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Reclaiming Agency in the Caesarean Birth Story: Reading Birth Pleasure in the Colombian Childbirth Anthology *Partos*

This article focusses on birth narratives from the 2024 Colombian anthology Partos *(Childbirth), in which the body in pleasure functions as a protagonist in the medical space and as an instrument of resistance. Renata Serna Hosie's "Nadie sabe lo que puede un cuerpo" ("Nobody Knows What a Body Can Do"), María Paula Molina's "Aprendí a ser hija cuando fui madre" ("I Learned to Be a Daughter When I Became a Mother"), and Ana Lucía Daza Ferrer's "Abril nació en mayo" ("April Was Born in May") chronicles humanized caesarean births, demonstrating that agential childbirth and birth pleasure are possible in a hospitalized or medically-assisted birth. In these birth stories, the medical space becomes a secondary character, allowing the birthing subject to assume the protagonist role while challenging the typical medicalized version of a caesarean birth. In demystifying these births for their readers, all three authors portray them through the birthing body, prioritizing it, as well as its experiences and feelings, over the medical procedure, which reminds us that birth pleasure can and should be part of the caesarean birth story.*

Is birth pleasure possible? Can childbirth be pleasurable? These questions, which have traditionally been met with disapproval and even contempt, have become increasingly common on Reddit or on other pregnancy and childbirth forums over the last decade.[1] Yet studies of birth pleasure predate the social media boom, as birthing subjects have long problematized traditional representations of childbirth that emphasize labour pain and delivery while denying birthing pleasure. Birth pleasure, as defined by Elisabeth Berger Bolaza, refers to "the presence of enjoyable somatic, mental, and/or emotional states and/or sensations, including sensual, sexual, and nonsexual sensations, orgasm or orgasmlike sensations, joy, ecstasy, and/or euphoria, regardless of the presence of pain or other states, emotions, sensations typically considered

unpleasant, in the process of a person giving birth, including all stages of labour, parturition, and the immediate postpartum period" (132). Batya Weinbaum argues that pleasure is often prevented and even refused in medicalized childbirth because birth is understood "as a mechanical production process with a timed script that birthing mothers must follow" because women "are often treated as wombs at the end of reproductive technologies in the battle over women's rights and freedoms" (215, 217). In recounting her own birth story in *Islands of Women and Amazons*, Weinbaum explains that she hired a traditional Maya midwife in Isla Mujeres to assist during her childbirth because she "wanted to participate in the creation of my own birthing" (223) by avoiding the instilling of fear of traditional Western medicine. Emphasizing physical or emotional pleasure during childbirth can "be considered part of the 'primitive' birth technology, when pitted against the ultimate opposite, those products of a larger technology—anesthesia, forceps, and statistics" (231). For Weinbaum, birth pleasure includes "folklore, storytelling, [and] the oral development of meta-nature narratives … and the singing of folk songs" (231). By creating her own birthing story and instilling it with pleasure and not fear, Weinbaum not only recuperates performing pleasure during childbirth but also reclaims the pleasure of narrating childbirth.

Although accounts of birth pleasure continue surfacing, especially online, underscoring that childbirth can indeed be pleasurable, Berger Bolaza underlines that "[d]espite a few higher profile publications that have drawn considerable media and academic attention and criticism, pleasure experienced in birth remains largely invisible, ignored, or actively ridiculed" (124). While the idea that giving birth can be pleasurable or should be pleasurable has a long history, it has been censored and silenced—as is often the case with women's bodies and, in particular, women's sexual pleasure—giving way to the more prominent representation of childbirth as painful, even torturous. Indeed, the prevailing representation of the birthing subject is a suffering one; they are in excruciating pain due to overwhelming contractions and passively submit to what the medical professionals decide. According to Phoebe Crossing, "Orgasmic birth, alternatively referred to as 'ecstatic' birth, and the idea of sexual pleasure in childbirth are notions that have circulated in anecdotal literature for decades, and yet these perspectives have not translated into midwifery or anthropological spheres of research" (464). Like the literature on maternal health, where "pleasure is all but absent" (Berger Bolaza 125), literary accounts of pleasure during childbirth have been traditionally silenced until the advent of social media and the literary boom of the birth story.

By birth story, I am referring to a first-person account by the birthing subject of the labour and childbirth experience. Testimonial in nature, birth narratives rely on the experience, the sensations of the birth-giving body, and are a

corporeal type of writing, *"partoescritura,"* or birth writing. I am using the term *partoescritura,"* birth writing, to define the type of writing that is born from childbirth and that emerges from a self that reflects upon the experiences and feelings of the birthing body. Often, birth stories do a sort of restorative and resistance work, especially if the birthing subject lacked agency during the childbirth process, which has often been the case in the medicalized space of the labour and delivery room. Kim Hensley Owens proposes that many women "who write birth stories and post them online do so in part to retroactively reassert rhetorical agency over their own births, as well as to offer other women ways of understanding, writing their ways into, and asserting feminist rhetorical agency over their own birth experiences" (2). Birth stories, therefore, are not usually written at the time of childbirth because a person does not simultaneously give birth and write about it; they return, through memory, to that moment, to that state of the body. There is a clear corporeality to this writing because it invokes and invites the body to the page, to take centre stage. The birthing body is featured; it protagonizes the birth story, so it is tactile, auditory, olfactory, as well as visual. All the senses are invoked and are involved in the (re)telling of the childbirth narrative. It is this corporeal retelling that restores agency to the birthing subject that perhaps lacked agency at the time of childbirth.

Whether detailing the pleasure experienced during childbirth or reading pleasure back into the experience of giving birth, women writers emphasize birth pleasure in their *partoescritura*, even invoking the presence or the representation of the erotic body in their birth narratives. According to Crossing, "The concept of pleasure in the birthing room contradicts the generalised perception of birth as a painful event" (465). She continues: "Although pain is a normal physiological element of childbirth, attitudes of western culture generally regard labour pain as pathological" (465). Pain during childbirth is pathologized based on Western culture's perception of labour and birth not only as painful but also as a pain that needs to be treated pharmacologically. For this reason, pain often takes precedence in women's birth stories, as Crossing emphasizes (465). Seeking pleasure in childbirth, however, goes hand in hand with women's increased demand that their agency during childbirth is also respected, especially in the medicalized space, without having to take on the role of the good patient. Yet what about medicalized births or, more specifically, caesarean births? Can caesarean births be pleasurable?

This article focusses on caesarean birth stories from the 2024 Colombian anthology *Partos (Childbirth)*, where the body in pleasure functions as a protagonist in the medical space. *Partos* includes the stories of twenty-one women who narrate the particularities of their birth-giving experiences, including home births, hospital births, as well as births that take place with

the help of midwives, doulas, medical professionals, or a combination of these. *Partos* provides a testimonial space where birthing subjects write from the birthing body, detailing their varied childbirth experiences. The editors and compilers of the anthology, Cristina Consuegra and Alejandra Hernández, explain that *Partos* started as a chat in which Consuegra asked her friends, who were also mothers, "indistintamente de su oficio" (regardless of their profession), to write their birthing experiences as part of a collective learning experience emphasizing the solidarity between them (16). *Partos* was born from a need for storytelling that opposes "la medicalización del parto, la violencia obstétrica y la normalización de la narrativa dominante de la salud sexual femenina que hace creer que no somos soberanas de nuestros cuerpos y tampoco dueñas de nuestros partos" (the medicalization of childbirth, obstetric violence, and the normalization of the dominant narrative of female sexual health—which leads us to believe that we are neither sovereign over our bodies nor in control of childbirth) (16).

Although Consuegra and Hernández specify that the twenty-one contributors share a similar material and cultural context—they were all interested in natural childbirth and were informed about their birthing options—each birth story underlines "la singularidad de cada parto" (the distinct nature of each childbirth experience) and what it means to write the body (18). Although most of the birth stories occur in Colombia, Consuegra and Hernández confirm that they wanted these birth stories to function as "testimonios que hablaran del contexto colombiano y latinoamericano, sin pretender con esto lograr ninguna representatividad" (testimonies grounded in the Colombian and Latin American context, without intending to achieve representativeness) (17). What these childbirth testimonies do intend to achieve is to break the silence around childbirth and emphasize a birthing subject's right to a humanized childbirth, whether it is a home birth or a hospital birth, a natural or a medically-assisted birth. As the writer Andrea Cote explains in the anthology's prologue, these texts underscore the knowledge of the pregnant and birthing body that has been displaced and denied in society (23).

Renata Serna Hosie's "Nadie sabe lo que puede un cuerpo" ("Nobody Knows What a Body Can Do"), María Paula Molina's "Aprendí a ser hija cuando fui madre" ("I Learned to Be a Daughter When I Became a Mother"), and Ana Lucía Daza Ferrer's "Abril nació en mayo" ("April Was Born in May") are the only three birth stories in *Partos* that detail a humanized caesarean birth. I propose that these three birth narratives allow the reader to become new witnesses to the lived birthing experience of each mother and how agential childbirth and birth pleasure are possible in a medically-assisted birth. Phoebe Barton argues the following: "The idealised births promoted by natural birth advocates can be insufficient when confronted with the realities of negotiating

care and interventions in hospital settings, and create feelings of failure if medical intervention is chosen or required. This speaks to the needs [sic] for systemic changes in how health care and birth are approached to support self-determination" (37). These stories demonstrate that humanized caesareans can be read as birth pleasure. Barton affirms that we should be able "to celebrate and advocate for freedom, bodily autonomy and respectful care in birth without reinforcing discourses of 'natural' births as 'good' to the exclusion of other birthing experiences" (37). The natural birthing option and the pressures associated with it have become the new cultural script that birthing women are supposed to abide by if they are to be considered good mothers. Yet these births are not possible or are not chosen by some mothers.

Della Pollock shows that hegemonic birth narratives not only lock "new parents into a narrative script" but also strengthen certain taboos "about so-called failed births" (5). Speaking about so-called failed births, Lucy Jones argues that "[w]omen are made to feel that they have failed if they haven't achieved an intervention-free, analgesic-free birth" (61-62). For Jones, the "uncritical embrace of 'natural childbirth'" oppresses and silences birthing women through the mechanism of shame (67). Instead, the three birth stories analyzed here underline that a positive caesarean experience can be a form of birth pleasure, thus complicating the idea that the natural birthing option is the only good birthing option.

In the prologue to *Partos,* Cote affirms that birth is often a repressed corporeal experience, rarely given visibility. When it is made visible, it is presented as terrifying and mysterious (23). As scholars such as Berger Bolaza, Crossing, and Owens, among others, have underscored, prevailing representations of childbirth emphasize suffering and pain while underlining women's passivity during the experience. Serna Hosie's, Molina's, and Daza Ferrer's birth stories present caesarean birth not as an act of suffering and pain, but as an agential act of pleasure. Cote explains that the birth narratives that comprise the anthology showcase the following: "Parir es también un acto de amor. Hay momentos de la descripción de estos trances que están poblados de profundo erotismo, en el cuidado del cuerpo, con la pareja, en el gozo que trae el contacto con la piel del hijo" (Giving birth is also an act of love. There are moments in the description of these experiences that are imbued with profound eroticism—in the care of the body, in intimacy with the partner, in the joy that comes from the contact with your child's skin) (27). Arguably, a new consciousness of the birthing body emerges in these birth narratives, precisely because pleasure is given prominence. As Cote puts it: "¿Qué quiere decir, entonces, parir? Quizás sea regresar a una conciencia del cuerpo y con ella recuperar territorios y saberes perdidos y comprometerse a respetarlos" (What does it mean, then, to give birth? Perhaps it means returning to a body consciousness, and with it, recovering lost territories and knowledge, and

committing to honor them) (29). Although Cote is not referring specifically to pleasure, the body consciousness she describes includes the body in pleasure during childbirth—the silenced knowledge that pleasure can be a part of the childbirth experience, including in humanized caesarean births. In these birth stories, the medical space becomes a secondary character, allowing the birthing subject to assume the protagonist role while challenging the typical medicalized version of a caesarean birth.

Renata Serna Hosie's "Nadie sabe lo que puede un cuerpo"

Renata Serna Hosie's "Nadie sabe lo que puede un cuerpo" depicts pregnancy as a time of self-reflection and self-discovery, as "el viaje único, grandioso y fugaz de la dulce espera. El cultivo de la autoobservación. La necesaria e inevitable pregunta por aquello que llevo dentro, con luces y sombras" (the unique, profound, and fleeting journey of pregnancy. The cultivation of self-observation. The necessary and inevitable questioning of what I carry within me, with its lights and shadows) (73). Beginning with the pregnant body, this birth story recognizes that pregnancy entails becoming another version of ourselves as does childbirth: "Nos reconocemos en otras versiones posibles de nosotras mismas, salvajes o intuitivas, ilusionadas o perdidas" (We recognize ourselves in other possible versions of who we are—wild or intuitive, hopeful or lost) (74). Recounting parts of her pregnancy experience, Serna Hosie emphasizes the new relationship with the body that occurs during pregnancy, one that is both agential and pleasurable. In fact, this birth story underscores not the uncontrollability or rebelliousness of the pregnant body, but instead its aliveness, its presence. As she affirms, "Yo sentía mi cuerpo más vivo que nunca" (I felt my body more alive than ever) (74).

At week thirty-nine of her pregnancy, Serna Hosie's medical exams reveal that the placenta was no longer supporting the baby's growth and that a natural birth would put the baby at risk. She explains how "ese parto que yo había soñado, para el cual me había preparado y por el cual estaba dispuesta a hacer lo que fuera, se nublaba. Me resistí, se resistió mi voluntad y mi razón…. Divagué y lloré mares mientras caminaba por lo que no podía ser" (that birth I had dreamed of, for which I had prepared myself and for which I was willing to do anything, began to fade. I resisted; my will and my reason resisted…. I wandered and cried oceans as I walked through what could not be) (78). The next day she prepares herself for the hospital, bathing herself in "manzanilla, toronjil y cidrón" (chamomile, lemon balm, and lemon verbena) and then practising movement and meditation exercises as part of her holistic birthing plan. Once she arrives with her partner Alejandro at the Clínica del Country in Bógota, she is greeted by her obstetrician, Susana Bueno, who, according to Serna Hosie, is one of the few obstetricians who understand and

fight for respectful and humanized childbirth in Colombia. Although not the childbirth experience she wished for, she creates a spiritual, ritualized space for her caesarean thanks to Bueno's support. Able to transform the clinical space into one of pleasure, she describes the first step of her humanized caesarean journey when she receives the anesthesia as "una deliciosa locura" (a delicious madness), which keeps her ecstatic and excited (79). Because she has previously discussed the elements of a humanized caesarean with Bueno, Serna Hosie knows to expect that—Alejando will be with her, childbirth will be in a calm and silent space, the clamping of the umbilical cord will take place once it stops pulsating, and skin-to-skin will occur after childbirth, as well as breastfeeding if possible (79). Once she begins to feel this pleasure, and because she is informed about humanized caesareans, her fears and doubts dissipate, allowing the birthing body to prevail in this narrative. Pleasure, therefore, functions to assure that the birthing body is an agential body during childbirth.

While the description of her caesarean is rather short, as Serna Hosie calls it a whirlwind followed by a push, the birth narrative pauses to chronicle how her daughter Julia is taken out of her body with love by Bueno and then quickly placed on her chest as she happily cries. Crying not out of pain or disappointment, but out of pleasure, Serna Hosie learns "que para que la cesárea humanizada se lleve a cabo, además del papel del o la ginecobstreta, se necesita que todos los miembros del equipo (anestesiólogo, pediatra, enfermera) estén también sintonizados con este modelo" (for a humanized caesarean section to take place, in addition to the role of the obstetrician, it is essential that all members of the team—anesthesiologist, paediatrician, nurse—are also aligned with this model) (80). Serna Hosie ends her birth story by addressing all women: "Si estamos abiertas, si estamos conectadas, todas las respuestas y los caminos son asombro y perplejidad por lo que puede un cuerpo" (If we are open, if we are connected, all the answers and paths are full of wonder and awe at the potential of the body") (80). As she tells the story of her own caesarean, one she did not plan for, Serna Hosie showcases that pleasure in childbirth becomes synonymous with being able to advocate for the birthing body, allowing it to lead, whether in a medical or nonmedical space.

María Paula Molina's "Aprendí a ser hija cuando fui madre"

María Paula Molina's "Aprendí a ser hija cuando fui madre" begins by documenting the changes, both physical and mental, experienced during her pregnancy and how this leads to creative endeavours that represent the maternal experience despite her initial fears that "no quería ser vista como la que solo habla de maternidad" (I didn't want to be seen as the one who only

talks about motherhood) (122). Molina, also known by her artistic name XMARIALUNAX, is a Bogotá-born, México-based graphic designer and illustrator, whose birth story takes place during the COVID-19 pandemic. Like Serna Hosie, Molina chronicles how the maternal experience includes unexpected, life-altering changes: "Si algo sabemos las madres es que los planes son más un destino que un camino recto. Y que se aprende a navegar las olas de lo inesperado" (If there's one thing mothers know, it's that plans are more of a destination than a straight path. And that you learn to navigate the waves of the unexpected) (123). Indeed, Molina's birth story is precisely that—a showcasing of how to navigate the waves of the unexpected, especially when a mother must alter her birth plan.

Molina emphasizes how when her water breaks at one in the morning, she is surprised that "No fue nada de lo que esperaba, lo que había visto en las películas. No fue doloroso. ¡Fue muy placentero! … Y la cantidad y fuerza con la que salía el agua me daba cosquillas" (It was nothing like what I expected, like what I'd seen in the movies. It wasn't painful. It was very pleasurable! … And the amount and force with which the water came out tickled me) (125). This pleasure, however, gives way to more intense contractions, which she depicts as waves breaking her apart. As the waves of contractions and pain intensify, she modifies her birth plan. While she had previously envisioned her husband, her mother, and her midwives with her throughout the process, she now wants something different: "Quería oscuridad y silencio, no quería palabras motivadoras ni un recuento de frases positivas. Necesitaba estar sola y permitirme gritar y quejarme, y eso hice" (I wanted darkness and silence. I didn't want motivational words or a list of positive reaffirmations. I needed to be alone and allow myself to scream and complain, and that's what I did) (126). As one painful contraction ends and another begins, Molina describes how she never felt calm but instead fearful of the next bout of pain. The initial pleasure she felt when her water broke gives way not only to painful contractions but to an increasing fear of the birthing body.

After spending various hours in pain, Molina realizes that "No quería sufrir. Algo dentro de mí me hizo saber que esto no estaba bien. Así no era como quería recordar el nacimiento de Astor. Doloroso y sufrido. Así que les dije a mi madre y a Alejandro que me llevaran a un hospital y que quería una cesárea" (I didn't want to suffer. Something inside me told me this wasn't right. This wasn't how I wanted to remember Astor's birth—painful and full of suffering. So, I told my mom and Alejandro to take me to a hospital and that I wanted a caesarean) (126). Although her husband and her mother try to dissuade her at first, thinking she is having a moment of intense vulnerability and fragility, Molina convinces them that this is what she wants and that she is fully conscious of her decision.

The birth story then moves from Molina's home to the hospital, where she meets with the medical team that will deliver Astor. Molina chronicles how they all introduce themselves and explain everything that will happen. Her midwives, who are present and make sure that she experiences a humanized caesarean, play the songs that she chose for Astor's birth, and ensure Alejandro, her partner, can be by her side. Like Serna Hosie's humanized caesarean narrative, Molina's story details a caesarean experience that is agential and pleasurable as she transforms the clinical space into her birthing space. The doctors make sure to respect the parents' wishes, creating a silent environment for Astor's birth so that the first thing he hears will be his parents. As she sees her son born, "todo y todos en la sala desaparecieron para mí. Todo se hizo borroso. Solo existía él viniendo hacia mí. Yo lloraba y reía con la misma intensidad, sentía que se me iba el aire porque la risa y el llanto no dejaban espacio para nada más. Nunca había sentido tal éxtasis, tal euforia, tal felicidad" (everything and everyone in the room disappeared for me. Everything became blurry. There was only him, coming toward me. I cried and laughed with the same intensity, feeling like I was running out of breath because the laughter and the crying left no room for anything else. I had never felt such ecstasy, such euphoria, such happiness) (127).

Molina's birth narrative functions as a counternarrative in that it showcases how pleasure can also be present during a humanized caesarean. This work underscores that natural births are not the only ones that can be pleasurable because the body-in-pleasure can also be present during a caesarean if the birthing subject's agency is respected.

Molina ends her story by affirming that she is happy and at peace with her birth story because she listened to herself and silenced other voices, including her own. Initially thinking that pleasure would only be possible during a natural water birth at home, Molina's birth story details her decision-making process during her childbirth experience, emphasizing that it was her agency that made her birth pleasure possible with the support of her midwives and the medical personnel. In fact, Molina's final words are directed to her readers: "Esta sensación de estar feliz y con una sonrisa mientras cuentas cómo pariste es algo que todas merecemos, qué distinto sería que cada [vez] que leemos o escuchamos una historia de parto, la mujer esté en paz y contenta con cómo lo vivió" (The experience of feeling joyful and smiling while telling your birth story is something we all deserve. How different it would be if every time we read or hear a birth story the woman felt at peace and happy with how she experienced it) (128). Molina proposes that birth pleasure should be part of every birth story. Every birth story, be it natural or caesarean, deserves to be pleasurable and read in pleasure.

Ana Lucía Daza Ferrer's "Abril nació en mayo"

Countering the traditional birth narrative, Ana Lucía Daza Ferrer's "Abril nació en mayo" first documents the loss of her first child. According to Pollock, the hegemonic birth narrative story "simply lacks room for stillbirth, miscarriage, abortion, all deformity—aberrations in the 'normal' scheme of things apparently too embarrassing or too grotesque to mention" (5). In this first part of her birth story, Daza Ferrer, however, gives visibility to the often-silenced issue of miscarriage, emphasizing the grief and trauma of losing a child: "Es el dolor más grande que he sentido, física y emocionalmente, cuando tuve que parir una bebé sin vida, en compañía de Daniel en el baño de nuestro apartamento. Me cuesta expresar lo duro que es traer al mundo a un ser sin vida, para mí es un recuerdo borroso. Es un parto del que muy poco se habla a pesar de ser tan común" (It's the greatest pain I've ever felt, both physically and emotionally, when I had to give birth to a stillborn baby, accompanied by Daniel in the bathroom of our apartment. I find it hard to express how difficult it is to bring a stillborn baby into the world; it remains a fragmented and blurred memory. Stillbirth is a form of birth that is rarely talked about, despite being so common) (144). This trauma then informs her next pregnancy journey, one that she describes as filled with fear: "Siempre tuve miedo. Anhelaba las citas médicas solo para oír su corazón latir…. El miedo empezó a disminuir cuando se empezó a mover, a comunicarme con sus piernas y manos que estaba ahí, que estaba bien" (I lived in constant fear. I looked forward to medical appointments just to hear the baby's heartbeat…. The fear began to subside once the baby started to move, to communicate through their legs and hands that they were there, that they were okay) (145). For Daza Ferrer, the medical space is one that brought her comfort during her pregnancy as she anxiously awaits giving birth. Now reflecting on this fear, Daza Ferrer suggests that motherhood is a combination of intense love and permanent fear; one simply learns to live with pleasure and pain.

This combination of pain and pleasure is found throughout Daza Ferrer's narrative; she relates the pain of losing her first child with the pleasure of Abril's birth a year later. Different from other birth stories, Daza Ferrer recounts her familiarity with the clinical space due to the loss of her first baby, but also because of her accident, having undergone multiple surgeries in the same clinic where Abril would later be born. In fact, Daza Ferrer chooses her obstetrician, Ana Lucía, because she worked in the clinic where they wanted Abril's birth to take place. As Abril's birth nears, Ana Lucía speaks to Daza Ferrer about scheduling her caesarean due to how large her baby is and the risks associated with giving birth to a baby this size. Daniel asks her how she wants to proceed, and Daza Ferrer clarifies that "accedí a programar la cesárea. Yo lo único que quería era que naciera y que se fuera el miedo de perderla … le

hice caso al sistema, en donde cada vez son más comunes las cesáreas (por lo menos en Colombia)" (I agreed to schedule the caesarean. All I wanted was for her to be born and for the fear of losing her to go away…. I complied with the system, in which caesarean births are increasingly common—at least in Colombia) (148). Although Daza Ferrer does not discuss this in detail, there is a sense of regret in Daza Ferrer's birth story as she wonders if a vaginal birth would have been possible if she had waited an extra week (148).

Chronicling her caesarean journey, Daza Ferrer mentions how strange it was to arrive at the hospital with Daniel "sin romper fuente, sin dolores intensos" (without the rupture of membranes, without severe pain) (148). Like the previously discussed birth stories, Daza Ferrer also experiences a humanized caesarean as an agential birthing subject in the medical space. Even though she cannot see what is happening on the other side of the curtain, the narrative pauses to illustrate her caesarean, taking care to note the different steps that form part of a caesarean birth:

> Primero, una incisión horizontal de cerca de quince centímetros en el abdomen, encima del área púbica. Después, con mucho cuidado el bisturí abriendo el útero y el saco amniótico donde mi bebé estaba tan plácida que no quería salir. De ahí, Ana Lucía tomando la cabeza de Abril con sus manos para sacarla, mientras que su ayudante empujaba mi panza para contribuir. Cuatro manos haciendo el trabajo del útero.
>
> First, a horizontal incision of about fifteen centimetres across the abdomen, just above the pubic area. Then, with great care, the scalpel opened the uterus and the amniotic sac, where my baby was so calm that she didn't want to come out. From there, Ana Lucía took Abril's head in her hands to deliver her, while her assistant pushed on my belly to help. Four hands doing the work of the uterus. (150)

Daza Ferrer demystifies the surgery for her readers, explaining that she could feel what the doctors were doing and therefore imagine it. By portraying what it felt like in her body instead of what was done to her, Daza Ferrer gives agency to her body during her birth story. Put differently, the body is both active and agential as Daza Ferrer prioritizes the birthing body, its experiences and feelings, over the actual surgery. There is pleasure in recounting the memories of the birthing body.

As they deliver her baby, Daza Ferrer describes how "Me sentí como en un trance, como si estuviéramos solas en el universo…. La pusieron a mi lado, en mi hombro izquierdo y nos juntamos por primera vez como familia. Lloramos" (I felt as if I were in a trance, as if we were alone in the universe…. They placed her next to me, on my left shoulder, and we came together for the first time as a family. We cried) (150). Again, pleasure and beauty are emphasized in this caesarean birth narrative, defying the stereotypical medicalized version. Like

the previous birth stories, the medical space becomes a secondary character, allowing the birthing subject to assume the protagonist role. Moreover, as Daza Ferrer underlines, the medical space, a space previously imbued with suffering due to her accident, is resignified and transformed due to Abril's birth story. Daza Ferrer ends her narrative by underscoring the empathy that she now feels towards other mothers, including her own, stressing that motherhood is a combination of pain (fear) and pleasure (joy).

Conclusion

In her birth story "Parto-Escritura" ("Birth Writing"), Colombian writer and poet Fátima Vélez explores the connection between writing and childbirth: "Ya quisiera escribir con la intensidad de un parto, ya quisiera escribir con esa inevitabilidad. Afectar con la escritura como un parto afecta las vidas de las personas involucradas, como cuando una ve un parto, como cuando una vive un parto, con esa fuerza que hace que, por un instante, al menos, nos entreguemos a la inminencia" (249–50) (I wish I could write with the intensity of childbirth, with that same sense of inevitability. To affect through writing in the way childbirth affects the lives of the people involved—like when one witnesses a birth, like when one experiences childbirth—with that force that, if only for an instant, compels us to surrender to what is imminent). In her examination of the analogy between birth and writing—that is, giving birth to writing—Vélez's description of childbirth underlines the intensity and inevitability that are part of the childbirth experience. According to Vélez, the analogy often made between writing and giving birth is incorrect because one can only wish to write with the same intensity as childbirth. Birth writing, as depicted by Vélez, must affect us and make us witnesses to the effects it had on those who formed part of the birthing experience, principally the birthing subject.

To write about childbirth is an agential, testimonial act, as it serves as an archive of birth histories for others to learn from and as forms of resistance. These stories work as counternarratives, as they counter the medicalized caesarean story and the natural childbirth discourse, which leaves no room for birth pleasure in caesarean births. In all three stories, these first-time mothers advocate for themselves, and with the publication of their birth narratives, they also advocate for women's agency during caesarean births. As Owens reminds us, "Women write [birth stories] for themselves, achieving catharsis, but they also write for others in an effort to inform, guide, and connect with other women" (143). In demystifying caesarean births for their readers, all three authors portray them through the birthing body, prioritizing its experiences and feelings over the medical procedure and reminding us that birth pleasure can and should be part of every birth story.

Endnotes

1. In the popular Reddit group Baby Bumps, which was created in 2010, one can find questions like "How many of you have had an orgasmic birthing experience?" or "Has anyone had an 'orgasmic' vaginal birth?" as well as popular searches for "pleasure-based birthing."
2. Berger Bolaza suggests that although we are starting to see birth pleasure addressed in more mainstream publications "directed towards lay pregnant women" (124), it necessitates further investigation, since "no representative population-level studies have examined the incidence or prevalence of pleasurable birth" (125).
3. All the works in *Partos* were originally written in Spanish by the birthing individuals. All translations, unless otherwise noted, are my own.
4. Laura Tolton and Marcos Claudio Signorelli observe that there is no national law in Colombia that explicitly defines or criminalizes obstetric violence. They clarify that obstetric violence, understood as a form of gender-based violence, "can be explained as struggles between levels in a hierarchy of knowledge…. A consequence of such a hierarchy is that knowledge seen as authoritative is legitimated in discourse and actions, and other kinds of knowledge are devalued or even dismissed" (174). In fact, the authors emphasize that the struggles "between these levels of knowledge often play out when there are contradictions between the mother's understanding and that of the medical team" (174).
5. Moreover, to underline this uniqueness, each of the twenty-one childbirth stories in *Partos* is accompanied by an illustration drawn by Alejandra Hernández.
6. According to Consuegra and Hernández, they reached out to the twenty-one contributors and invited them to write their birth story as part of the anthology. While most of the birth stories occur in Colombia, María Paula Molina's story takes place in Mexico, since Molina is currently residing there.
7. Jennifer Zambrano's "El oleaje" (The Swell) also recounts a caesarean birth, but it is a birth story about obstetric violence and not a humanized caesarean birth story.
8. Tess Cosslett argues that the natural childbirth discourse opposes the medicalized discourse, yet they are "the two dominant or 'official' discourses about childbirth in our culture, since both of them have the power to shape the way childbirth is conducted and organised" (4).
9. Serna Hosie's title may be referencing a statement attributed to the philosopher Baruch Spinoza regarding the limits as well as the unknown capacity of the human body, of what a body can do. Trained in psychology, literature, and dance, Serna Hosie focusses on discovering the potential of

the body throughout movement, employing corporeal movement as a form of healing from trauma. She is also the executive director of the Colombian foundation, Prolongar. In her birth story, she describes allowing her body to move as if it were being led by her placenta.

10. A Bogotá-based doctor, Susana Bueno is mentioned in a few of the anthologies' birth stories as the medical obstetrician treating the pregnant and birthing subject. According to her site, Bueno offers a holistic and compassionate approach centred on the importance of respectful maternity care that combines conventional medicine with alternative therapies. It is because of Bueno's support that Serna Hosie can create a kind of holistic environment in the medical space.
11. As she explains on her site, "Her work explores all the lights and shadows of the female experience, memoria and social justice, the experience of motherhood, and the sweetness and joy of the daily routines." Molina's work is heavily influenced by her maternal experience and forms a crucial part of her art.
12. The birth story does not name the hospital, but we learn that it is the one that her midwives recommended.
13. Díaz Ferrer is an ecologist, who works in sustainability planning as well as environmental and social management.

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