

## Motherhood's Opening Chapter

---

### Birth Stories as Performance and Counter Performance Across Dueling Media Platforms

*Women in our culture are heavily exposed to both social media and reality television shows, tending to regard each as potential sources of information about birth. In this paper I examine the ways that birth stories are transmitted across these dueling media platforms asking what these vastly divergent portrayals of childbirth communicate to women about their birthing bodies. Extending Della Pollack's theory of performance and counter performance as a theoretical framework for my discussion, I argue that mother-authored birth stories shared on pregnancy message boards can be understood as a collective textual performance revealing much about the ways in which women experience childbirth under our current maternity care system. In contrast, I identify the genre of childbirth reality television as a destructive counter performance of women's lived experiences. These in turn inform public discourse about pregnancy and birth with broad implications in a range of ongoing debates over matters such as: Where should women be legally permitted to give birth? How should decisions be made during labor? And to what extent should institutions and governments be granted authority to regulate women's choices during pregnancy and labor?*

In the era of social childbirth, women had opportunities to learn about birth by attending the labors of their friends and neighbors (Wertz and Wertz; Leavitt). In our time, when birth happens mostly in private, women desirous to know what really happens at a birth must rely on birth stories. It is perhaps then not surprising that birth stories have gone public, very public, in two completely divergent formats. Against the backdrop of today's ethos of personal sharing, mother-authored birth stories are being uploaded en masse to social media where they are being archived in high concentration on pregnancy message boards. At the same time the mass media produces an entire genre of childbirth

themed reality television programs. These in turn inform public discourse about pregnancy and birth with broad implications in a range of ongoing debates over matters such as: Where should women be legally permitted to give birth? How should decisions be made during labor? And to what extent should institutions and governments be granted authority to regulate women's choices during pregnancy and labor?<sup>1</sup>

In *Telling Bodies Performing Birth: Everyday Narratives of Childbirth*, Della Pollack considers spoken birth stories as performance. "Looping through multiple performativities, birth stories threaten not only the conventional isolation of birth from other episodes in the formation of cultural identity but also the concomitant isolation of birth from the broader body politics of, for instance, abortion, sexual orientation, reproductive technologies, 'family values,' welfare and healthcare reform" (Pollack 8). She theorizes that because they have such powerful disruptive potential birth stories must be "counter performed...circumscribed, discredited, pushed to the margins of discursive practice, whether by pejorative identification with 'gossip,' 'lore,' and 'anecdote' or by the use of anesthetics that either remove the birthing woman from her body, and her body from its story, or make her body—and so her story—conform to prescribed medical narratives" (Pollack 10).

Extending Pollack's theory of performance and counter performance as a theoretical framework for my discussion, I argue that mother-authored birth stories shared on pregnancy message boards can be understood as a collective textual performance. Using these online forums women reenact their birth in a public, yet largely anonymous, forum. Women perform these stories in dialogue with neighboring stories, comprising a public conversation read by an audience of thousands.<sup>2</sup> In contrast, I identify the genre of childbirth reality television as a destructive counter performance of women's lived experiences, offered up to the public in the guise of educational entertainment. These programs co-opt women's stories, editing them to conform to a rigid storyline in which laboring women and their babies must be rescued by technology (Morris and McInerney; Stevenson). As researchers are discovering, merely viewing these programs has been shown to increase women's fear (Declercq et al.; Lothian and Grauer; Stoll and Hall) and there are indications they may also decrease their sense of agency (Rink).

Women in our culture are heavily exposed to social media and reality television shows, tending to regard both as potential sources of information about birth (Declercq et al. *New Mothers Speak Out*; Lagan, Sinclair and Kernohan; Rink). In this paper I examine the messages that both social media performance and mass media counter performance of birth narratives communicate to women about their birthing bodies, as well as what they reveal about the ways in which women experience childbirth under our current maternity care system.

## From Social Childbirth to Social Media

When birth moved from home to hospital much of the childbirth knowledge traditionally known to women was lost (Wertz and Wertz; Leavitt). As Leavitt observed in her 1986 history of American childbirth, “Many women, realizing that their lack of knowledge distances them from their own bodies, are trying to recover some of that lost knowledge through self-education” (217). For women today, sharing stories of their personal experiences online is an important component of this self-education. Pregnancy message boards offer community around the experience of pregnancy and childbirth. Frequented by women of all ages, races and cultural backgrounds these message boards are nothing if not heterogeneous. They are of the dominant culture and yet support thriving countercultures. Stories posted here are unedited; they conform to no script. Read collectively, these high volume archives of birth stories cover the entire spectrum of birth experiences. Not only do they function as a type of searchable catalogue depicting all manner of pregnancy and labor complication, they also represent a wide range of individual preferences and philosophical approaches to birth.

But birth stories are more than first person accounts of an individual mother's experience of labor and delivery. Women's choices during labor are heavily influenced by prevailing societal attitudes about how birth ought to or ought not to happen. Each mother's story is colored by social perceptions about birth she may have internalized, the details of her birth plan if she has made one and the substance of her birth fantasies and fears. Her birth story will additionally incorporate any medical information given to her by birth practitioners including justifications for any interventions offered and whether or not she accepted or refused. Her perspective on this information will depend on the relationship she has with her birth attendants, whether or not she experienced shared decision making during labor and, perhaps most crucially, whether her rights as a laboring woman were fully respected (Bylund; Callister; Pollack; Declerq et al.) Birth stories reflect the extent of their author's acceptance of, resistance to, or ambivalence toward mainstream social norms.

This poses a problem for readers of message board birth stories, in particular their primary audience of expectant and post-partum mothers. These readers are seeking information about childbirth and its aftermath for practical reasons.<sup>3</sup> The quality and accuracy of any medical information and birth wisdom contained in any birth story is only as good as the information possessed by its author, leaving readers to decide for themselves about the soundness of each other's reasoning: Is skipping a planned induction a good idea? Should I embrace or decline fetal monitoring? Do I really need those IV antibiotics? Further complicating matters is the fact that birth practitioners don't always

follow best practices (Declercq et al. *Pregnancy and Birth*; Gaskin), but it is impossible to tell definitively from reading stories which interventions were truly indicated. Was that episiotomy really necessary? Did that baby really need to be put under that heat lamp? Readers can only speculate. Nevertheless, read in sufficient volume, these stories touch on all the things that can go right, and all the things that can go horribly wrong, giving readers a good overview of how birth happens.

On BabyCenter, the world's largest social media site for pregnant women and mothers, new users join large message boards, called birth boards, populated by women due to give birth in a particular month.<sup>4</sup> These boards are places where users can post any pregnancy question or comment they like. At the top of the first page there is always a birth announcement/story thread which may contain anywhere from 800-1000 birth stories of varying lengths. Membership on each board is usually around 20,000-24,000 meaning that about 3-5 percent of mothers post stories on their main birth board<sup>5</sup> where anyone with an Internet connection can view them.<sup>6</sup>

The format of these message boards lend themselves to being read in volume.<sup>7</sup> Stories are easy to scroll and organized chronologically. Women join the birth boards at the beginning of their pregnancies and post birth stories when their pregnancies come to an end. The result is that at the very top of the thread, mothers memorialize pregnancies lost to miscarriage. These are followed by stories of babies who were born too early to survive, often accompanied by heartbreaking photographs. Next come stories of extremely premature babies fighting for their lives in the neonatal intensive care unit. These babies have tiny wrinkled faces obscured by masks and tubes. Stories often conclude with a request for prayers. As readers scroll further they come to the stories of babies born at higher birth weights and gestational ages; cheeks get fuller and thighs get plumper but many still require extra hospitalization.<sup>8</sup> Full term babies start to appear sixty or seventy stories deep into the thread. But, because loss can occur at any gestational age, readers never know as they scroll what type of story they may encounter next.<sup>9</sup> This chronological structure compels readers to confront the possibility of pregnancy loss, extreme prematurity, stillbirth, infant death and a wide variety of medical challenges ranging in severity.<sup>10</sup>

By the time the reader arrives at stories of babies born after about thirty-six weeks there begins to be a marked shift in narrative focus. Chubby cheeks and bright eyes illustrate stories of these more or less routine—though not always wonderful—births. Here the experience of the birthing woman shifts into the foreground. Although many of these stories have commonalities, they vary significantly in content and tone. How women feel about their birth has a lot to do with who was there, how they were treated and whether or not things

went more or less according to plan (Callister; Pollack; Declerq et al.). Some women planned natural labors and it all worked out, for others did not. Some were counting on an epidural but arrived too late in labor to get one. There are stories of breech babies, back labor, stuck shoulders and retained placentas. There are stories of homebirths and hospital births and births planned for one that happened in the other. Stories are told of uncontrollable shaking, unwanted episiotomies, the misery of magnesium, the perils of Pitocin.<sup>11</sup> Some are funny, some sarcastic, some inspiring and some enraging.

These mother-authors chose to publish their stories among hundreds of others in a place where they are sure to be read, felt and understood by hundreds if not thousands of other women. Mothers recount their experiences in the context of each other's stories. In these ways, posting stories becomes part of a collective performance of birth for an audience of heavily invested readers. A large part of the audience for these stories are experiencing pregnancy at the same time and encountering these stories at the very moment they are most personally relevant.

These mother-narrated birth stories are comprised of a complex blend of physical, emotional and social experience unique to their teller. They are documents of women's lived experiences. They are vital communications from one mother to another, informing, instructing, forewarning. They can be cathartic for the teller, a way to air frustrations or process traumatic experience (Callister). They can be celebratory, joyful, dramatic, frightening and illuminating—often all of these things and more (Pollack; Gaskin). And while birth stories cannot predict what birth *will* be like for any given woman, they do reveal what birth *has* been like for real mothers. Irreducible, these first person accounts defy generalization, encapsulating the true reality of birth, freshly remembered.

### A Distorted Reality

As women share their birth stories with a global audience on the internet, the mass media is broadcasting a very different version, an entire genre of reality television programs that are dedicated to sensationalizing women's experience of birth and repackaging them as entertainment. Consistent with Pollack's theory that birth stories must be counter performed, these programs are not simply a retelling, rather they are an un-telling. When women are removed as narrators of their own stories, as in the case of third person-narrated televised accounts, mothers are placed in the object position as the reliability of their physical, psychological and emotional experiences are called into question (Morris and McNerney; Rink). The irony of these programs is that even as they promise to make viewers first person witnesses through eyes of the camera, they obscure

and erase the authentic experiences of the women they feature.

While the drama of labor has long been a film and television staple, what sets reality shows apart is their promise to bring viewers into a real delivery room. It is understandable then that 65 percent of the women in the Childbirth Connection study reported watching reality shows about childbirth during their pregnancies for informational purposes (Declercq et al. *New Mothers Speak Out* 83-84). A few of these programs, past and present, include: *Babies Special Delivery* (CBS), *A Baby Story* (TLC), *Birth Day* (Discovery Health), *One Born Every Minute* (Lifetime) and *I Didn't Know I Was Pregnant* (TLC). Other variations on the childbirth genre have included shows featuring runway models (*Runway Moms* on Discovery Health), pregnant teenagers (*Teen Mom* on MTV) and affluent New Yorkers (*Pregnant in Heels* on Bravo).

Attempting to learn about birth through the filter of reality shows can be extremely misleading and even potentially damaging to women's perceptions about birth. In their 2010 study, *Media Representations of Pregnancy and Childbirth: An Analysis of Reality Television Programs in the United States*, Theresa Morris and Katherine McNerney analyzed one-hundred and twenty-three births on eighty-five episodes of popular reality shows. The authors reported that, "The reality-based birth television shows that we analyzed made pregnancy and childbirth much more dramatic and perilous than they are in reality." Playing up the damaging trope of the hysterical woman in labor, "Women without pain medication were often represented not only as suffering through labor, but also as being 'out of control'." Additionally, laboring women were routinely "treated like children," given misinformation about their care and denied informed consent. Or, at least that is how it seemed on camera. Worse, some physicians talked about them behind their back to the cameras, second-guessing their decisions and even mocking them. For instance, in the case of one mother who had chosen a drug free delivery, her doctor seemed supportive in the room, but went outside and told the cameras smugly he knew she would eventually "give in." She didn't. Another mother who had a cesarean scheduled due to a breech presentation was *still* delivered surgically when her baby turned head down, although there was no medical need for it. The doctors reasoned that she had already "accepted the idea" of surgical birth so she might as well go through with it. Morris and McNerney conclude:

We suggest that these reality television programs help to understand how American women come to think about and understand pregnancy and childbirth. "Reality" shows depict women as powerless, physicians in control, and technology as the saving grace for women's imperfect bodies. (140)

In this genre, mothers' voices are drowned out first by a medical establishment that appears to find their requests to control the conditions under which they labor bothersome, and second by producers who insert their own commentary, often scrutinizing and judging each mother as they co-opt her personal story. Mothers are not the protagonists in this genre, and they are "sometimes blamed for problems they may have experienced in pregnancy and birth, suggesting a punitive surveillance approach to care" (Morris and McInerney 136).

This has disturbing implications. These shows make it easy for viewers to dismiss laboring women as incompetent to make decisions for themselves and their babies. Mothers who aren't acquiescent risk scorn, ridicule and punishment. The *Listening to Mothers III* survey reported 23 percent of women have refrained from asking questions of their healthcare provider for "fear of being labeled difficult" (Declercq et al. *Pregnancy and Birth* 8). This concern that hospital staff might view assertive mothers as difficult is reinforced by the way that childbirth is dramatized on these shows. Reality shows almost universally promote a highly interventionist model of birth that decreases young women's feelings of agency in regard to the birth process. In her study of young women who have never given birth, Rink found "Viewing [*One Born Every Minute*] may cultivate negative attitudes about childbirth, including women's agency and anxiety toward birth" (54). Unlike reading a first person account where every step of the way the reader is in the mother's shoes, watching reality shows distances women from the experience of the mother whose labor they glimpse.

### Imposing Guilt and Shame Onto Mother's Narratives

One blatant example of this can be found on Discovery Health's *IDidn't Know I Was Pregnant* (2008-2011). Episodes feature interview footage of actual mothers spliced into dramatizations featuring actresses who are similar looking, but just slightly more attractive than their real life counterparts which produces an uncanny double vision effect. Just as jarring is the disembodied third-person voiceover that drives the whole narrative with its heavily judgmental tone, second-guessing mothers' accounts and choices and ensuring that the producers of the show always have the final word. An episode from the show's second season called, "Home Alone" features Tiffany, a woman suffering from severe polycystic ovarian syndrome who had long thought it would be impossible for her to conceive. So accustomed to the pain of rupturing cysts, she is not surprised when she started to suffer terrible abdominal cramps, without ever having realized she was pregnant, she gives birth unassisted in her bathroom. Or, as the show's voice over booms, "After days of unimaginable pain, Tiffany makes the horrifying discovery that the source of her agony is not from a rupturing ovarian cyst."

The birth is difficult and she fears for her life and the life of her unexpected son, but once she hears her baby's first cry Tiffany gets practical. She clamps and cuts the umbilical cord, wraps up her newborn and crawls into bed where she spends the next few days recovering from her ordeal. "I nursed him, and I just laid down with him, and we slept for what had to be hours." Here, the voice-over interrupts, "Despite the life-threatening events, Tiffany makes an unusual decision. 'And I didn't call 911. The doctor said I was probably in shock.... The next day, I cleaned some of the mess, some of the blood. I knew eventually I would have to go to the hospital. I just wasn't ready yet. And I felt guilty because, I think I just wanted to be with him until my husband came home [from a business trip].'"

When her husband Mark does arrive, he accuses her of stealing the baby. Only after he sees the mess in the bathroom does he accept Tiffany's story. He brings them both to the hospital where she is admonished until she is terrified. It is discovered that she has preeclampsia, and her blood pressure is extremely high, something she had no way of knowing, having received no prenatal care. While doctors might understandably be upset if a patient knew about a pregnancy and neglected to get prenatal care, the reason Tiffany had no prenatal care was because, as the title of the show reminds us, she didn't know she was pregnant. Nevertheless, upon being diagnosed with preeclampsia she is not treated empathically and she is subject to accusations of bad mothering. This is consistent with Morris and McNerney's observation about punitive surveillance.

The doctors take Tiffany's baby away for an examination she is not allowed to attend. "Probably took two hours until they came back and said, 'okay, the baby's fine' you'll, uh, be able to take him home today, in fact." She returns to her positive memories adding, "It felt wonderful just when I was holding him and nursing him and thinking that I had no idea that I would be a mom." But Mark, echoes the hospital's attitude when he says damningly in his wife's presence, "My son [could have been] dead." He says this in a way that seems to implicate Tiffany, perhaps implying that she might not hold their son's life as dear as he does. This interpretation contradicts Tiffany's own account of praying on the bathroom floor in the final throes of labor that God spare her child, if necessary in place of herself. "I was praying, 'Please, just let him live. Even if I don't, just please let this baby.'" But for the cameras, Tiffany conforms to the script, "I still feel guilty."

In the process of bringing her birth story to television, Tiffany birth's narrative is revised several times. Still, traces remain of her original story of how she experienced the birth emotionally and physically. Through recounting her story Tiffany is forced to change her narrative to reflect the opinions of others. Her first account of the birth included many emotions; fear, pain and surprise



followed by a genuine delight in mothering. A subsequent gloss in which guilt is the prominent emotion is super-imposed upon her original recollection. The narrative arc of the program pushes her to judge not only her own actions, but also ultimately to dismiss her authentic emotional experience.

### Disregarding the Rights of Laboring Women

The very act of editing birth narratives for television requires replacing women as narrators of their own stories, whether they are played for shock value as in *I Didn't Know I Was Pregnant*, or simply played up for medical drama as on shows like *One Born Every Minute* (Lifetime). Four minutes into the premiere episode of the U.S. version of this show, a nurse named Deb tells the camera that she sees a 90 percent epidural rate in her job and explains she thinks this is a great thing. Why would women want to feel what she describes as “the worst pain of your life”?<sup>12</sup> A few minutes later a second nurse is outrageously condescending to a second-time mother who has just checked in. The patient is a twenty-six year old African American woman accompanied by her own mother. When the nurse asks her how a cervical check went the patient says she was told she is at, “Two [centimeters] and a fingertip.” The nurse says rudely that this “doesn't make any sense.” When the nurse hears that her new patient has refused a C-section the doctor recommended based only on the reason that her first baby was “big.” The nurse asks again in a very sarcastic way, “And is [your doctor] confident you can do this vaginally?” Making it sound as if the nurse isn't confident at all, even though she has only just met this mother. She follows up with, “And are you going to do an epidural when appropriate?” It is more of a command than a question. The young woman says, “No. It just slowed me down the last time.” The nurse insists in a patronizing and smug voice, “But if you time that epidural correctly it's not gonna slow you down.” The stage is set for a big standoff between sneering nurses and a vulnerable young mother of color. How much more difficult will it be for this mother to ask for what she needs during labor when she has already been treated so badly during the check-in process? This is additionally troubling because African American women are the most likely group to report watching childbirth related television (Declercq et al. *New Mothers Speak Out* 58). Rink's analysis of the show further revealed that 50 percent of the African American women featured on the first season of the program were given a C-section (Rink 43). The nurse's audience is clearly the camera and the laboring mother is almost a prop, not a patient. The show is filmed from the medical staff's point of view and the audience is encouraged to feel superior to the patients. No wonder viewers, especially perhaps young mothers, single mothers and mothers of

color, might feel more frightened of giving birth after watching this program.

What programs like the ones described above have in common is that they are putting a laboring women on trial for the viewing audience. These shows invite viewers to applaud those who submit to interventions and regulations as good mothers, ridicule women who resist these as uncooperative and hysterical and laugh at women who try to take an active role during labor. In this way, these damaging counter performances serve to undermine women's authentic experiences of birth.

### **Learning from Birth Stories: Potential and Limitations**

Writing about the potential clinical applications of birth story research, Lynn Clark Callister stresses that only through listening to mothers and learning from their stories can we gain the knowledge necessary to repair what is broken in our flawed maternity care system. In their statement on "The Rights of Childbearing Women," the Childbirth Connection summarizes its discouraging but unsurprising finding that: "Childbearing women frequently are not aware of their legal right to make health care choices on behalf of themselves and their babies, and do not exercise this right."<sup>13</sup> If women are ever going to be empowered to exercise control over the circumstances of their labor, they need to be aware that there is often a gap between best practices and common practices. As Bylund found in her 2005 analysis of several hundred mother-authored birth stories posted on the (now defunct) BirthStories.com, participation in decision making during the birth process is correlated with women describing their birth experience more positively.<sup>14</sup> Alarming, women only reported being part of the decision making process in about 57 percent of the stories in her initial sample. The disregard for the rights of laboring women negatively affects birth outcomes. But women themselves are providing the raw material for change in the form of their stories. In her guidelines for providers on promoting positive birth experiences Callister emphasizes the value of collecting birth stories as a routine part of postpartum care, "As childbearing women have the opportunity to share their birth stories, such interviews can be used not only for collecting narrative data for analysis (Frank) but also as a nursing assessment and intervention in themselves" (Callister 516). Conversely, perhaps new findings about the negative impact of reality shows on women's confidence in their body's capabilities could become known to the public in a way that may mitigate this effect.

As historian Judith Leavitt remarks "childbirth cannot successfully be reduced to one kind of an experience and at the same time satisfy the wide range of expectations women bring to it. The diversity that women seek will continue to reflect the difference of the women themselves" (Leavitt 218). That is to

say that the attempted homogenization of childbirth has failed, women need to be allowed to birth in the way that makes the most sense for them both physiologically and spiritually. Mother-authored birth stories are valuable because they can help us approach a more complete understanding of how childbirth happens in our culture. These stories contain the raw information that can inform new research into how women's knowledge and perceptions influence birth outcomes. The very fact that they are being told indicates that women are ready not only to reeducate themselves about birth but also to reclaim authority over their own birthing bodies.

<sup>1</sup>This is an urgent problem in the U.S. especially where the rights and even freedom of pregnant women are often jeopardized. One disturbing example was the 2010 case of Samantha Burton who at 25 weeks pregnant was told by a doctor to go on bed rest. When she decided to get a second opinion. The doctor went to a judge and got a court order forcing her to go on bed rest under hospital supervision and further to submit to any medical treatment her doctor decided was in the best interest of the fetus. She was not allowed to transfer to a different hospital when she requested it because it was decided it would be bad for the fetus. Her pregnancy ended in miscarriage. The ACLU took her case and her rights were upheld.

<sup>2</sup>Although birth stories can be found online in many places such blogs, Facebook and even Twitter, in this paper I am going to focus specifically on the rapidly growing archives of birth stories posted on pregnancy message boards.

<sup>3</sup>The secondary audience for online birth stories is comprised of researchers, activists, theorists, policy makers and even birth practitioners themselves.

<sup>4</sup>I focus my discussion on BabyCenter because this is the most popular website for pregnant women worldwide with 40 million users. BabyCenter claims that 7/10 U.S. babies and 6/10 Canadian babies born last year were "BabyCenter babies." BabyCenter, owned by Johnson & Johnson, hosts the most active and largest pregnancy and birth message boards on the web.

<sup>5</sup>There are many boards for specific types of birth such as Natural Unmedicated Childbirth, V-bac, multiples, teen mothers, military mothers, etc. Many mothers may stop participating in their birth boards to join these smaller communities as they become more familiar with the site. It is difficult to estimate the percentage of women who post birth stories site-wide due to this fact. This is a potential area for future research.

<sup>6</sup>Researching this subject I primarily read stories on the U.S. version of BabyCenter. But there are also versions of BabyCenter in Canada, the UK, Australia, and dozens of other countries. This could be very important resource for researchers doing a cross-national comparison of birth practices.

<sup>7</sup>In researching this subject over the past several years (including in preparation for giving birth to both of my children) I have read hundreds of online birth stories. Here I base my description of the birth announcements/stories thread on March 2015 board, which I chose as a recent and representative example.

<sup>8</sup>Eighteen percent of babies in Childbirth Connection study spent time in the NICU. LTM III: Pregnancy and Birth / Major Survey Findings, page xiii.

<sup>9</sup>It is possible that, if these kinds of outcomes are over represented compared to the general population, it is because grieving mothers and mothers of hospitalized babies come to the boards for emotional support. Sadly, pregnancy message boards are one of the few forums in our culture where it is explicitly encouraged for mothers to be vocal about pregnancy and child loss.

<sup>10</sup>For instance the March 2015 birth board has 22,523 members (over 80,000 posts when accessed on April 15, 2015). 824 women posted their birth stories. The first ten stories were stories of so called angel babies, many with photos, the baby in the eleventh story survived at under two lbs. at 26 weeks, this is followed by 26 stories of babies in the neonatal intensive care unit, and then another story of an angel baby. The first baby that was not hospitalized is baby 37, but this is an anomaly as there close to 30 more NICU babies in a row so it is not until well into the 1960s that we get a run of stories in which babies are routinely released from the hospital with their mothers. Many of these stories are tagged with virtual hugs, many numbering in the hundreds.

<sup>11</sup>Birth stories reflect common practices. The Childbirth Connection study found that 41 percent of respondents had an attempted induction, 67 percent had epidurals and 83 percent had some kind of pain medication and 31 percent had c-sections (Declercq et al. Appendix D page 87).

<sup>12</sup>In contrast, the Childbirth Connection study reports only a 67 percent rate.

<sup>13</sup>From “The Rights of Childbearing Women” accessed April 10, 2015.

<sup>14</sup>Bylund cautions this correlation might be also be due to the fact that positive women might be more engaged with decision making, or perhaps to the fact that better communication leads to a more positive experience. More research is needed to determine if decision making causes women to have a better birth experience.

## Works Cited

Bylund, Carma L. “Mothers’ Involvement in Decision Making During the Birthing Process: A Quantitative Analysis of Women’s Online Birth Stories.” *Health Communication* 18.1 (2005): 23–39. Web. 29 Sept. 2014.

Callister, Lynn Clark. “Making Meaning: Women’s Birth Narratives.” *Journal of Obstetric, Gynecologic, & Neonatal Nursing* 33.4 (2004): 508–518. Web. 29 Sept. 2014.

- Childbirth Connection. "The Rights of Childbearing Women: Fundamental Problems with Maternity Care in the United States." 2006. Web. Date Accessed: 28 April 2015.
- Cooper, John C., Judge. *Samantha Burton v. State of Florida*. 2010. Web. 16 Apr. 2015.
- Declercq, Eugene R., Carol Sakala, Corry Maureen, et al. *Listening to Mothers III: New Mothers Speak Out*. The Childbirth Connection, 2013. Print. Report of National Surveys of Women's Childbearing Experiences Conducted October-December 2012 and January-April 2013.
- Declercq, Eugene R., Carol Sakala, Corry Maureen, et al. *Listening to Mothers III: Pregnancy and Birth*. The Childbirth Connection, 2013. Report of National Surveys of Women's Childbearing Experiences Conducted October-December 2012 and January-April 2013.
- Daniels, Jeffery R. "Home Alone." *I Didn't Know I Was Pregnant*. Discovery Health, 28 Oct. 2009. Television.
- Feasey, Rebecca. *From Happy Homemaker to Desperate Housewives: Motherhood and Popular Television*. London: Anthem Press, 2012.
- Gaskin, Ina May. *Birth Matters: A Midwife's Manifesta*. New York: Seven Stories Press, 2011.
- Lagan, B. M., M. Sinclair and W. George Kernohan. "Internet Use in Pregnancy Informs Women's Decision Making: A Web-Based Survey." *Birth* 37 (2010): 106-115.
- Leavitt, Judith Walzer. *Brought to Bed: Childbearing in America, 1750-1950: Childbearing in America, 1750-1950*. Oxford: Oxford University Press, 1986.
- Lothian, Judith A., and Ann Grauer. "'Reality' Birth: Marketing Fear to Childbearing Women." *The Journal of Perinatal Education* 12.2 (2003): vi-viii. Web. 29 Sept. 2014.
- Morris, Theresa, and Katherine McNerney. "Media Representations of Pregnancy and Childbirth: An Analysis of Reality Television Programs in the United States." *Birth* 37.2 (2010): 134-140. Web. 29 Sept. 2014.
- "One Born Every Minute." Lifetime Television. Season 1, Episode 1. 2011.
- Pollock, Della. *Telling Bodies Performing Birth: Everyday Narratives of Childbirth*. New York: Columbia University Press, 2013.
- Rich, Adrienne. *Of Woman Born*. 1986. New York: W.W. Norton, 1989.
- Rink, Lauren Elizabeth. "Even More Scared': The Effects of Childbirth Reality Shows on Young Women's Perceptions of Birth." Unpublished thesis, University of Michigan, 2012. Web. Accessed 28 April 2015.
- Stephens, Rebecca L. "Gender, Race and Class in TLC's A Wedding Story and A Baby Story." *Understanding Reality Television* (2004): 191-209.
- Stoll, Kathrin, and Wendy Hall. "Vicarious Birth Experiences and Childbirth Fear: Does It Matter How Young Canadian Women Learn About Birth?"

HALLIE PALLADINO

*The Journal of Perinatal Education* 22.4 (2013): 226–233. Web. 29 Sept. 2014.  
Wertz, Richard W. and Dorothy C. Wertz. *Lying-in: A History of Childbirth  
in America*. New Haven: Yale University Press, 1989.