,000 live births.[4] Even today, in areas where modern medicine is not available, women have a frighteningly high possibility of dying during childbirth. In Afghanistan's province of Badakshan, fifty to eighty women died for every

3. Geoffrey Chamberlain, "British maternal mortality in the 19th and early 20th centuries," *Journal of the Royal Society of Medicine*, November, 2006, 99 (11), 559–63.

4. Centers for Disease Control, "Achievements in Public Health, 1900–1999: Healthier Mothers and Babies," *Morbidity and Mortality Weekly Report*, October 1, 1999, 48 (38), 849–58.

thousand live births in 2002![5] Given that women tended to have numerous children in the old days, it was very common for a woman to not live through bearing all her children. Even in 2010, a woman in Afghanistan had a one in thirty-four chance of dying as a result of pregnancy during the course of her lifetime.[6] In areas where modern medicine is not available, babies also have a significant chance of dying just from the process of being born. In rural Bangladesh in 2011, seventeen out of every thousand babies died as a result of the birthing process.[7]

Perhaps Dr. Dembski just doesn't see millions of women dying as a problem. But I say that an easier arrangement for childbearing would not have been merely "nice." *It would have saved countless millions of women's lives.* But I guess that doesn't matter to Dr. Dembski.

Then there is the final malfunction of the human reproductive system: the problem of spontaneous abortion.

## THE DESIGNER LOVES MISCARRIAGES

Many babies never even make it *into* the birth canal alive. Many fertilized eggs do not go on to become live babies. In fact, *over 31 percent of all fertilized eggs do not become live babies.*[8,9] This is a conservative number.

Think about it. Nearly one-third of all pregnancies spontaneously fail. This is a cruelty to all the women who have ever endured the agony of a miscarriage. And ID proponents who pretend that our systems are well designed only add to this cruelty by making women think that it must be their fault if a pregnancy spontaneously miscarries.

5. Linda Bartlett, Sara Whitehead, Chadd Crouse, Sonya Bowens (US Centers for Disease Control and Prevention) and Shairose Mawji, Denisa Ionete, Peter Salama (UNICEF ), "Maternal Mortality in Afghanistan: Magnitude, Causes, Risk Factors and Preventability, Summary Findings," November 6, 2002, Joint Press Release.

6. Matthew Ellis, Kishwar Azad, Biplob Banerjee, Sanjit Kumer Shaha, Audrey Prost, Arati Roselyn Rego, Shampa Barua, Anthony Costello, and Sarah Barnett, "Lifetime risk of maternal death (1 in: rate varies by country)," http://data.worldbank.org/indicator/SH.MMR.RISK.

7. "Intrapartum-Related Stillbirths and Neonatal Deaths in Rural Bangladesh: A Prospective, Community-Based Cohort Study," *Pediatrics,* vol. 127 no. 5, May 1, 2011, e1182 -e1190 (doi: 10.1542/peds.2010–0842).

8. A. J. Wilcox et al., "Time of Implantation of the Conceptus and Loss of Pregnancy," *New England Journal of Medicine,* 1999 (340), 1796–99.

9. A. J. Wilcox et al., "Incidence of early loss of pregnancy," *New England Journal of Medicine,* 1998, 319 (4), 189–94.

What's more, *with a 31 percent spontaneous abortion rate, the Designer is the world's biggest abortionist!*

Now, I'll stop talking dirty to you for a while, and I'll talk about my handbook instead.