Birth in Pop-Culture: How the Media and Pop Culture Fail to Prepare Women for the Empowering Experience of Childbirth

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"PUSH! PUSH! PUSH!" This is the television and movie cry of the birth scene. Accompanied by a screaming mother (and plenty of obscenities if the media form allows), this battle cry is the way babies come into the world. At least according to popular culture and the media, that is. In reality, while most hospital births do include a masked doctor and several nurses asking the mother to push, and usually counting from 1 to 10 as she does so, screaming and swearing is quite uncommon. Approximately 75% of mothers have nothing to scream about, as the epidural they received has kept them from experiencing any pain (Declerq, 2013). Some (e.g. Shanley, 1994) would argue that this is just the way most birth attendants prefer birth – quiet, orderly, and predictable, with the obstetrician in charge, and the mother calmly following the directions she is given.

In reality, birth is none of these things, and all of these things. It is so much more, and yet so different that the media-portrayed version of birth may as well include dancing clowns and fireworks. Birth is raw, and an un-medicated mother may make all kinds of noises. Birth can be calm and peaceful, or it can be loud and raucous. It can be slow and arduous, or fast and furious. Unfortunately, a combination of factors has created a culture in which the true experience of birth is considered by many something to be avoided. I argue that the portrayal of birth in the media is one of those factors, and that the current culture is at the root of a number of problems experienced by mothers, families, and society in general.

The History of Birth Culture in the United States

In Colonial America, midwives were the primary caregivers at births and female friends and family members gathered with the laboring woman to support her through the first weeks of her child's life (Wertz & Wertz, 1989). Historical studies of childbirth, particularly as depicted in art throughout the world, have shown that what are now considered alternative practices of birthing with midwives, in squatting positions, and surrounded by family, are actually traditional and not new (Ashford, 1988). The last 150 years of birthing culture, however, has seen a profound shift in birthing practices. Midwives, especially in New England, were criminalized and accused of witchcraft and, subsequently, replaced by male doctors; natural pain relief was

replaced by allopathic medicine and medical technology; and the attitude surrounding birth shifted from one of empowering women who were undergoing a natural process to one of looking out for trouble and intervening whenever possible, so as to avoid potential complications and/or lawsuits (Block, 2007; Cassidy, 2006; Ehrenreich & English, 1972; Sterk, Hay, Kehoe, Ratcliffe, & VandeVusse, 2002). Traditional birthing practices have become "alternative" in the eyes of the hospital-based, obstetrician-attended birth that is now the norm.

Beginning in the 1970s, there has been a backlash of women, including mothers, caregivers, and researchers, many guided by their feminist values and beliefs, who have been questioning the medical, technocratic model of childbirth, as well as its results (Arms, 1975; Block, 2010; Gaskin, 1977; Goer, 1999; Kitzinger, 1971, 1980, 2000). Some attribute the beginnings of this backlash to an article and series of letters published in Ladies' Home Journal (Shultz, 1958) that openly discussed the type of abuses many women were experiencing in labor and delivery wards. This was the first public acknowledgement of stories of abuse and cruelty towards laboring mothers. The article and letters included stories of women being tied to beds, having their legs tied together to prevent birth, and being threatened and even struck by doctors and nurses. Women responded en masse to the original article and letters flooded in to the magazine in solidarity. The conversation had been started, and women became willing to discuss the state of birth. It is unfortunate that while Shultz's article began the conversation, it has not yet resulted in enough change to end the abuse of laboring women. Goer (2010) followed up on Shultz's work 50 years later with another look at abuse in obstetrics, showing that while many of the overt forms of cruelty have changed, the hierarchical abuse by doctors continues in many hospitals. Artists such as Michelle Hartney and Askins & Pascucci (Siebert, 2015; Women You Should Know, 2016) find no shortage of stories in which women felt they were not treated with respect during birth. The problem is far from solved.

Literature discussing birth reflects the cultural change towards an awareness of the complexity of childbirth experience, as the language of the medical model is being replaced by a complex web of language that includes social, personal, and medical factors (van Teijlingen, 2005). Researchers are discussing the negative effects of the positivist, pathological approach to birth that has been the norm for over 100 years (Downe & McCourt, 2004), while popular authors are highlighting the ways in which doctors and hospitals can interfere with the natural birthing process (Wagner, 2006; Wolf, 2003). Davis-Floyd (1994, 2003) speaks explicitly to the

damaging effects of the technocratic model of childbirth to both mother and child. An activist for out-of-hospital birth, her writings reflect the sacredness of birth that has been lost to the heroics of doctors whose technological practices for delivering babies have overshadowed the mother's experience, needs, or desires.

The Current Reality of Birth in the United States

There are many statistics that can be used to look at the current reality of childbirth in the United States. One example is the dependency on surgical birth. The World Health Organization (WHO) recommended that national Cesarean rates for all countries should be between 10-15% (Gibbons, et al., 2010), indicating that in some births, surgical intervention is a necessity. The rate of Cesarean births in the United States as of 2014 was 32.2% (Hamilton, Martin, Osterman, & Curtin, 2015), declining slightly from 32.9% in 2009 (Hamilton, Martin & Ventura, 2011). The reason for these statistics is of course complex, but it includes factors such as malpractice concerns, expectations of both mothers and health-care providers, and the culture in which the surgeries are taking place. Hospital-required, but often unnecessary, practices and interventions can contribute to the high Cesarean rate. The "cascade of interventions" (Childbirth Connection, 2011) can cause as many problems as it attempts to solve. Often when a mother is not progressing in labor as quickly as her care team would like—or hospital regulations will allow—Pitocin (a synthetic hormone used to cause contractions in laboring mothers) will be used to increase contractions, creating more painful and intense contractions. This often leads to the administration of pain medications that can stall labor, ultimately ending in what was (most likely) an unnecessary surgery. As long as the natural process of birth is interfered with in this way as a matter of routine, there is little hope of lowering the C-section rate in the U.S.

Another telling statistic is that of epidural use in childbirth. An epidural is pain relief administered through the spine that, when effective, limits or ceases sensation from below the insertion site. Various studies have tracked the use of epidurals among birthing mothers, including Declerq et al's Listening to Mothers Reports (2002, 2006, 2013). Mothers participating in these studies who received an epidural ranged from 67-76%. There is no precise way to interpret these statistics (How many were medically necessary? How many were effective? What does this tell us about the state of birth?), however, they do point to several possible questions to be explored. First, why are so many women using medicated pain relief for childbirth, despite the risks that come with these interventions? Second, what percentage of these mothers are truly

aware of the potential side-effects of this chosen method of pain control? And third, how would this statistic change if the culture of birth changed dramatically? Said another way, if women were shown the empowering side of childbirth and understood the opportunities that are possible when fully experiencing giving birth, would they continue to routinely use epidurals, or would they opt for natural methods of pain relief used by midwives and doctors who are aware of their effectiveness?

Our culture depicts the pain of childbirth as something to be avoided, as well as something that most women cannot handle. There have been numerous studies that prove this prevailing view wrong, however. For example, while pain medications appear to be seen as a necessary element of the childbirth landscape in the United States, a study by Christiaens, Verhaeghe, and Bracke (2010) showed that cultural conversations played a greater role in the use of medication during labor than medical need. In a study comparing 327 Dutch and Belgian women, Belgian mothers were six times more likely to ask for—and receive—pain medication during labor. As these researchers note, the acceptance of labor as a "normal, physiological process and family event" (p. 1) in the Netherlands contrasts greatly with the more medicalized view of childbirth in Belgium, in which "labour pain is perceived as a needless inconvenience easily resolved by means of pain medication" (p. 1). The culture and context of care were the predominant determining factors, and Belgian statistics regarding pain relief are closer to the United States than Dutch statistics. It could be argued that the attitude of obstetricians and the general culture of birth in the United States are more influential in birth choices than what is best for the mother or child, and that the elements of childbirth that would create the most satisfying and profound experiences for the mother are overlooked in this equation.

There are other relevant statistics as well. Despite numerous studies proving home birth to be safer than hospital birth for low-risk pregnancies, as of 2012 only 1.36% of births in the United States take place out of the hospital, that is, in birth centers or at home (MacDorman, Mathews, & Declerq, 2014). The U.S. has one of the highest maternal death rates in the world, despite having access to better health care than many nations who lose fewer mothers (Kassebaum, 2014). Even though in almost all cases it is perfectly safe for a mother who has had a Cesarean section to give birth vaginally in subsequent births (this is referred to as a VBAC – vaginal birth after Cesarean), 84.7% of women have a second or third Cesarean rather than giving birth vaginally (Martin et al, 2013). In other words, despite the reality of birth, as shown

through scientific studies, we are still doing things the same way, despite the dangers and drawbacks.

Pop Culture's Portrayal of Birth

It is said that the definition of insanity is doing the same thing over and over, expecting to get a different result. Using that definition, I am going to label the United States Birth Culture as insane. If your doctor told you that taking a medication for your stomach pain was probably not going to work, and if it did work was going to cause you much more severe stomach pain next week, would you take it? Of course not. And yet, despite the evidence-based research showing that VBAC's are safe in almost all instances, almost 90% of women opt for unnecessary surgery, at the insistence of their doctors. Caring for yourself and a newborn is hard work. Doing so while recovering from major abdominal surgery is beyond difficult. Choosing to do so, because your doctor refuses to believe that the evidence s/he is reading is real, in my opinion, is insane.

Popular culture, in its many forms, supports the persistence of this culture of insanity. In popular culture, such as depicted in movies and television, we see birth scenes primarily showing a woman whose water breaks, after which she is immediately rushed to a hospital where she screams at her partner, takes pain medication, and then smiles holding a baby—with her make-up perfect and a bit of sweat on her brow. Sasha Brown-Worsham, freelance journalist and CafeMom blogger, discusses this in a blog post:

> The way births are depicted in modern culture is almost always like this. They are either extreme and freaky—think *She's Having a Baby*—or they are loud and hilarious—think *Friends* or *Knocked Up*. Very rarely are they lovely or transcendent or meaningful or powerful. We ladies get two choices according to pop culture: Scary or hilarious.

This is not a new phenomenon. *Dr. Monica*, a 1934 film by Warner Brothers about a female obstetrician, went to great lengths to show women in powerful, non-traditional roles, yet birth in the film was portrayed as a medical emergency. The female doctor in charge ran a sterile surgical room, and the primary mother giving birth was either hysterical or in a drug-induced haze. It was almost as though it was seen as acceptable to show women as having power and autonomy, until we came to the physiological expression of power that women are capable of—a line had to be drawn, and the birthing mother was portrayed as powerless and incapable.

Misconceptions about the realities of childbirth are deeply rooted in today's culture. I recall, shortly after the birth of my first son, hearing Oprah Winfrey tell the women in her

audience not to be heroes, but to opt for the epidural. Pop-star Britney Spears is quoted as saying she had a Caesarian section because she didn't "want to go through the pain." (I always wonder how "pain free" that surgery recovery felt.) Women in the media rarely share stories of their births that do not center on the themes of pain management or being saved from an emergency, and the medical profession views birth primarily as a biological event during which the mother's body—a machine—produces a baby—a product (Hesse-Biber, 2007). The history of childbirth practices in the United States points to a system in which women's voices have been mainly silenced in favor of machine-like efficiency and standard hospital policies that have been developed by mostly elite male professionals who are considered the experts in determining what is best for the mother and baby and are reinforced by professional fear and a distrust of the natural birthing process.

My Research: Birth as an Empowering Experience

The question I want to address is, "Why does this all matter?" Who cares if women have surgery or medication during birth, as long as, in the end, there is a healthy baby? Pascucci (2013) writes "Birth is a life-defining experience that sticks with you." In my own research, (Schwartz, 2014), I found that mothers who experienced birth fully, regardless of location or use of medication, felt it was empowering in many ways and helped to define them as women and mothers. So long as we relate to birth as though the experience of it does not matter, we are robbing mothers of the opportunity to be empowered by the experience.

I remember watching *A Baby Story* (1998-2010) on TV when I was pregnant with both my first and second sons. During my first pregnancy, the show was rather new, and tended to depict an equal number of birth center/natural and hospital/medicated births. I discussed this with a friend who had given birth naturally four times, who said that the key was in the preparation, and I immediately found an independent childbirth preparation class in order to learn as much as I could about natural pain relief. By my second pregnancy, *A Baby Story* had almost eliminated the birth center episodes, and each story was told in typical dramatic fashion. The narrator would almost always say, just before a commercial break, something along the lines of "And if X happens, Sally and her baby might both be in danger…."

Imagine if I hadn't already managed a long, difficult, but natural birth! Watching episode after episode of women being miraculously saved by their doctors would certainly not have instilled confidence in myself. If your only exposure to "real" birth is through the drama of

television reality shows, it is obvious that all pregnancies are scary, dramatic, and dangerous. In the United States, very few women see childbirth until they find themselves in the delivery room. We must therefore rely on stories to prepare us. Whether those stories come from friends and family or the media, they are often a woman's only exposure to birth.

The truth couldn't be more different, however. While there are certain factors that create a "high-risk" pregnancy, such as diabetes, obesity, advanced maternal age, carrying multiples, and health problems in the mother or fetus, the vast majority of all pregnancies are considered normal or low-risk. As mentioned above, hospital procedures may be causing more problems than they are solving. Birth can cause fear and is sometimes dangerous, but rarely is there a life-threatening emergency. Minimizing that fear is critical to birth outcomes. In a Norweigian study (Adams, S., Eberhard-Gran, M., Esklid, A., 2012), it was found that women who are fearful of birth have longer labors, therefore opening a doorway for more medical intervention.

Looking only at the statistics and stories, we are lead to believe that birth is dangerous most of the time, and that very few women are capable of birthing without intervention. In listening to hundreds of birth stories, I have heard very few stories in which the perceived emergency was real. Likewise, I have heard many stories in which the problems that occurred were a direct cause of the unnecessary intervention that the mother was assured was both safe and necessary. In most of these stories, a care-provider became the hero; the mother was reduced to a vessel. When these same mothers begin to mourn the lost experience of an empowering birth, they often hear, "At least your baby was healthy."

Why Does it Matter?

I begin with an assumption, based on seemingly unrelated research. There are many published books and studies that tie the media's portrayal of women, particularly in the fashion industry, to women's issues with body image and self-esteem (e.g. Bordo, 2004, and Mears, 2010). At its worst, the distorted image of perfection seen in magazines and other advertising, and even in children's toys, can lead to eating disorders and other forms of self-harm. There is currently a push from actresses and models who wish to be shown more naturally, that is without the extensive Photo-Shopping that removes any perceived flaws from images before they are published (e.g. Dockterman & McCluskey, 2014). There is also some research into the effects of including disclaimers or warning labels on fashion industry advertising (Slater et al, 2012), with the hope that seeing these warnings will help young women to understand that the perfection

they may be striving for is not real. This movement toward a more realistic representation of women has even encouraged Mattel Toys to release a new line of Barbie dolls that includes petite, tall, and curvy dolls (Cauterucci, 2016). Complaints about the unrealistic shape of these well-known toys are leading to change.

If we can see how these kinds of images and other pop culture portrayals effect young women's body image and self-esteem, I am going to assert that, likewise, seeing images of birth portrayed in disempowering ways has a similar effect on women when they have children. The idea that it is not possible to give birth without medication, or that birth is a medical emergency rather than a normal physiological process, is portrayed through television and movies on a regular basis. I fully believe that this exposure becomes embodied in young women and greatly affects the choices they make in their child-bearing years.

I am not suggesting that we place warning labels on birth scenes in the movies, but rather that we push for more accurate portrayal of birth in the media. No one will film, or watch, a typical 12-15-hour labor. However, if media portrayed birth in its raw, emotional, vulnerable entirety, we could be instilling beliefs of power, empowerment, and opportunity in the young women who are watching. In the same way that using models of various sizes and body types creates inclusion for women viewing fashion advertising, seeing the wide range of birth experience can give women a more realistic view of childbirth.

How to bring about these changes is unclear. I remember when Rachel on *Friends* (2002) was pregnant, and a group of mothers, in an attempt to help normalize out-of- hospital childbirth, started a petition to have her give birth at home. This was ignored by the show's producers, and Rachel's trip to the hospital involved the typical rush and frenzy. There are celebrities such as Mayim Bialick and Alyssa Milano who are speaking out about natural childbirth and attachment parenting, and when Sheldon's sister (*Big Bang Theory*, 2013) gave birth, she did so at home. Of course, we were also treated to the following dialogue:

> Sheldon: No, she chose to have a home birth because she wants to live in the Stone Age and a cave wasn't available.
>
> Raj: You know, many people believe that home births are better because the mother is in a warm, comfortable environment where she can be nurtured by loves ones.
>
> Sheldon: And turn the bedroom floor into an amniotic Slip 'n Slide.

With that, we get both exposure to home birth and some of its benefits, while simultaneously making fun of both a woman who chose this option and the entire idea of doing so. Certainly, this exchange was in character for Sheldon Cooper, yet there surely could have been a way for the show to illustrate this choice in a less negative light.

If we remove the fallacy of "water breaks—rush to hospital—scream—then give birth" from television and movies, what is left? Certainly there is still plenty to show. A mother dealing powerfully with intense contractions, partners and family members rallying around and providing support, or an encouraging birth attendant can all make for effective drama. Comedies can show birth in a humorous way without belittling mothers or going completely overboard. One mother interviewed in my dissertation told a hilariously funny story of giving birth to one of her twins into her Depends while being wheeled down a hallway towards a surgical room. In the style of "Life is better than fiction," I found this story much more entertaining than the "Let's make fun of home birth/natural birth/extended breastfeeding/natural pain relief techniques/spirituality in childbirth" birth scene in *The Back Up Plan* (2010).

I am not trying to suggest that every pop culture expression of childbirth should be accurate, empowering, and relevant. If your character needs to give birth to an alien in the back-seat of a car while Will Smith gets tossed around by octopus tentacles (*Men in Black*, 1997), so be it. However, if your characters are realistic people, being portrayed in realistic ways, why not give them a realistic birth scene as well? Not only will you be enhancing the realism of your characters, you will also be doing a service to mothers and future mothers watching your creation.

For Further Study

There are many possible ways to continue to examine the topics of pop culture's portrayal of birth. Several possible studies could be formulated that may illuminate how pop culture effects how women view themselves and childbirth. One possible study could involve having two groups of pregnant women watch two very different sets of birthing videos. One group could look at the typical pop culture montage of TV and movie births, while another views videos of natural birth with midwives and non-intervening doctors. A study could be devised to judge how each group feels after watching these videos, including their views of their bodies, of birth, and of their ability to give birth without unnecessary intervention.

A second possible study could involve exposing women to statistics such as the effectiveness and safety of VBAC's, and tracking how much the knowledge gained effects birth outcomes (as compared to a control group). For example, would epidural use drop if women were given—before labor—all of the pertinent information about its dangers and side-affects? Would women attempting VBAC's have a greater success rate if they knew, based on research, that they were possible and safe? Would more low-risk women give birth at home or in birth centers if they saw the studies pointing to these out-of-hospital births being safer for them and their babies?

Conclusion

In the United States, pop culture portrays birth in ways that are statistically inaccurate, disempowering to women, scary, or freakishly hilarious. None of these support women in giving them a background of birth as the potentially empowering, powerful, or transformative experience that it can be. By shifting media's portrayal of childbirth, we may be able to simultaneously shift *how* women give birth. When women are empowered, they are more able to be effective as mothers and women. Through attention to these details and further research, these changes are possible and can cause a cultural shift in the landscape of birth.

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