

Survive & Thrive: A Journal for Medical Humanities and Narrative as Medicine

Volume 5 | Issue 1

Article 12

2020

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Recommended Citation

Gibson, Charity L. (2020) "Birth Narratives: A Vehicle for Women's Agency and Catharsis," *Survive & Thrive: A Journal for Medical Humanities and Narrative as Medicine*: Vol. 5 : Iss. 1 , Article 12.

Available at: https://repository.stcloudstate.edu/survive_thrive/vol5/iss1/12

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Birth Narratives: A Vehicle for Women's Agency and Catharsis

Several years ago, I attended a women's retreat. Women of various ages were there, mingling and chatting. Conversations varied, but there was one theme that arose repeatedly. Picking up on the trend, one of my friends turned to someone and asked, "Why is it that any time a group of women get together, they end up talking about childbirth?" That question has stayed with me, and the longer I contemplate it, the more I find that most women feel compelled, at one point or another, to talk about their birthing experience(s). Regardless of whether the experience is good or bad, for most, it is unforgettable. Sandra Gilbert and Susan Gubar have famously asked, "Is a womb a metaphorical mouth?" (227). While they ask this question within the framework of sex and gender influencing use of language, I argue that not only does having a womb influence one's experience of the world and consequential story, but the carrying of a baby within that womb prompts a woman to share her story. Furthermore, evidence suggests that fewer interventions during birth increases the likelihood of a positive birth story.

Birth has been happening since the early beginnings of mankind; yet, despite its prevalence, every birth story is somehow unique. Every pregnancy, labor, and delivery simultaneously share similarities which bind women together and differences which individualize them. Today, perhaps more than ever, women need to tell their stories of pregnancy and childbirth because those stories are largely being told for them in the dominant culture of the Western world. However, I recognize that much of my research focuses on women in dominant culture, which often concentrates on middle-class white women. The reality is that women of color and women in poverty continue to be underrepresented in studies. It is, therefore, invaluable to encourage all women to share their birth narratives to rectify homogenization and to allow them to represent the multifaceted experiences that exist. Women's perspective and influence on childbirth has been largely replaced by male influenced and dominated modern medicine. Furthermore, fictional, farcical representations of birth are being spoon-fed to the public and often taken as fact. Speaking and writing of their pregnancy and childbirth experience can be a way for women to reclaim the agency they have lost through the media's portrayal and the medicalization of birthing in which patriarchal agenda and technological knowledge have superseded women's ancient wisdom and practice of child birthing.

The medicalization of pregnancy and delivery and the glorification of science over female experience and knowledge has not only devalued natural childbirth but it has also significantly silenced women and their stories through the framing of pregnancy as illness. Pregnancy is called a "condition" in the same way that a terminal illness is called a condition. Rachel Westfall explains, "The inability of women to conceal pregnancy in its later stages, the potential for fluid leakage, and the uncertain nature of the timing and outcome of delivery, are all reflected in dominant societal discourse regarding the fragility and unpredictability of the pregnant body. This discourse in turn reinforces the medicalization process" (264). Convincing women to think of themselves as delicate and in need while with child has been key, for only then will women allow someone else to direct their diet, exercise, delivery, and recovery process. As Ann Luce et al. explains, "By medicalising childbirth, the medical establishment rendered both women and midwives as passive agents in the birthing process. The female body, thus, was reduced to an inferior status, and childbirth was now something that was 'performed' on a woman, rather than something women performed" (3). This narrative of pregnancy as sickness ironically turns women, who have traditionally been portrayed as powerful, life giving figures in mythology and tribal cultures, into helpless patients unable to give life without the influence of

medicine (i.e. patriarchy.) Of course, pregnancy can coincide with illness, and there are indeed serious conditions such as toxemia, preeclampsia, and Intrahepatic Cholestasis of Pregnancy, which do require professional medical attention. Furthermore, women have and still do die in childbirth. *Deadly Delivery*, a report generated by Amnesty International which focuses on the maternal health crisis in the U.S., reports the unfortunate reality that “women in the US have a greater risk of dying of pregnancy related causes than in 40 other countries,” and while maternal mortality decreased from 1990-2008 in 147 counties, it increased in the US. Furthermore, women of color and women in poverty are at the greatest risk of maternal mortality (*Deadly Delivery* 3,5,7). Therefore, I do not mean to discount the potential dangers of carrying and delivering a child. However, today, grassroot movements are challenging the medical establishment and showing evidence that most women can have safe pregnancies and deliveries without relying heavily on medical interventions that leave women feeling performed upon. As the Every Woman Counts Organization proposes, “Only 15% of pregnancies will include some level of medical complication, yet our traditional obstetric model of care commonly treats most pregnancies as if they’re at high risk for complications” (“Over-medicalization of Maternal Health”). A key to supporting women through healthy pregnancy and delivery involves the medical establishment accurately identifying when interventions are necessary.

The United States’ leading midwife, Ina May Gaskin, has worked for years to assist women in their births and champions the reality that “women’s bodies still work” (Gaskin xii). As opposed to seeking to elevate herself as an authority, she assists in empowering women to see themselves not as sick but rather as strong and capable in their pregnant condition. She says in her seminal work *Ina May’s Guide to Childbirth*, “One of the best-kept secrets in North American culture is that birth can be ecstatic and strengthening” (xii). This is in stark contrast to a media saturated culture which represents pregnant women as hormonally imbalanced, emotionally unstable, and physically deficient while pregnant. For example, in the film *The Back Up Plan* (2010), Jennifer Lopez’ pregnant character becomes such a compulsive overeater that she has food stuck in her hair as she binge eats in bed and is turned down for intercourse by her partner, who is turned off by her hormone spiked sex drive. In the film *What to Expect When You’re Expecting* (2012), Elizabeth Bank’s pregnant character has an emotional meltdown during her public speaking engagement, taking off her bra on stage and passing gas in front of her audience. Such depictions reify the notion that pregnancy is a time in which women cannot control themselves. This narrative then influences beliefs that women need professionals to manage their delivery because they have been unable to control their actions and emotions during pregnancy. Gaskin argues, in contrast, that women’s pregnancy and birthing experiences are unique rather than something to be stereotyped and made fun of. Furthermore, much of Gaskin’s philosophy relies on the respect she shows to women’s own birthing stories. As opposed to endorsing medical childbirth publications which typically give only the doctors’ perspectives in which the woman is gazed upon and spoken for, she highlights the necessity of gleaning from the experiences of those who have given birth. Gaskin says, “There is extraordinary psychological benefit in belonging to a group of women who have positive stories to tell about their birth experience” (3). Positive remembrances of birth closely connect to feelings of choice and control rather than mandated procedures. Carma L. Bylund conducted a study of women’s online birthing narratives and notes, “Women’s involvement in decision making correlated positively with the use of positive emotion words and negatively with the use of negative emotion words in the online birth stories” (23). Amanda M. Hardin, and Ellen B. Buckner also conducted a study analyzing (unmedicated) birth narratives and, similar to Bylund,

found control to be a theme in the telling of positive birth stories, “The overriding theme in each woman’s birth story that made the experience positive was the ability to control her body during labor and influence the environment in which she labored and gave birth.” Such research suggests that women are indeed capable of managing themselves during labor, signifying that pregnant women, rather than being overcome by their hormones, are capable of being rational and intuitive.

If women today look only to media, rather than seeing examples of informed women making decisions for themselves about their care and playing active roles in their own labor, they are going to observe fictional pregnant women screaming things like, “You did this to me” and “I need drugs” during delivery, suggesting the women’s inaction and ineptitude. In the film *Knocked Up* (2007), Katherine Heigel’s character, while in labor, first yells at the on-call doctor via phone call; she then yells at the baby’s father, also over the phone; then, once she is in a birthing room, she yells at one of the couple’s friends to “Get out.” While the context of each situation legitimizes her anger, the exaggeration of her reaction clearly articulates that she is unable to regulate herself, let alone think clearly about her birthing needs. Amy Poehler’s character in the film *Baby Mama* (2008) says, “It feels like I’m shitting a knife...why won’t you...help me...give me some drugs” as she is wheeled into the emergency room and destroys hospital equipment on the way to her room. Such personas, while comical, go on to influence women when they find themselves in such a situation. Before most women are ever pregnant, media has conveyed to them that they are ill-equipped to handle pregnancy and childbirth with any form of dignity or control. Contrastingly, if women are encouraged by the stories of other women who have successfully experienced birth on their own terms, they are likely to be inspired to do the same. “Birth stories told by women who were active participants in giving birth often express a good deal of practical wisdom, inspiration, and information for other women. Positive stories shared by women who have had wonderful childbirth experiences are an irreplaceable way to transmit knowledge of a woman’s true capacities in pregnancy and birth” (Gaskin 4-5). These positive stories are seldom conveyed in media, potentially because they lack the humorous theatricality. Yet, the emotions of a woman experiencing a positive childbirth are just as extreme, if not more so, than what is farcically portrayed in media because of the empowerment of choice even amidst discomfort.

Much of women’s loss of agency in childbirth has come about due to a fixation on pain or the lack thereof. “The male medical profession managed to convince middleclass women in the early 20th century to abandon the social model of care as practised by midwives and seek their services in hospitals under the promise of safer and less painful births” (Luce, et al. 5). However, drawing from the birthing stories of women, Susan McCutcheon, an advocate and instructor of the Bradley method, which is a natural form of childbirth, reports that

women who have experienced both a medicated birth and a trained, natural childbirth are quick to tell you that medication does not make childbirth painless. They invariably say their natural childbirth was, by far, the most comfortable of the two. And most women who have had a medicated childbirth and no other kind, talk about little else but the pain and discomfort. (99-100)

McCutcheon acknowledges that within natural childbirth, “[t]he reality is that there is such a thing as painless childbirth and such a thing as painful childbirth. It is not necessary to invalidate either experience” (98). She goes on to include narratives, along with laboring pictures, of women who describe their birthing experience in a variety of ways. For one, “Barbara described her labor as painless but hard work” (148). For another, “Elizabeth described

her labor as very hard pain” (176). I find it useful that McCutcheon acknowledges that each woman’s labor will be unique and that her experiences regarding pain may be different. But, it is important to respect each experience. I am personally a proponent of natural childbirth because it allows the woman to move from viewing her contractions as a sickness which must be medicated to important signs her body gives her which she is capable of interpreting and using to her advantage. Judith Lothian explains how natural labor allows women to be in control of their experience, “It is an important way in which nature actually helps women find their own ways of facilitating birth. In a very real sense, the pain of each contraction becomes a guide for the laboring woman. The positions and activities she chooses in response to what she feels actually help labor progress” (Why Natural Childbirth? 45). Gaskin says something similar, explaining, “The woman gains a new appreciation for the wisdom of nature as expressed through her body...Hard work may continue, but she now has the heart for it. Instead of fearing her body, she experiments with trusting it” (153). It is no wonder that so many women who have had unmedicated births share their stories: they are able to view themselves as active agents rather than passive patients. Christina Nilsson et al. reports, “Studies show that feelings of control...are more important to women when they reflect than the pain itself” (256). The sensation of pain disappears once the experience passes, but the emotional turmoil associated with a woman being unable to control her body or voice her wishes regarding her own body may last a lifetime.

Although I am convinced of the benefits of natural childbirth, I find it wholly unproductive to foster a divide between women who choose an unmedicated childbirth over those who choose a medicated one. Just as the mommy wars between working and stay at home mothers miss the mark in acknowledging the common ground these women could be sharing and ways they could be supporting one another, so too does the battle between natural or medicated births fixate on the wrong things. I do believe that women who opt for fewer medical interventions experience more agency in their birthing experience. Because intervention leads to intervention, women who receive interventions are more likely, according to Lothian, to experience trauma in their labor and delivery ranging from the use of vacuums, forceps, enforced episiotomy¹, or even C section. (Healthy Birth Practice #4). Emergency C sections are at times necessary. My husband was born through this means, for which I will be forever grateful. However, according to *Deadly Delivery*,

[C]esarean births carry greater risks of death and severe complications, compared with vaginal births. For example, cesareans have been shown to increase a woman’s risk of infection, hysterectomy, and kidney failure, and have been associated with an increased risk of developing a life threatening blood clot (pulmonary embolism). Cesareans also result in greater risks for future pregnancies. US experts and institutions including the Institute of Medicine and the CDC agree current rates are too high. (8)

Women should have the right to choose the type of birth with which they are most comfortable and that is safest for them. However, many women are unduly influenced to choose medical interventions without being informed of the potential negative consequences. Women who have been encouraged by their doctors to undergo a procedure which is statistically proven to increase chances of complications often feel acted upon rather than an active participant in their child’s birth. Inductions (as well as planned C sections), especially those conducted before 39 weeks, are proven to be dangerous to both the baby and mother, yet, “this practice remains common and may account for 10-15% of all births” (*Deadly Delivery* 11). Although there are circumstances in which labor must be artificially started for the child or mother’s health and safety, many of these

¹ Today, episiotomies are no longer standard practice (see “Labor and Delivery, Postpartum Care.”)

inductions occur for the sake of convenience. In such situations in which the woman does not go into labor naturally but instead must rely on interventions to initiate labor, the woman remains at the mercy of professionals attempting to manipulate her body into reacting in a desired way. It is, therefore, unsurprising that women report feeling a lack of control within such circumstances.

Regardless of the form of intervention (of which I am leery simply due to the associated complications), women who are medicalized during birth are amazing life givers. Ranjana Das argues that because an unmedicated childbirth is becoming known as a form of empowerment, women who have received interventions or had ‘horror story’ births are feeling shamed and their stories are being silenced for their lack of experiencing an ideal childbirth. This should not be the case. All birth stories have the right to be told; they reflect the diversity of women and their care providers. After undergoing an uncontrolled and/ or upsetting childbirth, these women especially have a need to share their story as part of experiencing healing via narrative. Women who have experienced traumatic medicalized births not only can experience catharsis through sharing their stories but can also potentially convey to the medical establishment the distressing result to which discounting women’s own knowledge of their bodies, withholding information about the drawbacks of interventions, and relying too heavily on medicalization can lead. Natasha L. Vos comments that narrative medicine “provides medical professionals more insight into cognitive roles of illness in patients, roles that are otherwise difficult to measure.” While my point is that most pregnant women are not actually ill, Vos’ argument remains relevant because pregnant women are often perceived similarly to sick people by culture and sometimes even their doctors. Well-meaning advocates who seek to empower women to birth naturally must simultaneously recognize the need to validate all forms of childbirth.

In my own experience, I recall talking on the phone shortly after giving birth to my first daughter. Briefly into the conversation, I was asked, “So, did you do it naturally?” The one asking the question had herself experienced only natural childbirth and had previously expressed strong conviction of this being the right way to do things. I had indeed labored and delivered naturally. But, instead of feeling proud or relieved that I would not be disappointing her, I felt taken back and disheartened. I had just given life. Did it really matter to her how? Would my experience have been less meaningful had I received interventions? In that moment, I felt empowered by what I had just accomplished through a natural childbirth. But I also recognized the potential for discounting someone’s experience by overly glorifying natural childbirth. Women who have experienced interventions may already have memories tinged with negativities. I remember talking with a mother years ago at a baby shower. She proceeded to tell me that with her youngest, the doctor used forceps, which traumatized her. She told me that rather than her body being allowed to experience the natural urge to push, she only experienced the unnatural sensation of the baby being pulled out of her. She said that she and her husband had wanted more children, but after that experience, she was too distressed to want to have any more babies. I sensed that this story was important for her to tell simply for me to recognize what she had gone through.

The need to tell of my own birth narrative has emerged following the arrival of each of my four children. It was the strongest with my second and fourth. Upon reflection, I think the reason was a desire to resist the belittling way I had been treated in both births as a patient unknowledgeable of my own body. I went into labor with my daughter, my second child, when we were out of town, visiting my parents about three hours north of our own home. I had been late with my first baby, and I was exactly two weeks from my due date. So, I was shocked to go into labor early. Because I had a good relationship with my doctor, who ran her own small clinic

and was solely responsible for her patients, I felt alarmed at the prospect of giving birth without my doctor, who knew all my desires and preferences related to my birthing plan. However, I came to terms with this before we left for the hospital and reminded myself that not only had I done this before, but I was knowledgeable in how to manage my pain and cope with a natural delivery, even in a hospital setting.

Upon arriving at the hospital, the staff would not allow my husband in the room with me until I had answered all their questions, despite the fact that my water had already broken and I was transitioning into the pushing stage. I had to verify that he was the father of my child and that he had not in any way abused me. Once he was allowed into the room, only one nurse was present. She checked me for dilation and curtly told me I was “only at a 7.” Then, she proceeded to do paperwork, despite the fact that I insisted “I need something,” though I did not know quite what. I could readily perceive that the nurse did not think I was anywhere near ready to have the baby; yet, my body was telling me something different. I was convinced of what I had learned while studying the Bradley Method, “DO: Have the baby. Don’t try to hold it back if it’s ready to be born. Don’t keep your legs closed” (McCutcheon 185). So, while the nurse routinely continued typing away on her computer, I listened to my body and pushed, which she thought was me dramatically moaning during a routine contraction. I said, “I feel something” at which point my daughter’s head began to crown. I was sitting upright in bed, my husband standing next to me. The nurse proceeded to shout, “Stop!” and ran out of the room. So, my daughter came into the world, landing on the hospital bed. My husband instinctively picked her up, and we just silently looked at each other in shock and waited. It was not long until a team rushed into the room. The doctor looked extremely displeased. “What happened?” she asked, to which the nurse replied, “She was at a 7- I swear.”

After coming home with my daughter, I strongly felt the need to write about my story. I carefully typed it and then surprised myself my posting it on social media. I tend to be a private person, so I was puzzled why I wanted others to read it. However, once I did post it, I felt validated as friends and acquaintances responded. The response that I most clearly remember, “I didn’t know there was such a story!” I now realize that I simply needed people to know that my story had happened. I was not bragging, but I did want to archive the fact that my husband and I essentially handled our own labor and delivery. It was empowering to reflect on our role retrospectively and see our wisdom and self-insufficiency in a situation which, at the time, had been belittling. If I could post about getting a new job, why not this? Telling my story was an act of agency in which I was able to choose to write about something that left me with few choices during its occurrence. It was also a means of drawing attention to the shortcomings of the medical establishment when it discounts women’s own knowledge of their bodies and experiences. Reporting on their survey of birth narratives, Emily E. Namey and Anne Drapkin Lyerly note, “American women’s use of control corresponds to five distinct domains positively linked to birth: self-determination, respect, personal security, attachment, and/or knowledge” (774). Part of my birth narrative is a reclaiming of the respect I did not feel I was shown while in labor, as my knowledge was overlooked and my personal security was compromised by the hospital staff failing to assist me when my daughter was born. Yet, overall, I do have positive memories of my birth because I now recognize the reality of the situation, rather than only perceiving it through the lens of how the medical establishment viewed me.

The birth of my son, my fourth, who is just now six months old, shared similarities with my second. On our frantic drive to the hospital, I sensed that things could move quickly but that the medical professionals may not recognize it. I begged my husband, “No matter what they say

when we get there, please believe *me* and know that I am in transition.” Upon being wheeled up to labor and delivery, I was asked by several people, “Has your water broken?” When I said it had not, no one responded, which to me insinuated they automatically deescalated the immediacy of the situation. I felt belittled and, as I had felt before, viewed as unnecessarily dramatic. Once in the labor and delivery ward, the nurses tried to go through routine procedures such as weighing and asking my name and due date, to which I either refused or replied I could not speak, due to the intensity of the contractions. They brought me into a small triage room, a check-in room to assess patients. I already knew I was far past this and should be in a birthing room, but I had to concentrate on my breathing to make it through the contractions, and my husband was not yet back from parking the car to be able to speak on my behalf. They insisted I needed to get up on the exam table, which I did only with their assistance. They continued to ask questions I could not answer, as I needed to give all my focus to my labor, though I sensed they thought I was being difficult. While on the exam table, fully dressed in my own clothes, I felt the urge to push and, again, listened to my body. I leaned on the little rolling table meant for paperwork and pushed hard, feeling the relief of my water breaking. At this point, a nurse asked, “Are you pushing?” At my affirmative response and confirmation that my water had broken, the team quickly wheeled in needed supplies. At this point, my husband was in the room. The staff told me to lie back on the table. Due to the extreme pain of moving at all, especially as I was currently bent forward, I balked at the direction and told them they could not make me. (I surprised myself even while saying it.) But in my mind were Gaskin’s words, “Women in traditional societies all over the world almost always choose upright positions in labor. This worldwide consensus suggests that women don’t choose to lie down in labor and give birth unless forces within their culture pressure them into doing so” (228). I told my husband to get behind me. I wanted to be able to lean on him but remain in a somewhat upright position while pushing. The exam table was not a birthing bed and did not recline. My husband felt torn in two directions. I was telling him one thing, no doctor was present, and the nurses were directing something different. “You have to let us help you” one insisted, seemingly suggesting that I did not know how to help myself or what I truly needed. The nurses and my husband forced me down into a horizontal position. They maneuvered my legs up and pulled off my pants. The moment was agonizing. Everything I knew about breathing and pushing left me because I was so distracted by the way my body was being maneuvered. It did not take long for my son to be born. Afterward, I felt complete exhaustion such as I had not felt with the delivery of any of my daughters.

In retrospect, I still have fond memories of my last birth. I am proud that I was able to labor at home as long as I did and avoid having an epidural, which could lead to potential complications I had no desire to evoke. Yet, I also have extreme memories of a lack of control. The timeliness of my situation was misinterpreted, and the doctor I had chosen as my advocate and assistor was not present, due to how quickly my labor progressed. Being forced to lie down was traumatic for me. I realize that I chose a hospital setting, largely due to insurance related reasons. Had I chosen a birthing center or home birth, I could have had more control regarding my birthing position. Yet, I would have had to compromise full access to medical assistance should an emergency occur. I choose to tell my birth story now to convey the need for the medical establishment to recognize the disempowering nature of forcing women to lie down against their wishes. As Gaskin insists regarding the supine position, “It is a male-derived position—one invented for the convenience of the birth attendant. As women often realize when they are caught in the ‘stranded beetle’ position, it can be very hard to work against gravity when

pushing a baby out” (230). Though not a medical professional, I believe I have a unique sort of authority to contribute, having lived through the experience. Doctors, nurses, and midwives who have studied and directed births are invaluable, but they must recognize and validate the ethos of women’s bodily experience.

Women should confidently insist on the wisdom gained through their physical bodies. Hélène Cixous, in her famous piece “The Laugh of the Medusa,” writes about women celebrating their femininity when they share of their lived events and insist upon their need to be heard. Her message applies well to the importance of birthing narratives. Cixous says, “And why don’t you write? Write! Writing is for you, you are for you. Your body is yours, take it” (417). Birthing narratives can afford women the opportunity to explore what their bodies have done and what have been done to their bodies. It allows them to celebrate their experience not as one of a passive patient but as an active life giver. It also allows them to vent and heal from the ways they may have been misinformed and disempowered through the birthing process. Cixous says, “I’ll give you your body and you’ll give me mine... Why so few texts? Because so few women have as yet won back their body. Women must write through their bodies” (424). Women writing of pregnancy and delivery is a way of writing through their bodies. It is an essential form of knowledge that the medical profession cannot offer simply through a health care provider lens. Just because birth narratives are subjective does not mean they are not true. They are the truth that the objective medical reports (though total objectivity is impossible) cannot provide. Both are necessary.

Cixous’ focus on writing through the body has interesting possibilities for birth narratives. Most scholarship on birth narratives considers only written accounts, including women’s own writing and interviews that others have recorded. However, not all women express themselves through written words. If, like Cixous suggests, one’s lived experience can be read as a text, then there are additional ways that women can and are sharing their birth narratives. One aforementioned way is the anecdotal accounts that women routinely share with each other. “Everything will be changed once woman gives woman to the other woman... It is necessary and sufficient that the best of herself be given to woman by another woman” (Cixous 421). Whether a woman’s story is empowering or traumatic, it is important to share with other women because it can serve as inspiration or an avenue for healing.

While all the narratives discussed thus far have been language based, whether oral or written, for some women, their birth narratives are conveyed multi-dimensionally through the inclusion of visuality. Some women are sharing their birth narratives through documenting the actual birth. One example of women allowing their births to be filmed is Ricki Lake’s documentary *The Business of Being Born*, which showcases the beauty and diversity of the birth experience for women who give birth in a variety of ways and settings. Lake’s documentary shows empowered women in childbirth but also has a specific agenda, as it “reveals the contemporary struggles and solutions devised to de-medicalize birth” (Takeshita 332). In my own experience, my doula encouraged me to watch videos of women giving birth. I was hesitant to do this at first, worried that watching would somehow scare me. However, after seeing women experience positive births, I felt more at ease for what was to come. In fact, by comparison, watching fictional, sensationalized accounts of birth on television and film can be much more fear inducing than watching a realistic birth of a woman who is experiencing control during the birthing process. Such visual birth narratives are important because although in the past, it was common for young women to witness a live birth, that is rarely the case today. I have never

witnessed anyone else's birth in real life. I was invited to one but opted against it, perhaps reifying the strangeness of the concept today for many.

Another way that women are sharing their birth stories is through birth photography. Photographers are being hired to attend births to capture the full experience. Some women feel compelled to share their birth story but either do not have the words or choose to add the visual dimension as well. For some, the concept of having a stranger (or even acquaintance/friend) witness their birth is undesirable, but more and more women are choosing to document their experience in this way. While some simply want the photos for their personal enjoyment, many, as is typical with birth narratives, want to post their photos online as a way of sharing their story. However, until recently, social media platforms such as Facebook and Instagram would censor birth photos containing nudity. Some of this continues to occur. Heather Marcoux explains, "Birth is an incredible moment for a mother and all who witness it. While often portrayed in the media as a waist-up shot of a fully clothed woman sweating and screaming on her back in a hospital bed, real life images of the birthing process are more diverse, more beautiful and more complicated, and until recently, more likely to be censored on social media." Women have found such censorship silencing and invalidating. It is a form of furthering the stereotype of pregnant women as helpless patients rather than celebrating them as agents who have made choices and found autonomy through their births. Katie Vigos is a nurse and doula who started the Empowered Birth Project to combat social media's reticence of allowing birth to be depicted in its reality. Vigos advocates, "Birth is a moment of ultimate power and surrender for women...Telling women that that power is offensive and needs to be hidden is sending a really damaging message" (qtd. in Yarrow). Birth photography, as opposed to perfectly posing the subjects, captures the sweat and blood, the pain and ecstasy, and even the sexuality of birth. It is another way that, as Cixous says, women write their story through their bodies. The images show a mother's power and sacrifice. They are extremely helpful to show to other women because "most pregnant women have no idea what childbirth entails—because they've never seen it" (Yarrow). Interestingly, much of the birth photography and filming depicts unmedicated births or births with minimal interventions. The women seeking to document their births tend to be the ones who have chosen to be more active in their birthing stories. Although I did not have a photographer or videographer present for any of my births, my husband did take pictures that I treasure. I include one of my son's first minutes after delivery in which we are still connected through the umbilical cord as a way of expanding my own birth narrative.



Another trend regarding the visualization of birth narratives is the Fresh 48. This is a photoshoot that occurs 24-48 hours after the baby's birth. Although it does not capture the actual birth, it documents important things like the birthing area itself (these sessions seem to be preferred by those who give birth in the hospital) and breastfeeding. I consider these part of birth narratives, as they capture the early aftermath of birth, showcasing things like mothers in hospital gowns, ID bracelets, and newborns in hospital caps. While some mothers do apply make-up and don a pretty robe, others prefer to show the reality of their birth and the first days with a newborn: including the softness of a postpartum body and the authenticity that comes with sleep deprivation. Even though these photo shoots often take place within a medicalized establishment, they rarely feature the doctor, nurses, or midwives in the pictures. They are a way of showing the new parents as capable of caring for their new baby.

Average women are also embracing the visual aspect of birth narratives through something called the Fourth Trimester Bodies Project. Although this also relates to the postpartum journey, a large part of this project is celebrating how pregnancy and delivery has altered women's bodies in ways that they should celebrate. Rather than hiding aspects of their bodies that do not adhere to standard tenants of feminine beauty, women pose in bra and underwear, confidently showing their stretch marks. Some have sagging breasts, some have C section scars, and some still have the linea nigra (the dark line that forms in pregnancy and runs from navel to pubic bone.) The pictures can be serious or fun, and the message is that birth has empowered them. These pictures are accompanied by a short interview in which the women speak of their pregnancy, birth, and postpartum experience.

In summation, birth narratives are important because they are ways of celebrating agency in childbirth. Women who have experienced control and felt that they were viewed as capable by those assisting with their birth tend to have positive birth narratives. Those who were treated as helpless patients and were compelled to relinquish most or all control to someone else are less likely to have a positive birth story and, indeed, may be less likely to share their story with a wide audience. Yet, the telling of the stories, be it through narrative (both written and oral) or visuals (both film and photography) are important. It can be empowering and/or therapeutic for the mother. It is inspiring and educational for other women, especially for those who have yet to

deliver. Many women, due to media's negative influence, do not see themselves as strong and capable regarding labor and delivery. Birth narratives can help women believe in the strength of their own bodies and celebrate these stories, rather than feeling that birth is something shameful and wholly private.

Doctors and nurses have much to offer pregnant women, and I am grateful to my own wonderful doctor for her guidance and assistance over the years. While my doctor granted me much agency in the kind of care I wanted to receive and validated many of my choices, there are still aspects of my births over which I would have liked more control. For women who have had less accommodating doctors, this desire only increases. Exposing the medical establishment to birth narratives would allow doctors and nurses (and even midwives) to better understand pregnant women's perspectives. This would not only increase health professionals' empathy but it would also provide a way for them to view pregnant women not as ill but as strong and wise regarding their own bodies' needs. A poor birth experience can not only taint one of the most memorable experiences of a woman's life, but it can continue to impact her afterward. B Lynn Callister reports that a negative childbirth experience puts a woman at risk for postpartum depression (510). This is not just an issue of concern for women, for birthing practices impact society as a whole. Das explains, "Birth cultures and experiences deeply shape post-partum emotional well-being of new mothers, and this in turn shapes infant care to a great extent, making issues surrounding birth trauma and post-natal depression a key focus of intervention and investment in public health." Though each person has experienced being born, each birth story is unique and worthy of being told. Birth is the blending of the ordinary with the extraordinary, and birth narratives are one way of embracing this powerful reality. It is my hope that birth narratives will continue to be told and that the stories will increase as women and medics alike are exposed to the influence that a positive birth experience can have for women and, consequently, the world.

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