Countering Technocracy:
"Natural" Birth in *The Business of Being Born* and *Call the Midwife*

Chikako Takeshita
Associate Professor
Gender & Sexuality Studies
University of California, Riverside

Final Revision

Submitted to Feminist Media Studies

September 13, 16

Abstract

Feminist media studies scholars concur that representations of childbirth in popular media normalize medical domination of maternity care and women's subordination to it. This article aims to fill the gap in the dearth of academic analysis of alternative representations of childbearing by examining the documentary film *The Business of Being Born* and the BBC TV drama series *Call the Midwife.* Although they are situated in disparate socio-historical contexts, both productions push against medicalization and present positive images of "natural" childbirth. *Business* systematically critiques medicalization of birth in the U.S. and presents midwifery-assisted homebirth as the solution. *Call* counters the dogma of necessary medical attention during childbirth by showing how midwifery dominated during the mid-twentieth century in a London neighborhood. *Call* also portrays midwives and a physician collaboratively providing maternal care in an impoverished neighborhood. Reviewed together, *Business* and *Call* augment each other as the former reveals the contemporary struggles and solutions devised to de-medicalize birth and the latter serves as an example of how homebirths may be supported by medico-midwifery collaboration in an urban community.

Key words: medicalization of childbirth, homebirth, midwifery, media representation, counter-narrative

— We must pay attention to the messages circulating about what childbirth is and how it should function

Jennifer Ellis West 2011, p.121

--- Birth at home returns power to women

Barbara Katz Rothman 2007, p.xxi

Childbirth has been thoroughly medicalized in the United States both off and on the screen. According to a survey of 2,400 mothers who gave birth between July, 2011 and June, 2012, 30% were artificially induced, 83% used pain medication, 31% had a cesarean section, and only 10% were attended by a midwife (Declercq 2013). Less than 1% of birth in the US took place in a home in 2010 (Martin, et al. 2012). The roots and the implications of the medical domination over a domain that historically had exclusively belonged to women have been a subject of feminist scholarship for many years (Ehrenreich & English 1973; Martin 1989; Rothman 1982). Merchant (1980) points out that since the enlightenment period Cartesian dualist associations between the male with science, mind, and the knower and the female with nature, body, and the known, have rationalized the male scientists' exploration and exploitation of natural resources and women's bodies. This philosophical tradition, which renders the male body as the standard, undergirds the conceptualization of pregnancy as an abnormal condition and a problem in the female physiology, for which medicine provides solutions. By reducing pregnancy to the body detached from the mind, obstetrics care externalizes and disregards emotional and social aspects of childbirth. Such viewpoint, combined with the binary thinking that sees the male as an agent and the female as a non-agent, is at the

foundation of the objectification of maternity ward patients as something to be managed and controlled. Davis-Floyd (1992), who theorizes that childbirth functions as a rite of passage that sends strong cultural messages to a woman who is in a liminal state of transitioning into motherhood, argues that hospital births that heavily and frequently utilize medical interventions propagate technocracy by impressing upon a new mother that she must relinquish herself to experts and technologies at all times because they are superior to her own endowed capacities. Meanwhile today on TV and film, the ritual that imprints the core American value of technological superiority is "enacted not just in actual hospital births but also in the fictions we create about hospital births" **(**West 2011 p.121).

Media representations are not inconsequential since it is one way in which women learn about pregnancy and childbirth (Hall 2013). Feminist media studies scholars who have studied recent representations of childbearing concur that problematic aspects of medicalized birth are uncritically presented on the screens as the cultural norm (Kline 2007; Lothian & Grauer 2003; Morris & McInerney 2010; Sears & Godderis 2010; West 2011). They uniformly express concerns about how the media reinforces and naturalizes the medical domination of maternity care and women's subordination to it. Some have searched for oppositional images in their studies, but found there to be little or no resistance against the normative. My motivation for this article is to fill the gap in the analyses of alternative representations and discourses of childbirth and to parse out the ways in which they might disrupt the technocratic model of birth on the screen. I utilize the documentary film *The Business of Being Born* and the BBC TV series *Call the Midwife* for this task. Both productions, which have had some exposure in the U.S., push

against medicalization with representations of "natural" childbirth in the home.[1] *Business* systematically critiques medicalized birth and presents midwifery-assisted home birth as the solution to the ills of modern day childbearing, while *Call* contradicts the dogma of necessary medical attention during childbirth and normalizes midwifery by illustrating how women regularly gave birth at home in the past. Although their socio-historical contexts are vastly different, *Business* and *Call* augment each other as the former reveals the contemporary struggles and offers a solution to de-medicalize birth and the latter serves as an example of how homebirths may be supported by medico-midwifery collaboration in an urban community. By "naturalizing" childbirth as an essential quality of women, however, *Business* and *Call* both fall short of questioning the institution of motherhood as a potential source of gender oppression. Nonetheless, analyzed in conjunction, these visual stories foster a shift in perspective and provide groundwork for an alternative discourse of childbearing that embraces embodiment and opportunities for empowerment.

Dominant media representations of childbirth

Feminist scholars who have studied TV shows that follow pregnant women in real life such as *Birth Story* and *Maternity Ward* on TLC and Discovery Channel's *Birth Day* report that what are shown on television as "reality" are highly skewed in ways that give

[1] Where to draw the line between "natural" and "technological" is complicated since midwives, too, utilize low-tech devices to check for fever, fetal heartbeat, and mother's blood pressure. They also use simple tools such as heat pads and birthing stools to ease the pain and facilitate labor as well as carry oxygen tanks, anti-hemorrhage medication, and needles and thread to suture tears. In a hospital setting, "natural" birth may refer to a non-surgical birth or may be defined as vaginal birth without pain medication. For the purpose of this article, "natural" birth is a vaginal birth achieved through physiological processes without the use of constant electronic monitoring, IV, pain medication and anesthetics, drugs to manipulate contraction, episiotomy, forceps, or vacuum extraction.

the impression that every pregnancy can turn into an emergency situation. At the extreme end, *Maternity Ward*, which takes place in high-risk medical centers around the U.S., promotes what Lothian and Grauer (2003) call "real terror" (vii) by frequently playing up live or die scenarios. Morris and McInerney (2010) note that *Birth Day* also pathologizes pregnancy by focusing on what can go wrong during pregnancy and childbirth and by over-representing complications such as abnormal fetal positions, hypertension, postpartum bleeding, cervical cancer, bicornuate uterus, preterm labor, and diabetes, making pregnancy and childbirth seem much more perilous than what is supported by evidence. Reality TV shows, thus, invite viewers to believe that heavy medical surveillance over pregnant women is legitimate at all times. Simultaneously, they instill fear of childbirth and prime women to readily accept medical interventions that may not be entirely necessary.

These shows also function as advertisements for technological "solutions," such as pain medication, anesthesia, artificial labor facilitation, and cesarean section. In *Birth Day,* women in vaginal birth received Pitocin and epidural at a rate higher than the national average (ibid). Many scenes in *A Baby Story* included sights and sounds of various equipments as well as physicians, nurses, husbands, and pregnant women examining printouts from electronic fetal monitors. Women were rarely seen debating or expressing their preference for pain medication or birthing positions, while the medical staff was often shown making decisions for them without offering any options. Informed consent was rarely shown, indicating that the women's preferences did not matter. Sears & Godderis (2010) contend that viewers learn to fear childbirth, accept medical

interventions, and rely on technologies, all of which usher pregnant women into a dependent and subordinate position.

Similar observations have been made about fictional pieces. Kline (2007) analyzed three episodes from the TV shows *Gilmore Girls, Dharma and Greg,* and *Girlfriends,* in which one of the characters chooses midwifery care. Contrary to the expectation that the story lines will buttress midwifery and confront medicalized birth, the prime-time fictionalized accounts of midwife-attended birth sanction the medical model as superior. The decisions by the shows' protagonists to give birth with a midwife, whether at home or in the hospital, are portrayed as something that were made haphazardly and for irrational reasons rather than with careful deliberation and based on evidence of good outcomes. The plots ridicule homebirth through the incredulous reactions of the pregnant mother's friends and family. Midwives are mischaracterize as unsympathetic and bossy, while pregnant women are shown to be subservient to their abuse. The scripts also bolster technocratic birth when two of the women demand a painkiller. Likewise, birth scenes in the 2007 romantic comedy films, *Juno, Knocked Up,* and *Waitress*, although they vary in many ways, ultimately endorse technologically managed maternity care in the U.S. (West 2011).

In summary, feminist analyses and critique of the dominant narratives of childbirth in popular media converge into five points, namely that they: 1) incite fear of childbirth by emphasizing the risks; 2) solidify the idea that hospitals are the only rational place to give birth; 3) normalize reliance on technology and trivialize women's capacity to give birth; 4) present pregnant women as passive actors without agency; and 5) ignore or disparage

midwifery. The mainstream media creates a myth that childbirth is beyond a pregnant woman's control and thus she must be carefully watched, and often rescued, by medicine to keep her and the baby safe. The myth is buttressed by the Cartesian binarism that relegates women as non-agent and childbearing as an exclusively physiological process that are manipulable by medical technologies. Feminist media critics agree that such representations are disempowering to women as they are being told to surrender themselves to obstetrics. Building on the groundwork of feminist scholars, this article examines alternative stories that reject technocracy and portray women as empowered subjects of childbirth and explores how they may encourage viewers to distance themselves from the false "reality" created by these entertainment programs.

Methods: Alternative Representations of Childbirth as Counter-Narratives

Counter-narrative, or alternative stories told from a subordinate position in the knowledge hierarchy, can play an important role in destabilizing accepted discourses (McGibbon, et al. 2014; Solózano & Yosso 2002). This article offers a reading and critique of the 2007 documentary film, *The Business of Being Born,* and the BBC/PBS historical drama series, *Call the Midwife,* as counter-narratives to the technocratic model of birth. I re-watched *Business* three times: initially from a first-time viewer's perspective for general impression, tone, and obvious messages; then tracing the narrative construction in more detail; and finally focusing on specific clips to confirm the accuracy of my notes.[2] I

[2] At the time of the study in March 2016, the film had 420 reviews with an average 4.4/5 stars on Amazon.com. Online streaming or downloadable version was available from Netflix, Amazon.com, Vimeo, and a few other documentary film websites. DVD and downloads were available from thebusinessofbeingborn.com as well. This website also offered the sequel *More Business of Being Born* and documentaries *Breast Milk* and *Mama Sherpa.* Accompanying online community mybestbirth.com had close to 29,000 members.

analyzed how the imageries, testimonies, and storylines in the documentary construct a certain kind of discourse about an idealized childbirth that, although not without its own flaws, works effectually against medicalization by visually and verbally reiterating the feminist critique of technocratic maternal care. Although *Business* deserves a thorough feminist analysis of its own, instead of scrutinizing the problematics of its images and rhetoric, I chose to combine it with a second counter-narrative provided by *Call* in order to explore greater opportunities to debunk the contemporary myth of medicalized childbirth.[3] I watched a total of thirty-three episodes (60 to 75 minutes each) from seasons one through four on Netflix, taking notes on every case of childbirth for its circumstance, outcome, visual portrayal, and other notable characteristics. I made observations about *Call*'s discourse of childbirth through its dominant story-telling patterns paying attention to how it reinforces midwife-assisted childbirth as normal and healthy. In order to concretize how the two counter-narratives function against the dominant representations of highly medicalized birth at hospitals, I directed my analyses of *Business* and *Call* towards identifying how each medium counteracts the five negative messages delivered by the popular media outlined above.[4]

Counter-Narrative in *The Business of Being Born*

The Business of Being Born advocates for homebirth and midwifery while criticizing technocratic childbirth. Produced by actress and TV show host Ricki Lake and directed

[3] Season five on PBS has started in April 2016.

[4] My discussions of alternative childbirth will focus on homebirth, although birth centers and in-hospital midwifery may be another approach to facilitating less technocentric birth. These options that stand somewhere in between obstetric birth and homebirth are worthy of full exploration of their own.

by her friend Abby Epstein, it is the best-known documentary of its kind.[6] *Business* was conceived through Lake's personal history of a disappointing first childbirth in the hospital and an entirely different and satisfying homebirth experience with her second child. The primary message delivered by the film is that midwife-assisted homebirth offers a positively transformative and empowering experience, which is denied to women who give birth under the financially and technologically driven American healthcare system. Reflecting on her own hospital birth, Lake asserts that women need to be better educated about maternal care and childbirth options so that they do not wind up blindly following their caretakers and be scared into having medical procedures they may not need or would have liked to reject. From this standpoint, she strives to inform the audience about how obstetrics operate as a business driven by the bottom line and about the benefits of giving birth at home.

The film convincingly portrays the hospital as an exceedingly sterile, impersonal, and mechanistic environment while juxtaposing it against the warm and personalized care provided by midwives at home. It also showcases leading figures in the natural birth movement including Barbara Katz Rothman, Marsden Wagner M.D., Ina May Gaskin, and Michel Odent M.D., who serve as experts of the negative effects of medicalization and the advantages of non-medicalized childbirth. Between oral testimonies and visual illustrations, *Business* reiterates the classic feminist critique of technocratic maternal care in the U.S. made by Rothman (1982), Davis-Floyd (1992), and others. The documentary has been welcomed by childbirth advocates, midwives who assist homebirths, aspiring

[6] Other films in this genre include: *Orgasmic Birth: The Best Kept Secret* (Debra Pascali-Bonaro 2008), *The Face of Birth* (Gavin Banks & Kate Gorman 2012), *Birth Story: Ina May Gaskin and the Farm Midwives* (Sara Lamm & Mary Wigmore 2012), *Midwife: A Look into the World of Homebirth Midwifery* (Allison Kuznia 2013).

mothers-to-be with sufficient resources to hire them, and feminist professors who screen the film in their classes.

Medical/Business Model of Birth Exposed

By revealing the negative aspects of in-hospital childbearing, *Business* turns the table on the notion that hospitals are the safest (and the only safe) place for childbirth. *Business* shows how a typical maternity ward manages patients to protect the hospital's profit margin. Doctors supervise multiple laboring women by relying heavily on monitoring machines, drugs such as Pitocin to induce or speed up labor, and epidural to manage pain. Induction and augmentation of labor, however, are not only unnecessary for most women, but often trigger a cascade of interventions. The film explains that Pitocin inflicts pain on women by causing longer and more intense contractions; as a result many women end up accepting an epidural, which tends to weaken the contractions, and thereby necessitate a larger dose of Pitocin. More often than not, drug-induced contractions cause fetal distress leading to an emergency cesarean section, which could have been avoided had the labor not been so rushed or meddled to begin with. *Business* cautions women that doctors and medical treatments cannot always be trusted to be safe and argues that it is less dangerous to give birth at home.

The film also lures the viewers to feel repelled by *Obstetric Taylorism* or the factory-style maternity ward operation that focuses on the production of babies and objectifies women in the process. The film shows a large whiteboard that keeps track of more than a dozen women in labor who are being managed concurrently. While referring to their patients by their room numbers, nurses and doctors discuss ongoing treatments

based on the information on the board such as the measurements of cervical dilation, the amount of time that has passed since the last intervention has been made, and the type and amount of drugs they are on. One of the residents is caught on film exasperatedly declaring, "she is nowhere near adequacy," denoting that her patient's labor was not progressing according to schedule and therefore her Pitocin dosage must be increased. A nurse concedes to the filmmakers that 90% of the patients in this particular hospital are put on some kind of medication to augment labor. Similarly medical interns confess to never having witnessed a spontaneous birth *sans* medical intervention. *Business* takes jabs at the medical industry by exposing the backstage of the maternity ward and revealing that doctors, although well-equipped as surgeons, have little clue how to support a childbirth without medical technologies. The film also captures obstetric residents using the expression "pit her" to instruct the nurses to administer Pitocin, showing how laboring women are literally turned into an *object* of the verb "pit." The overall sentiment of the film is expressed by Marsden Wagner M.D. who states: "if you want a humanized birth, the best thing to do is to get the hell out of the hospital."[7]

Homebirth as a Source of Empowerment

Business stresses that birthing at home is the best answer to escaping the dehumanizing treatments at the hospital and having a life-changing experience instead. A number of homebirths are captured on film, typically starting with a woman in the first stage of labor, who is moaning or crying in pain, but still managing her contractions by walking around, rocking back and forth, leaning on her partner, or soaking in a birthing tub. The mood intensifies when the second stage of labor begins and the camera focuses on the

[7] For his critique of the U.S. obstetrics, see Marsden Wagner (2006).

pregnant woman and the midwife's full attention to her. We witness the mother at the peak of her pain and pushing hard, usually in an upright position that allows her to open up the pelvis and use gravity efficiently to bring the baby down. Once the baby is born, it is immediately put on the chest of the new mother, who gasps and screams in what appears to be a mix of emotions including relief, joy, astonishment, and sheer excitement. Cara Muhlan, the midwife who attends most of the births in *Business*, states that this is the moment when a woman "lay[s] claim to her victory" after a long painful hard labor. The film explains that the mother's brain at childbirth, when not interrupted by surgical delivery or injections of synthetic hormones such as Pitocin, releases large amounts of oxytocin, also known as the "love hormone," which creates a rush of adrenalin that generates an intense feeling of attachment towards the baby. The instant bond between the mother and baby is visually communicated in the homebirth footages through camera angles that show the woman's passionate expression as she embraces and talks sweetly to her newborn.

As Cheyney (2011) notes, contemporary homebirthing in the U.S. is an expression of subversion for homebirth advocates, who consider the overwhelming dominance of the field of childbirth by technocracy as an assault to women's autonomy. Cara states that her motivation for assisting homebirth is to "*give power back* to the woman to interact with her birth in her own way […] on her own turf, in a familiar environment, and with her own social support" (emphasis added). "Home" is an important symbol of this subversive act. The film captures women receiving pre-natal care from Cara in their bedrooms and on the living room couch, visually marking the demedicalization of pregnancy. It also shows labor and delivery taking place in a familiar

"homey" environment in the presence of the father and older siblings. Residential childbirth scenes convey that not only the *home* has everything the woman needs during labor and delivery, but it is a "better" place, and a special space, in which the arrival of the new member is seamlessly integrated into the family's life.

Business stresses that having a positive birthing experience empowers women because it proves their strengths to themselves. Ricki Lake includes footages of her own attempt to give birth at home, which begins with her leaning on the kitchen counter whimpering in pain. Some time later she is shown giving birth in the bathtub, followed by many ecstatic shouts and embracing and kissing of her newborn. Lake recalls this moment as intensely empowering, comparing it to how she felt "cheated" after her first child was delivered at the hospital. One of the midwives states that women will remember how they were made to feel at birth and that a non-medicalized childbirth can be positively transformative because a woman would be able to say to herself: "If I could do that, I could [sic] do anything." The film thus conveys that childbirth can indeed be a *rite of passage* that affects the woman's outlook on life.

The Pitfalls of Naturalizing Motherhood

The oppositional formula between "empowering natural homebirth" and "oppressive medicalized hospital birth" that composes the backbone of *Business*'s powerful counter-narrative is also a source of its shortcomings. As a result of playing up the claim that women have an innate or "natural" ability to give birth, when a homebirth does not go as planned, the woman can be left with a sense of failure and guilt for letting her baby down. This becomes evident when Abby Epstein, the film's director who had planned a

homebirth, winds up with a cesarean section. When she discusses her childbirth experience with Ricki Lake several months later, Epstein seems simultaneously resolved and disappointed. She feels that because she missed out on the oxytocin rush, she and her son had a difficult time bonding and breastfeeding. While Epstein's testimony seems to support the claim that technological intervention disempowers women, her transfer to the hospital in the middle of labor also disrupts the confidence the audience was building toward homebirth. This episode, which comes at the very end of the film, ironically exposes the limitations of arguing for an alternative model of maternal care based on naturalizing childbirth, which leaves little room between the "natural" and the "medical."

Viewers should understand that Epstein's doctor, who in the film offered to be the backup physician for her homebirth, is an exception to American physicians, most of who are skeptical of homebirth and unwilling to lend their support. Women and their midwives who decided to go to the hospital after laboring some time at home have reportedly been treated poorly by doctors and nurses, who view them as selfish women that endanger the baby for a frivolous "experience." Apart from interviews with a few sympathetic physicians, *Business*'s counter-narrative consistently falls back on the polarization between the pure, perfect, and empowering non-interfered homebirth and the tainted, imperfect, and disempowering meddled-with hospital birth. While this contrast functions as an effective critique of technocracy, the oppositional positioning of the "natural" against the "medical" unfortunately restrains our imagination from moving towards a cooperative relationship between obstetrics and midwifery. Later I will demonstrate with *Call* that non-exclusive relationship in which the midwives and doctors partner up in maternal care is conceivable.

By grounding their argument in woman's "natural," or biological and hence universal, capability to give birth, the filmmakers also overlook race and class disparities that render the type of personalized care they show on *Business* out of reach for most women. To its credit, the film briefly shows two birth centers that primarily serve African American women, one of which is forced to shut down due to financial difficulties created by rising insurance premiums. This incident, however, is featured as an example of insurance industry's indifference to women's wellbeing instead of as a problem stemming from the marginalization of communities of color. Homebirthing in the U.S. today requires that the woman first educates herself about childbirth, carefully chooses and enlists the caretakers, prepares and controls the birthing space, and secures physical and emotional comfort during labor, all of which are part of building the social infrastructure needed to achieve the desired style of birth (Mansfield 2008, Halfon 2010). While the film does show this process, it neglects to remark on the fact that every homebirther in *Business* is equipped with the socio-economic capital necessary to put together a network of information, supporters, and environments that help her achieve the "natural" birth she desires. The film thus fails to acknowledge that most women do not have the financial resources or social support to pursue non-medicalized childbirths and that gaining "empowerment" through an ideal childbirth is a privileged commodity.[8] Moreover, the stories in the film end up affirming a classic pro-white-natalist position that omits minority women, who have historically been deemed as unsuitable mothers and targeted by anti-natal policies, from its empowerment narrative (Takeshita 2012).

[8] See Jennifer West (2011) for a critique on the class and regional exclusivity of *The Business of Being Born.*

Business's idealized notion of "maternal instincts" is also a setback in the broader context of feminist theorizing against patriarchy. By naturalizing childbirth, the film undercuts feminist scholars' effort to reject biological determinism, an ideology that has legitimized women's social subordination for centuries on the basis of their reproductive capacity (Firestone 1970). Furthermore, the film upholds the institution of motherhood, defeating the resistances feminists have waged against male dominance that has been traditionally maintained by enlisting women to concentrate their lives on being a good mother (Rich 1976). Discourses that essentialize, naturalize, and idealize motherhood continue to prevail today in broad areas of society from literature to infertility treatment, compelling feminist scholars to keep up their on-going challenges against them (O'Reilly 2016; Neyer 2015). The filmmakers, who seem to be unaware of these feminist struggles, rather paradoxically promote unrealistic standards of motherhood that intensify surveillance over femininity, which often shackle women rather than liberate them.

In sum, *Business* challenges the five trends in the mainstream media that uphold the superiority of highly medicalized childbirth by: 1) exposing the risks associated with overzealous medical interventions in childbirth; 2) destabilizing the idea of the hospital as *the* place to give birth and promoting the home as a viable alternative; 3) rejecting technology and reclaiming women's "natural" ability to give birth; 4) arguing that women should be allowed to make fully informed choices about how to give birth; and 5) foregrounding the empowering experience bestowed on a mother who has a midwife-assisted homebirth. As a counter-narrative, told through a history of obstetric risks, expert

testimonies, interviews with couples and midwives, homebirthing scenes, and footages of patient care in a hospital maternity ward, *Business* is engaging, persuasive, and effective. However, the film oversimplifies the terrain of maternal care in the U.S. and its problems with its reliance on the binary opposition between the natural and the technocratic. Because its narrative is rooted in the rhetoric of individual choice, the film also tends to overlook structural barriers facing women with limited resources. Consequentially intersectionality is barely addressed by the filmmakers who seem to be oblivious to their upper-class white privilege.

Counter-Narrative in *Call the Midwife*

Call the Midwife (Thomas 2012) is a BBC's historical drama series based on Jennifer Worth's memoir by the same title about her experience as a nurse-midwife serving the East London neighborhood named Poplar during the 1950s and 1960s (Worth 2002). Each episode consists of several intertwining stories involving the protagonist, Jenny Lee, other young nurses, and older nuns who live together in a convent, the Nonnatus House, and provide primary healthcare in the community. Childbirths are woven into story lines that explore broader themes such as love, courage, trust, family, youth, old age, illness, and death. The show tries to maintain historical accuracy and stay close to the realities of maternity care, childbirth, and motherhood in this marginalized neighborhood in London during the middle of the last century.

Normalization of the Midwifery Model of Birth

Whether it is sidelined in the popular representations of childbirth or enthusiastically supported in pro-homebirth films like *Business,* midwifery has been presented as an anomaly in most of today's media. In *Call,* however, there is no question that midwives are the norm as they are the primary attendants of most if not all births. In every episode, there is at least one labor and delivery scene attended by a midwife, which typically goes as follows: When Nonnatus House is notified that a woman is in active labor, the midwife on call grabs her black leather suitcase, flings herself on a bicycle, and makes her way to the pregnant mother's residence. A woman is propped up in her bed screaming in pain with her mother or husband at her side. Upon arrival the midwife quickly orders a family member to prepare hot water and warm towels, and rushes over to the patient to listen to the baby's heartbeat with her pinard. She declares that the baby is fine, unless she finds something unusual such as a transverse or breech fetal position. The expressions on the pregnant woman and her family relax as they feel reassured by the presence of the midwife. When it is time for the woman to deliver the baby, the midwife talks her through the process. "Now, hold the pushing and pant. Pant… Pant… That's it… Almost there…The baby's head is born! Now, with the next pain, give me one big big push!… Common now, PUSH! That's it!" Meanwhile the camera cuts back and forth between the face of the mother, who is trying hard to follow the midwife's guidance despite being in agonizing pain, and the midwife's gloved hand placed between the mother's legs waiting to catch the baby. As the woman moans and groans, the screen shows a baby's wet little head emerge behind the mother's thigh. Eventually an entire baby — bloody, squirming, and very much looking like a newborn — slips out, as the midwife cheerfully announces, "Good job! You have a boy (girl)!" The baby is quickly wrapped in a warm towel and

handed over to the mother, who looks down at it with an expression that has now transformed from agony to a glowing mixture of fatigue, relief, and satisfaction. The midwife cuts and clamps the umbilical cord and smiles down at the pair, happy to see that the newborn is crying vigorously. She delivers the placenta and checks it in a kidney tray to make sure it is in tact. A family member bustles into the bedroom to clean up the mess. Once the baby is latched on to the breast, the midwife leaves, promising to be back the next day to check up on them. This pattern is repeated countless times, normalizing midwifery-assisted birth and weaving it into the fabric of everyday life of the community.

The show integrates occasional inevitable maternal and infant death in its stories. At the same time, it demonstrates how midwives skillfully help women give birth to twins, a breech baby, one with a prolapsed umbilical cord, and another with shoulder dystocia, all of which are likely to be surgically delivered in the hospitals if they were to be born today. The nuns and nurse midwives of Nonnatus House also provide comprehensive maternity care based on scientific principles. Antenatal care is offered in weekly prenatal clinics, during which the midwives conduct pelvic examinations, palpitate and measure the abdomen, and check for signs of prenatal complications such as ankle swelling. They also perform urine tests by boiling the liquid in a test tube over a Bunsen burner and checking it for any clouding. Midwives also visit the pregnant women's homes during pregnancy to evaluate the suitability of their residences for a home delivery as well as provide postnatal care by making regular house calls to check on the health of the mother and the baby. Whereas *Business* emphasizes the negative side of the medical model of birth to counter the dominant technocratic narrative, *Call* does so by showing that midwifery-assisted homebirths are normal and medically sound.

Affirmation of Embodied Childbirth

That self-reliant childbirth positively affects a woman's wellbeing is communicated much more subtly in *Call* than in *Business.* While *Call* apparently endorses "natural" birth, it is not something that the women in the drama aspire to have or see as an act of defiance against the establishment like homebirthing mothers in *Business* do. Birth without medical intervention is simply a lived reality when no other options are available. The idyllic impression of homebirth we get from *Business* is not represented either in *Call,* in which impoverished women have babies in dilapidated apartments with nothing but newspapers to protect their mattress from body fluids and middle-class women, though in more comfortable homes, are confined to bed during labor and give birth on their backs or sides. Rather than considering childbirth without painkillers as something desirable, Jenny's clients dread it and grudgingly tolerate it. Homebirth, while romanticized to a degree, is not presented in *Call* as an empowering agential choice made by women. Likewise, Jenny and her colleagues probably would not characterize their work as "giving power to women," like Cara in *Business* did, since giving birth "naturally" does not challenge the status quo in any way. Nonetheless, *Call* portrays childbirth as a beautiful thing for the mother to be fully present for.

Even though women in *Call* are not granted an autonomous choice as to how one gives birth, they are undoubtedly the central actors of their own childbearing. Far from being a passive object at the mercy of the caretaker, in almost every birth we witness, the woman in labor is fully involved as she concentrates all of her mental and physical energy on the birthing process. In one episode, the midwives encounter a woman who

insists that she cannot deliver her baby without forceps. With much urging from them, the woman finally pulls herself together and focuses on her body-in-labor. When she pushes the baby out with her own strength in the middle of cheering neighbors, the mother is utterly amazed at what she has accomplished. This episode shows how experiences like this help women develop confidence and feel powerful.[11]

As Akrich and Pasveer (2004) note, when a woman finds a way to connect with her *body-in-labor*, she experiences her birth as an embodied self, erasing the boundary between mind and body drawn by Western medicine. This particular episode and most other birth scenes in *Call* show that the midwife's and the pregnant woman's confidence in each other facilitates this kind of birth, in which the mother is fully present as an embodied agent in her childbirth and is rewarded for it with a sense of accomplishment. While "empowerment" is not part of its vocabulary, the show communicates a similar *affect* through images of a new mother's face shining in joy and pride. A resilient woman in labor climaxing with a picture-perfect mother-baby bond is a typical scenario in *Call* that impresses upon the viewers that mentally and physically engaged childbirth results in a self-affirming experience. The feel-good emotional responses these scenes solicit from the audience are perhaps the strongest aspect of *Call*'s counter-narrative against the dominant portrayal of childbirth, which denies that women can rely on their own internal and physical strengths to achieve a positive birth outcome.

Medico-Midwifery Collaboration as Counter-Narrative

[11] Season 1, episode 7.

Call, too, has shortcomings. Like *Business*, it assumes that childbirth is an inherent female quality without attending to women's subordination and gender expectations. *Call* also naturalizes the social arrangements that enable safe and positive experiences. Social factors in the historical drama remain largely imperceptible because homebirths are presented as "normal" events that took place during the 1950s in poor neighborhoods in London. An intentional observer, however, should recognize that dignified "natural" births were possible in Poplar, neither because homebirth was universal to the past, nor because women possessed personal resources to hire a midwife like contemporary homebirthers, but because the community had a stable social network organized to ensure good pregnancy, birth, and post-paratum health. The sound knowledge and skills of Jenny and her colleagues are an essential part of this network, as are the attention and assistance available from older women in the family, the community's trust in the nurse-midwives, and the caretakers' compassion toward their clients. *Call* thus demonstrates that women-centered care in marginalized communities is possible given a solid social network of supportive resources.

An important element of this network in *Call* is medical backup. Nonnatus House midwives have access to a sympathetic physician and local hospitals when irregular cases that require medical attention arise. Dr. Patrick Turner, a beloved figure in the drama, is called in to treat such conditions as preeclampsia, peri- and post-natal hemorrhage, and abnormal infants. We witness modern technologies as being held in the male domain when he artificially breaks the amniotic membrane, wields the forceps when it is deemed necessary to speed up delivery, and takes possession of the tank that contains pain-numbing gas. Although stereotypical gender roles and vocational hierarchy predictably

exist in fitting with the historical context, Dr. Turner is an avid supporter of the midwives and a respected and reliable partner to them. Female caretakers work autonomously and look after pregnant women, while the male doctor only steps in when his assistance is needed. Unlike *Business* that sets up an oppositional dichotomy between medicine and homebirth, the historical drama shows that it is possible for a community to receive care from both midwives and doctors who worked together.

Although working relationships between midwives and physicians that parallel the one in *Call* are institutionalized in some European countries, "collaborative care" has had limited traction in the U.S. (Downe, Finlayson, & Fleming 2010). The reasons American obstetricians are reluctant to be a backup physician for homebirth are too complex to discuss here. Suffice it to say that medical liability and insurance premiums are set up against such collaboration between homebirthing midwives and doctors. Laws regulating midwifery also differ from state to state with varying degrees of prejudice against out-of-hospital births.[12] In my opinion, homebirthing midwives in the U.S. by default have far less support than they deserve from the medical establishment, insurance industry, and public health policy. If marginalization of out-of-hospital continues homebirths will unfortunately remain an option for a few fortunate people in the U.S. (Klassen 2001; Nolan 2011). However, by seeing how care is provided in *Call* and applying it to today's context, we can begin to picture how a socio-technical network supporting homebirth may be built for less privileged Americans if we can garner trained

[12] It is important to note here that there are two types of midwives in the U.S. Certified Nurse Midwives (CNM) are trained as nurses first and specialize in midwifery. They tend to work in medical settings with different degrees of physician oversight. Licensed Professional Midwives (LPM) enter directly into midwifery training without a nursing degree. The majority of homebirthing midwives are LPMs.

midwives, sympathetic medical personnel, favorable hospital policies, reasonable insurance premiums and good coverage, cultural acceptance for non-medicalized birth, and legal protection for midwifery.

In summary, *Call* does not directly criticize medicalization or explicitly demonstrate the differences between medicalized and midwifery models of birth. Nevertheless it offers a brilliant counter-narrative against the dominant media representations of technocratic childbirth by showing that: 1) there is no need to be afraid of childbirth under the care of capable midwives; 2) home is a normal place to give birth; 3) technological interventions are not essential to a safe childbirth; 4) women are embodied agents of childbirth; and 5) midwifery is scientifically sound and is not incompatible with medicine. Like *Business,* the historical drama series uncritically reinforces gender roles and the idea that motherhood and nursing are inherent qualities of women. However, *Call* manages to escape the medical/natural opposition that *Business* trapped itself in and presents an alternative counter-narrative that consists of a medically supported, yet autonomous, robust midwifery care that is integrated into the social networks of a community.

Conclusion

Feminist media studies have revealed that the dominant representations of childbirth in Reality TV shows, situation comedies, and entertainment films uphold the medicalized model of childbirth, which has been criticized by feminist scholars as a patriarchal practice that objectifies women. In this article I examined how the documentary film *The Business of Being Born* and the historical drama series *Call the Midwife* offer alternative

narratives to counter the stereotypical depiction of childbirth as always potentially dangerous and pregnant women as helpless and submissive patients. *Business* delivers a sharp critique of technologically and financially driven obstetrics while endorsing midwife-assisted homebirth as the solution to the mistreatment of women in the hospitals. *Call* on the other hand portrays midwifery as the norm and childbirth as an everyday event rather than a medical problem. Both represent natural birth as self-affirming experience for women.

This article demonstrated that the two counter-narratives complement each other. For one thing, viewers of *Call* may assume that natural births are an artifact of the past. *Business* corrects this perspective by presenting homebirths as a desirable alternative to technocratic maternal care today. Meanwhile *Business* suffers from the oppositional relationship it builds between the "medical" and the "natural," which eliminates the potential for hybrid models of care. *Call* fills this vacuum by exemplifying a model of maternal and infant care that is enhanced by a partnership between midwives and doctors. The two counter-narratives, though not without limitations, help us re-imagine how labor and delivery may be accomplished for individual women at home and how non-technocratic childbirth might be institutionalized as a viable option for women with varying degrees of resources. Simultaneously, however, both of these media represent the type of counter-technocracy narrative that supports heteronormative middle-class white femininity based on essentialized motherhood. It is likely that *Business* and *Call* are able to attract significant number followers because their adherence to gender and racial norms make them culturally amenable. Going forward, the feminist challenge might be to

generate alternative childbirth narratives that take intersectionality seriously and better reflect feminist critique of motherhood and reproduction.

Acknowledgements

The author thanks Juliet McMullin, Dana Simmons, Jade Sasser, Katie Stahl-Kovell, and the anonymous reviewers for their thoughtful comments.

References

Akrich, Madeleine & Pasveer, Bernike (2004) 'Embodiment and disembodiment in childbirth narratives', *Body & Society,* vol. 10, no. 2-3, pp. 63-84.

Cheyney, Melissa (2011) 'Reinscribing the birthing body: homebirth as ritual performances', *Medical Anthropology Quarterly,* vol. 25, no. 4, pp. 519-542.

Davis-Floyd, Robbie (1992) *Birth as an American Rite of Passage,* University of California Press, Berkeley.

Declercq ER, Sakala C, Corry MP, Applebaum S, Herrlich A. (2013) *Listening to Mothers SM III: Pregnancy and Birth,* Childbirth Connection, New York.

Downe, Soo, Kenny Finlayson, and Anita Fleming (2010) 'Creating a Collaborative Culture in Maternity Care' *Journal of Midwifery & Women's Health,* vol. 55, no. 3, pp. 250–254.

Ehrenreich, Barbara, and Deirdre English (2010 [1973]) *Witches, Midwives, and Nurses: A History of Women Healers*, Feminist Press at CUNY, New York.

Epstein, Abby (2007) *The Business of Being Born* (documentary film, 75 min.)

Firestone, Shulamith. (1970) *The Dialectic of Sex: The Case for Feminist Revolution*, New York: Bantam.

Hall, Jennifer (2013) 'As Seen on TV: Media Influences of Pregnancy and Birth Narratives' in *Television and the Self: Knowledge, Identity, and Media Representation*, eds. Kathleen Ryan and Deborah Macey, Lexington Books, Plymouth, pp.47-62.

Halfon, Saul (2010) 'Encountering birth: negotiating expertise, networks, and my STS self', *Science as Culture,* vol. 19, no. 1, pp.61-77.

Klassen, Pamela (2001) *Blessed Events: Religion and Home Birth in America,* Princeton University Press, Princeton.

Kline, Kimberly N. (2007) 'Midwife attended births in prime-time television: craziness, controlling bitches, and ultimate capitulation', *Women and Language,* vol. 30, no. 1, pp. 20-29.

Lake, Ricki and Abby Epstein (2007) *The Business of Being Born,* 1 hour 27 minutes.

Lothian, Judith A. & Grauer, Ann (2003) '"Reality" birth: marketing fear to childbearing women', *The Journal of Perinatal Education,* vol. 12, no. 2, pp. vi-viii.

Mansfield, Becky (2008) 'The social nature of natural childbirth', *Social Science & Medicine,* vol. 66, pp. 1084-1094.

Martin, Emily (2001 [1989]) *The Women in the Body: A Cultural Analysis of Reproduction,* Beacon Press, Boston.

Martin, Joyce A., Brady E. Hamilton, Stephanie J. Ventura, Michelle JK Osterman, Elizabeth C. Wilson, and T. J. Mathews (2012) 'Births: final data for 2010', *National vital statistics reports* vol. 61, no. 1, pp. 1-72.

McGibbon, E., Mulaudzi, F. M., Didham, P., Barton, S., & Sochan, A. (2014) 'Toward decolonizing nursing: the colonization of nursing and strategies for increasing the counter‐narrative', *Nursing inquiry*, *21*(3), 179-191.

Merchant, Carolyn. (1980) *The Death of Nature: Women: Ecology, and the Scientific Revolution,* Harper and Row, San Francisco.

Morris, Theresa & McInerney, Katherine (2010) 'Media representations of pregnancy and childbirth: an analysis of reality television programs in the United States', *Birth: Issues in Prenatal Care,* vol.37, no. 2, pp. 134-140.

Neyer, Gerda, & Laura Bernardi (2011) "Feminist Perspectives on Motherhood and Reproduction," *Historical Social Research / Historische Sozialforschung, vol.*36, no.2: 162–76

Nolan, Mary (2011) *Home Birth: The Politics of Difficult Choices,* Routledge*, New York.*

O'Reilly, Andrea (2016) "We Need to Talk about Patriarchal Motherhood: Essentialization, Naturalization and Idealization in Lionel Shriver's We Need to Talk about Kevin," *Journal of the Motherhood Initiative for Research and Community Involvement, vol.*7, no.1.

Rich, Adrianne (1976) *Of Woman Born: Motherhood as Experience and Institution,* Norton, New York

Rothman, Barbara Katz (1982) *In labor: Women and Power in the Birthplace*, Norton, New York.

Rothman, Barbara Katz (2007) 'Introduction: A Lifetime's Labor: Women and Power in the Birthplace' in *Laboring On: Birth in Transition in the United States* by Wendy

Simonds, Barbara Katz Rothman, and Bari Meltzer Norman, Routledge, New York.

Sears, Camilla A. & Godderis, Rebecca (2010) 'Roar like a tiger on TV?', *Feminist Media Studies,* vol. 11, no. 2, pp. 181-195.

Solórzano, D. G., & Yosso, T. J. (2002) 'Critical race methodology: Counter-storytelling as an analytical framework for education research', *Qualitative inquiry*, *8*(1), 23-44.

Takeshita, Chikako (2012) *The Global Biopolitics of the IUD: How Science Constructs Contraceptive Users and Women's Bodies,* MIT Press, Cambridge.

Thomas, Heidi (2012 - 2015) *Call the Midwife.* TV Series. BBC.

Wagner, Marsden (2006) *Born in the USA: How a Broken Maternity System Must Be Fixed to Put Women and Children First,* University of California Press, Berkeley.

West, Jennifer E. (2011) 'Technology knows best: the cultural work of hospital birth in 21 century film', *Literature and Medicine,* vol. 29, no. 1, pp. 104-126.

Worth, Jennifer (2002) *Call the Midwife: A Memoir of Birth, Joy, and Hard Times,* Penguin Books, New York.

Author's Bio:

Chikako Takeshita is associate professor of gender and sexuality studies at University of California, Riverside. She is the author of *The Global Biopolitics of the IUD: How Science Constructs Contraceptive Users and Women's Bodies* (2012, MIT Press). Her research and teaching interests include feminist science and technology studies,

reproductive medicine and politics, and discourses of sustainable futures. Her current project looks at cesarean section and mother-fetus symbiosis.