THE CHOICE OF “NATURAL”: CHILDBIRTH AS A PROJECT

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Introduction

What leads some women to go against the norm of medicalized childbirth in search of a “more natural” process of birth? What are these women hoping to gain from a natural birth? In today’s technologically-advanced culture, some might see resistance to technologies of childbirth as the return to a backwards and more dangerous process of birth. Are there advantages to having a homebirth, or enduring the agonizing pain of childbirth without an epidural? In this study I examine the meaning of “natural” childbirth for several (middle-class, college-educated) women from central Illinois. Understanding that all human behavior is culturally embedded, I aim to specify what is currently meant by the concept “natural” childbirth.

Natural birth movements in the US have their roots in the mid-1940’s when birthing techniques, such as Lamaze and Bradley, were introduced to get away from the frequent medical intervention in childbirth. This movement has grown and changed, and continues to be an alternative to the dominant medicalized model of childbirth in the US.

The medicalization of American childbirth became popular in the early 1900’s. By the late 1930’s, childbirth had moved from the home to the hospital and the common use of medical interventions became part of the typical American birth. Medicalization is the medical treatment of intrinsic, cultural events. In the example of childbirth, a biological process which has been assigned social meaning, medicalization refers to the increasing use of medical interventions such as fetal monitoring, birth surgeries (cesarean sections and episiotomy), and the use of epidurals etc. Many anthropologists, feminists, and women’s health advocates have criticized the indiscriminate use of these procedures for their negative impact on the women’s health and a mother's experience in childbirth. Well-known anthropological studies of childbirth in the U.S. by Robbie Davis Floyd (1994) and Emily Martin (1987) show that many women feel alienated from their experience of childbirth when these medical processes are used. These authors argue that increasing medicalization has led to the situation where women have a relatively passive role in childbirth, which has come to be seen as an achievement of the medical doctor.

This return and popularization of the “natural” childbirth in the 1940’s is in part a response to a highly manufactured and engineered world that we have created (Rich 1976: 174). In contrast to the medical approach to childbirth, the women in this study sought out a more “natural” childbirth. But anthropology teaches us that childbirth everywhere is culturally shaped. So, I consider here: What does “natural” mean to these women (most of whom gave births in a hospital setting?) Does “natural” refer to the location of the birth, the lack of medical equipment, or possibly birth without an authoritative person present such as a doctor or midwife?

Methodology

My data come from ethnographic interviews with six women who have experienced, from their perspective, a “natural” childbirth. These women contacted me
after hearing about my study in a music class for parents and children. I was surprised at
the number of women who wanted to talk about their childbirth experiences. I met with
these women individually, at their homes or in public places. Although some of the
women interviewed were originally from another state or city, they all currently live in
the Bloomington-Normal area and come from an upper-middle class background. All of
my interviewees received an undergraduate college degree and some went on to get their
masters. All of the women I interviewed were currently homemakers, although they all
had professional careers before they were pregnant, ranging from elementary education to
paleontology.

Interviews for this study were audio recorded and revolved around the mother’s
experience during pregnancy, labor, and delivery. My interviewees discussed their
perceptions of the concept of “natural” childbirth as well as reflections on various aspects
of their experience such as preparation for birth, location, use of pain medication and
medical intervention. These women had very different experiences with birth; some had
homebirths, while others gave birth in the hospital, but with minimal medical
interventions.

The women I interviewed represent a very small slice of mothers in central
Illinois, yet they represent a diversity of perceptions on “natural” childbirth. One
common theme was that all of these women saw childbirth as an important event in their
lives and went out of their way to pursue a more “natural” childbirth. However, these
women had varying definitions of “natural” and wanted different things out of the
experience of childbirth. In my interviews, I focused on why these women chose
“natural” childbirth and what they had hoped to gain from the experience.

**Anthropological Views on the Body**

“There is a tendency for the body to be seen as an entity which is in the process of
becoming; a *project* which should be worked at and accomplished as part of an
individual’s self-identity” (Shilling 1993: 5). This concept differs from more traditional
societies in which the body was decorated to go along with culturally determined models
of acceptable beauty. Today, among middle class Americans, the body is understood
and treated in a more “reflexive” way. The appearance, size and shape of the body
represent a personal identity; therefore, a person makes choices that affect the body to
reflect their own sense of self. This can be seen in the desire among Americans for a
healthy, youthful body that requires maintenance such as exercise and good nutrition.
Also, American acceptance of plastic surgery and bodybuilding show the malleability of
the body to fit one’s personal identity. This self modification allows individuals to make
a personal statement about who they are that may challenge the reality of their social
status, such as female bodybuilders defying the stereotype in American culture of a weak
female. The idea of the body as a *project* explains how middle class American see the
body and its biological processes as a reflection of their own personal identity (Shilling
1993: 5-8).
Anthropological Views on Childbirth

All societies assign meanings to childbirth beyond the mere facts of reproduction. The solitary birth practice among the Bariba and Mayan midwifery are examples of the variation of cultural beliefs and practices surrounding childbirth.

In most societies, birthing women are “assisted by birth attendants of varying degrees of specialization” (Sargent 1981: 194). Whether it be a family member, a doula (childbirth coach) or midwife, or (as in American culture) a doctor and nurses, usually a mother has some form of support during childbirth. However, this is not what is “natural” among all cultures. The Bariba in the People’s Republic of Benin practice solitary birth in which their cultural ideals of a stoic and courageous mother are expressed. Among the Bariba, a mother is expected not to tell anyone that they were in labor and to give birth alone. This description of delivery written by a 19 year old Bariba woman “illustrates the ideal attitude and behavior aspired to by women in Bariba society” (Sargent 1981: 199).

They told me not to tell anyone if I was in labor. The moment arrived, I was in labor three days and no one knew. The second night of labor I thought, what can I do to explain how I am acting? Then a scorpion bit me and I used that as an excuse. That night the nuns and my friend went to a film and I was happy because I could suffer alone. When the nun guessed that I was in labor, she called me but the head was already coming out (Sargent 1981: 199).

In the case of any complications in birth in Bariba society, women will seek help from a midwife. However, these deliveries are seen as unsuccessful and the women as failed mothers (Sargent 1981: 195).

Among Guatemalan peasants a birth is usually accompanied by a midwife and takes place in the home. The midwife may administer herbal teas and use massage during the course of the birth. Much attention is given to the passing of the placenta and it is seen as having a “special relationship” to the child. Therefore, placenta is burned and the ashes buried. “Proper disposal of the cord is also important, usually the stump of the cord is put in a jar and saved” (Cosminsky 1981: 342). These are some of the behaviors that correspond with Guatemalan perceptions about women and childbirth. Negative consequences have arisen due to the poor integration of western medical concepts into traditional Guatemalan midwifery practices. Since Guatemalan beliefs do not correspond with many medicalized birth procedures such as using the common horizontal, supine position of the mother during birth, it has been deleterious to try to teach midwives that particular practice. In some cases, western-trained traditional midwives would refuse to help mothers unless they used the supine position, which can actually be more difficult for the mother because it works against gravity and thus “promotes interference” (Cosminsky 1981: 233-251).

Pain of “Natural” Childbirth

The pain associated with “natural” childbirth varies greatly for each individual; likewise, each culture views childbirth pain from a different perspective. Factors affecting pain can be both physical and emotional. Adrienne Rich describes the effects of
alienation and fear on the mother during birth and how it adds to the physical pain in a way that cannot be separated. The occurrence of these feelings relates to how a particular culture views pregnancy and birth. Rich relates how in a patriarchal society, a woman’s suffering during labor is the “purpose of her existence” (Rich 1976: 158). The birth of a healthy child is more valuable than the life of the mother because birth is her duty. Therefore, a woman sees the pain of childbirth associated with her purpose in life, making the pain bearable. Rich contrasts this with western women the 19th century who could avoid the pain of childbirth with anesthesia or amnesia. She calls this a “prison of unconsciousness” (1976: 158). Rich poses that the fact that women avoided both psychic and physical pain is a “dangerous mechanism, which can cause [women] to lose touch not just with [their] painful sensations, but [themselves]” (1976: 159).

The Medicalization of Birth in America

Starting in 1760, childbirth began its rapid transformation from homebirths attended by female midwives and other female relatives to hospital births attended by medical professionals. Before 1760, laboring women depended on skilled midwives and the experiences of other women to guide them through birth. Women provided support during birth and several weeks after during the transition into motherhood. This created the experience of “social childbirth” described by Leavitt as one of the “functional bonds that formed the basis of women’s domestic culture” (Leavitt 1986: 36). The shift away from this model of childbirth was instigated by upper class women in urban areas. These women believed that a physician offered the “best hope for a successful outcome” (Leavitt 1986:37). Male physicians had access to academic institutions that banned women and therefore, were able to offer a woman medical technologies such as forceps which, when used correctly, allowed for maneuvering the fetus for an easier birth. Physicians could also administer drugs such as opium to alleviate pain. Although male doctors had been introduced into the home, in this era, childbirth was largely still in the control of women. It was up to women to call the physician as well as whether or not to go along with the doctor’s suggestions. Birth in the home was still a woman’s domain.

By the beginning of the twentieth century, approximately half of all childbirths in the United States were delivered by physicians in the home, using both traditional and medical methods. Some of the new medical interventions included the use of forceps, bloodletting, and drugs. Physicians were much more likely than midwives to interfere in the natural process. They saw it as their duty to ease the woman of her suffering. Bloodletting would allow for the laboring women to faint, making the extraction of the child easier for the physician when using forceps. In the nineteenth century, forceps were highly overused in childbirth. Physicians with little practical experience would jump at the chance to intervene with the natural process, causing lacerations to the mother and causing respiratory problems for the infant.

Not all women were having the same birth experience in America at this time. The “traditionalists”, were a group of women that still had midwife-attended homebirths. This group was comprised of a “diverse group of working-class, lower-middle class, and some middle class women, immigrant and native-born, some urban but increasingly rural as the nineteenth century progressed, who had limited choices available during their pregnancies and deliveries and who remained with in the traditional female-centered
network for their confinements until childbirth move to the hospital in the twentieth century... despite their diversity, they shared the common expectation, enforced or chosen, that birth only rarely needed the outside consultation of the medical profession” (Leavitt 1986:78-79). The poor and most desperate women living in urban centers were a part of the “institutional” group, where impoverished women found refuge in hospitals and almshouses during their pregnancies. These women received medical aid in exchange for the clinical experience gained by medical students. There were also “Integrationists” which included the bulk of middle class women, these women used various aspects of medical intervention including drugs, and in 1825, the increasing use of hydropathy or the “water cure” similar to today’s water birth. Finally, there were the “privileged” women who had the economic means to have whatever birth experience they wished. These women were seen as “high risk” and were had very intensive care, the first specialized obstetricians got their start under these women as well as specialized, luxurious medical centers (Leavitt 1986: 78-82).

The shift of childbirth from the home to the hospital occurred from 1910-1930. The hospital experience acted as “a great leveler, making women’s childbirth experience more similar than they had ever been” (Leavitt 1986: 82).

Medicalization: The Feminist Critique

Medicalization is the medical treatment of social or biological issues. This is a very important concept when looking at women’s reproductive health. In Western cultures, going back to the late 1700’s, there has been an increase in medicalization. Childbirth, reproductive control, Pre-Menstrual Syndrome, weight, and mental health have all been shifted to the medical realm. There are two parts to this idea of medicalization, one is that “certain behaviors or conditions are given medical meaning—that is, defined in terms of health and illness” (Reismann 1983: 3). Another aspect is that, “medical practice becomes a vehicle for eliminating or controlling problematic experiences that are defined as deviant, for the purpose of securing adherence to social norms” (Reismann 1983:3). In the example of childbirth, a biological process which has been assigned social meaning, medicalization refers to the increasing use of medical interventions such as fetal monitoring, birth surgery (cesarean and episiotomy), and the use of epidurals. In a cesarean section, a surgical incision is made through a mother's abdomen and uterus to deliver one or more babies. It is usually performed when a vaginal delivery would lead to medical complications, although it is increasingly common for births that would otherwise have been normal as well. Another birth surgery is an episiotomy, where a surgical incision is made through the perineum to enlarge the vagina and assist childbirth. The incision can be midline or at an angle from the posterior end of the vulva, is performed under local anesthetic and is sutured closed after delivery. Epidural anesthesia is a form of regional anesthesia involving injection of drugs through a catheter placed into the epidural space. The injection can cause both a loss of sensation and a loss of pain by blocking the transmission of pain signals through nerves in or near the spinal cord. Medicalization also refers to the use of medical interventions in the natural process of birth such as the induction of labor by the doctor “breaking the water” or the use of pitocin to speed up (and strengthen) contractions. By using medical
interventions such as these, we are seeing a normal reproductive process as an illness, where there is a “normal” way to deal with this medical problem (Reismann 1983).

With medicalized childbirth, there is a separation of a woman’s body and self. From the onset of menstruation, women have negative and alienated view, as well as confusion about, the anatomy and processes of their own bodies. Emily Martin links this confusion with medical texts and the usage of passive terminology that suggests a failure of the female reproductive system. The increasing medicalization of childbirth has taken away from a woman’s understanding of their own bodies. A woman’s body becomes a factory where the product is a healthy child. This can be seen in the increasingly frequent use of caesarean section as well as epidurals and episiotomies in childbirth. This kind of childbirth takes the woman out of childbirth and relies exclusively on the doctor for a successful birth. Martin describes the negative effect on the mother’s birth experience when these medical interventions are used and questions the validity of this system. Is there a way to create a more integrated and positive view of a woman’s body as strong and powerful and its natural processes (such as childbirth) as evidence of proper functioning of the female body?

Robbie Davis-Floyd’s work in Birth as an American Rite of Passage (1992) is based on interviews with 100 women. Davis-Floyd identifies obstetrical procedures as rituals, and analyzes the American medical system as a “microcosm of our society which seeks through these rituals to socialize birthing women into the collective core value system of the technocracy” (Davis-Floyd, 1992: 4). She develops the “technocratic model” of hospitalized American childbirth which indoctrines women into the “core values” of American life. Hospitals use ritual to transform birth into a rite of passage, she points out that,

“Rites of passage generally consist of three stages, originally outlined by van Gennep: (1) separation of the individuals from their preceding social state; (2) a period of transition in which they are neither one thing nor the other; and (3) an integration phase, in which, through various rites of incorporation, they are absorbed into their new social state. In the year-long pregnancy/childbirth rite of passage in American society, the separation phase begins with the woman's first awareness of pregnancy; the transition stage lasts until several days after the birth; and the integration phase ends gradually in the newborn's first few months of life, when the new mother begins to feel that, as one woman put it, she is “mainstreaming it again” (Davis-Floyd 1994: 329).

When looking at the medicalized childbirth in the U.S. it is important to evaluate the effect of social class in the birth experience. Women in the working class prefer a more medicalized childbirth. Davis-Floyd and Martin’s studies focused on Western mothers in a broad scope, not taking into account social class. In doing so, these researchers have left out an important aspect of childbirth in America. Factors like family support and help before and after childbirth affect the mothers concerns and expectations of childbirth. A woman’s experience during childbirth is not determined based on the amount of medical intervention present in the birth, but rather the social support offered by the medical assistance (Fox and Worts, 1999).
More women are giving birth by cesarean section than in previous years, with more than one-fourth of all pregnant women, 26.1 percent, undergoing the procedure in 2002, up from 20.8 percent in 1997 (NIH 2002). The National Institutes of Health claim that “factors as a woman's age and general health play a role in doctors' decisions to perform a cesarean section” (2002). However, studies have the criteria on which doctors base their decision may no longer apply. Since the mid-1950s, physicians have used the Friedman labor curve, a mathematical model depicting how the stages of labor should progress during normal delivery. If a woman took longer than what was considered normal, more medical interventions would be taken. However, on average, “the characteristics of women giving birth today differ markedly from the population used to devise the Friedman labor curve” (NIH 2002). Factors such as obesity, which is much more common today than 50 years ago, and a higher maternal age affect the speed of the progress of labor. Studies conducted in the 1990’s by the National Institutes of Health showed that the Friedman criteria “may be too stringent to determine when labor is proceeding much slower than expected. Moreover, the Friedman criteria may not apply to arrest disorders of labor, where the cervix does not dilate for two or more hours. In essence, researchers found that, for today's population of women, labor progressed more slowly than what was once identified as "normal" in the Friedman curve. These findings could have a profound impact on decisions about the need for cesarean delivery” (NIH 2002).

The definition of certain pregnancies as high-risk by the medical profession also leads to more possible medical intervention. According to the National Institutes of Child Health and Human Development, factors for a high-risk pregnancy can include young or old maternal age, being overweight or underweight, or having had problems in previous pregnancies (NIH 2006). Obviously, the definition of high risk is somewhat vague and all-inclusive, which begs the question, in the medical profession what is a normal or low-risk pregnancy? Health problems can also cause a pregnancy to be considered high-risk, including Preeclampsia- a syndrome that includes high blood pressure, urinary protein, and changes in blood levels of liver enzymes during pregnancy, Gestational Diabetes Mellitus (or gestational diabetes)- a type of diabetes that only pregnant women get, HIV/AIDS, preterm labor- labor that begins before 37 weeks of pregnancy, or other medical conditions like high blood pressure, diabetes, or heart, breathing, or kidney problems (NIH 2006). The label of high-risk pregnancy can cause women to lose the ability to have a “more natural” birth with little to no medical intervention.

Against Medicalization: A Return of “the Natural”

As Leavitt shows, medicalization was never complete and some groups of women have resisted the medical model of childbirth. Natural and homebirth movements have developed among middle-class American women and are related to larger changes in society. During the late 1960s, a “counterculture” developed in the United States in reaction to social issues such as the ecology and consumerism. In protest against the “establishment” of medical professionals, some Americans tried to find a more natural
lifestyle, which included healthy eating. The Health Food Movement offered Americans an alternative to the food and medical industries. Dubisch points out that, “in the health food movement, the basis of purity is healthfulness and ‘naturalness’” (1981: 79). The health food cosmology sets up an opposition of nature (beneficial) versus culture (destructive). Just as in the Health Food Movement, “natural” childbirth is seen as a more pure process of birth than the more medicalized model (Dubisch, 1981).

Paralleling the changes on perspectives of food and health, in the 1950’s and 60’s a large shift occurred in the way American’s viewed childbirth. After many decades of the increasing use of medical interventions in the process of birth, there was a push for a more natural way to give birth. Pioneers in natural childbirth include Grantly Dick-Read, Dr. Fernand Lamaze, and Erna Wright who all focused more on the work done by the mother during childbirth rather than doctors. They proposed other options for dealing with pain which focused mostly on breathing techniques. Unfortunately some of these methods, especially Dick-Read and Lamaze’s, seemed to make the “success” of the birth entirely contingent upon the women’s ability to master specific techniques. If a woman had pain, according to Lamaze, it was because she was afraid, or had not practiced enough. Sheila Kitzinger points out that, “the issue was a woman’s control over her own body rather her control over what other people are doing to it” and she suggests that this is, “far from explicitly challenging medical power” (2005: 14) Although, these new “natural” forms of childbirth were getting away from an extremely medicalized birth, they still kept the mother at the hands of the doctor (Kitzinger 2005).

Adrienne Rich points out that “‘prepared’ or ‘natural’ childbirth in the United States has been a middle class phenomenon” (1976: 174). Birth in the “context of a woman’s life” has a larger effect on the woman’s experience in childbirth than the kind of delivery or use of medication. Women that do not have to worry about their economic situation or an emotional support system are more likely to have a better experience in labor. Shulamith Firestone proposes that the “natural” birth counterculture of the 1960’s has little to do with the liberation of women as a whole (1972: 198).

**Authoritative Knowledge**

Starting in the late 1970’s, the study of authoritative knowledge in relation to childbirth became important in understanding the mother’s agency in decision making throughout the process of birth. Authoritative knowledge is “knowledge that participants agree counts in a particular situation, that they see as consequential, on the basis of which they make decisions and provide justifications for courses of action. It is the knowledge that within a community is considered legitimate, consequential, official, worth of discussion, and appropriate for justifying particular actions by people engaged in accomplish the tasks at hand” (Sargent, 1997: 58).

This means that authoritative knowledge is not just the knowledge of the authority, but the knowledge that a particular group finds the most accurate, and in some ways, the most natural. This is how the medicalized model of childbirth in the U.S. can seem like it is a “natural” way of birth. The change from folk knowledge to medical knowledge in the United States goes along with the shift of childbirth from the home to
the hospital in the early twentieth century. Where midwives and older female relatives and friends had previously been the authority on childbirth, now medical professionals held all of the power in childbirth. Rayna Rapp pointed out that “authoritative knowledge in high-tech America takes the form of active suppression of whatever it is that women might know, think, or imagine about themselves in the birth process” (Sargent 1997: 55). Bridgett Jordan’s investigation of court ordered cesarean sections in the United States showed how the women’s feelings that they could have a successful vaginal birth were overruled by medical professionals. Some of the women were forced to undergo cesareans, while others gave birth at home or in secrecy. Jordan’s 1987 study found that not a single one of these cases, “in retrospect, appeared necessary” (Sargent 1997: 59). Although the women’s knowledge may have been correct and they could have had a successful vaginal birth, the medical knowledge prevailed in the American legal system. Authoritative knowledge is produced and displayed according to the particular society for some it is in folk knowledge from older women and midwives. However, in the U.S., it is by the medical profession. For the past few decades anthropologists such as Bridgett Jordan have studied how authoritative knowledge “can be resisted and challenged in social, clinical, and political interactions” (Sargent 1997: 59).

Today, birth is a very complex issue. Much of the criticism of the medicalized childbirth in the U.S. has been addressed and many hospitals offer more “natural” options for birth to their patients. Midwives and doulas are employed by some medical facilities or have formed their own practices, giving mothers an alternative to doctors. However, the ritualized aspects of American birth discussed by Davis-Floyd are still present in today’s society. The need to legitimize a pregnancy by going to the doctor, attending antenatal visits and getting ultrasounds, using electronic monitoring, and performing episiotomy are all still “normal” aspects of childbirth in the U.S. (Downe 2004: 24).

For many, the typical form of childbirth in America is not “natural.” The reality of pain during childbirth and the importance of seeing it as a “productive and positive phenomenon” is an important aspect that is missing from the “typical” childbirth, where epidurals are the norm. American childbirth has been criticized for a lack of a holistic experience, which would include emotional and spiritual needs of a mother rather than only physical. In America, there is a need to connect medical and more traditional approaches to childbirth in order to create a paradigm for health care that addresses all needs of the mother (Downe 2004: 36).

Mothers in Search of Natural Childbirth

In my interviews, I talked to women about their experiences with “natural” childbirth, including the location of the birth, who was present, and medical interventions involved. In the discussion that follows, I focus on key issues from these interviews such as how these women defined “natural” and why they wanted to craft a natural childbirth experience. But first I will introduce the mothers:

Tina is a 29-year-old woman from Normal, Illinois of Puerto Rican and Caucasian descent. She is married, and graduated college with an undergraduate degree in Higher Education Administration and is now a stay at home mom. She was 26 at her daughter’s birth. Her daughter was born at BroMenn Regional Medical Center with an obstetrician and doula. She had no medication or medical intervention in the birth of her daughter.
Elizabeth, 31, is also from Normal; she is Caucasian and married. Elizabeth graduated with a bachelor’s in Art at Illinois State University. She moved to London for her graduate studies, where she gave birth to her daughter at the age of 29. Elizabeth had the birth in the hospital in the birthing tub; she was attended by a midwife. After the birth, she and her husband moved to Chicago where she received training as a postpartum doula, moved to Normal a year ago.

Karen is a Caucasian, 41-year-old mother of four. She lives in Normal with her husband. She is a stay at home mom, yet is also attending Illinois State University. Karen also teaches dance and music classes for children. She received her bachelor’s degree, but is continuing her education in Dance. Karen gave birth to her first child when she was 27 in Ithaca, New York. Karen had toxemia with her first birth, so it was considered “high risk” necessitating a birth in a tertiary care hospital. She claims that she “brought the homebirth to the hospital”- having little medical intervention and her midwife along. Her next two births were water births at home, which was in Kentucky at the time. These births were attended by a midwife. Karen had found an empty Coca Cola vat for her second and then a horse water trough for her third, to serve as birthing tubs. For her fourth birth, Karen was dumped at the last minute by her midwife, here in Illinois, so her and her husband traveled to Wisconsin for the birth. They rented an apartment in Madison for two weeks and had the baby in the bathtub with two midwives and her children present. Karen said that her fourth child’s first kiss was from her 9 year old son. Her last three births were attended by midwives and had no medical interventions or medications.

Linda is a 35-year-old Caucasian mother of three who lives in Normal with her husband. She received a bachelor’s degree in Secondary Education, but now cares for her children at home. Linda had three hospital births at BroMenn, with no epidurals but with episiotomies and induced labors. She had her first child when she was 26, her second at 29 and her third at 32. Her first two births were attended by doctors (the second was their family doctor), and the third birth had both a doctor and a Certified Nurse Midwife. For her second and third births, during labor she used the birthing tub, not for birth, but to ease the pain of the contractions. Linda is very involved with her church. She was raised with and is still very devoted to her Christian beliefs.

Terry is a 32-year-old Caucasian mother of two who is a part time elementary school teacher. She moved to Normal from Nebraska three years ago with her husband, who is currently getting his master’s degree from ISU. Terry had her first child when she was 30 in a hospital; she had gotten an epidural and an episiotomy. She had her next child when she was 31. With her second birth, she was in the hospital again, but did not have any medication; she had a second, smaller episiotomy.

Andrea is a 33-year-old Caucasian mother who lives in Kappa, a small town outside of Normal, Illinois with her husband and two children. She is now the mayor of Kappa, besides being a stay at home mother. She also has a degree in paleontology. At 29, with her first child, she had attempted a homebirth with a midwife. After a 46-hour labor, she transferred to BroMenn Regional Health Center and ended up having a cesarean section after five hours. With her second birth, Andrea had a VBAC (or vaginal birth after cesarean) at home with a midwife.
Data

Concept of Natural

What does “natural” childbirth mean to women in central Illinois? Each woman I interviewed had a different definition of what “natural” meant for them, or in comparison with what is typical in the United States. The most basic answer was that “natural” childbirth was simply a birth without an epidural. Terry said that lack of medication was the only defining characteristic of “natural” birth. Likewise, Linda had a very broad definition, including even induction of labor and episiotomy as “natural.”

On the other hand, Karen gave a more personal definition of “natural”—she said that it was “at home no interventions, only who you want to have there are there, plenty of towels and Tylenol on hand, faith in yourself, and feeling comfortable emotionally.” Andrea laughed at the question of what a “natural” birth was, because she said that all births were natural. However, she did say that the difference in a “more natural birth” and a “medicalized” birth was that in natural birth the woman delivers the baby, not the doctor.

Catherine said that she used to think of “natural birth” as a birth with no medication involved, but now she realizes it is a much bigger concept. She pointed out that for older generations, the idea of “natural” was quite different than today, in that it depended on the kind of delivery (vaginal or cesarean) regardless of drugs.

Tina said that her and her midwife had different ideas of “natural” birth in that her midwife suggested using Nubane as an alternative to getting an epidural. However, Lisa thought this definitely went against her concept of “natural;” she compared Nubane to cocaine, in its effect on the babies system.

The “Natural” Lifestyle

My interviews reflected various factors in women’s lives that would influence the decision of having a “natural” childbirth. Some women chose this kind of birth because they had already committed themselves to “natural” lifestyle. For instance, Tina became interested in what she called “natural living: in college. She had taken an environmental studies course to fulfill a science requirement for her bachelor’s degree, which strongly influenced her lifestyle. She became a vegetarian, began to eat organic foods, and now drives a hybrid. After reading some literature on “natural” childbirth, she knew she wanted to try for that kind of experience.

Tina’s story reflects the idea that “natural” childbirth is part of a larger concept of a lifestyle that is more in touch with healthy and sustainable living. It goes along with a worldview that incorporates taking responsibility for your body and your surroundings. This idea was inherent in a number of my interviews, including Elizabeth, who said that her mother and everyone in her circle had tried for an “all natural” birth. She stated that it was an obvious choice because it is part of the philosophy of being “conscientious of natural biological processes of the ecology and ourselves and how we fit in the bigger picture.”
Karen related how for her, choosing a “natural” birth reflected the kind of mother she wanted to be. She said that birth is a “gelling experience that pulls together who you are and your basic approaches to parenting.” Her choice of natural childbirth corresponds to all of the choices she makes as a mother including decisions on breastfeeding, potty training, and education. She also pointed out that when she became pregnant she was living in a “hippie college town” and having a “natural” lifestyle (and birth experience) was something that was “in the air.”

**Faith in God and the Body**

Another reason for choosing “natural” childbirth is spirituality. Linda’s decision stemmed from her religious background which led her to believe childbirth could be an opportunity for spiritual growth. Linda said she was intrigued with the idea of combining the spiritual with the physical and having her body and spirit work together to get through labor and birth. Along the same lines, although Karen had a devastatingly painful experience with childbirth, she choose to go natural again for her second child due to her “strong commitment to faith in the body”; she thinks that going through a natural childbirth is engrained in who she is.

**Resisting Medicalization**

Finally, some women choose a more “natural” birth in rejection of the medicalized model of childbirth. Terry had gotten an epidural in her first childbirth and had disliked her experience in labor and in recuperation. She said that with the epidural, she did not know how to push because she could not feel what was happening. Due to the medicalization, Terry had fainted twice after her birth and since she pushed incorrectly, her body was excessively swollen and sore after the birth. When she was pregnant with her second child she decides to go for a “natural” childbirth.

Karen went for a “natural” birth because she thought that with a medicalized birth, one intervention leads to another. She also said that she wanted to be in control during birth, rather than “handing her body over” to medical professionals. Karen said she had the kind of personality that would make the hospitalized birth unsuccessful. The most important thing about birth, to Karen, was that the woman feels comfortable where she gives birth; for some women, that would be in a hospital, being taken care of. Not for Karen, she felt that the hospital setting was dehumanizing- “when you checked in they take away your identity, by making you change out of your own clothes to be dressed in a hospital gown.” She said that once you get checked in, “you become a chart, just another experience for the doctor.” Therefore, Karen chose to have homebirths with her family and midwives present.

The women that I interviewed enjoyed their experience of birth more when less authority was imposed. Andrea, who had attempted a homebirth but ended up transferring to the hospital after 46 hours of labor, said that she felt intimidated by the “fear tactics” employed by the doctors and nurses at the hospital. She claimed that they said things like “Your baby could be too big, your joust gonna need a c-section later,” or “Your could hurt your baby.” Andrea gave the example of the long process it took to
register once she got to the hospital and how that can be intimidating for a woman in labor. She also said that her doctor told her, based on no real medical evidence, that she (at 4’11”) was too short to have a vaginal birth. Andrea also relayed the experience of being “strapped onto the table, symbolic of crucifixion.” She said that having a c-section was the one thing that she did not want to have, but the medical staff made her feel like it was the only way. Andrea said that the doctors and nurses did not try and make the experience any less traumatic. She said she was unable to move to a position that was conducive to getting through the contractions such as being on all fours or her side. After she ended up having the c-section, she said that her daughter was whisked away before she even got a chance to see her. Andrea compared this situation in which she was made to feel vulnerable, with her second experience of birth in which she had a midwife who was supportive and inspired her so that she could make it though. She said, that her anxiety was gone the minute her midwife touched her, she said that the fact that her midwife had attended over 500 women, “she naturally knows kind of touching will relax a mother.” When Andrea’s midwife arrived she knew it was time to “get down to work.” Andrea said that her midwife was very supportive during the birth but let her do it on her own; she said that her midwife was very relaxed and even did the dishes while she was in labor. However, the support that Andrea felt that the most important during her labor was that of her husband. She said, “I was surprised at how much I needed him, when I was in labor, I needed the physical strength of man because I was afraid of hurting the women.” Andrea needed physical presence of her husband specifically; she said no other man would have had the same effect.

Not all of my informants felt that the medical practitioners played an authoritative role. Karen related the experience she had when she was being her friend’s birth coach that had a positive influence on how she viewed doctors. Karen had been singing to her friend in labor and rubbing her feet, the doctor came in and said, “Everything is under control here, I’ll be in the room with the nurses if you need me.” However, Karen chose midwives for her own births because she appreciated their “hands off” approach, she added, “Just by watching, a midwife is in tune with laboring woman.” She pointed out that some woman feel more comfortable with someone telling them what to do and having their birth controlled, but for her, she said she would, “shut down and freak out in hospital” with a doctor telling her what to do.

Many women, including Tina, Linda, and Terry, all said that they were repeatedly offered the epidural by the medical staff to the point where they felt they were being pressured. This was the most common complaint for women who pursued a “natural” childbirth in the hospital. For the most part, my interviewees said that the medical staff they had encountered during their childbirth was not acquainted with, or unwilling to comply with their wishes for natural childbirth. Terry said that the nurse could not tell her correctly how to push because she was not used to having mother’s doing natural childbirth. Andrea said that her nurse sprayed sugar water on her breast in hopes to help establish a latch on for breast feeding. Linda explained that in her family doctor, which attended her second birth had felt bad for the pain that Linda was feeling and therefore repeatedly pushed the pain medication, although he was trying to help her, she found it frustrating to constantly have to restate her desire for a birth without medication. She also felt her doctor was trying to push using pitocin (which speeds up the contractions and delivery) so he could get home before 10 pm. Unfortunately, these
women had problems with the medical community being unsupportive or unknowledgeable about “natural” childbirth.

**The Experience of “Natural” Childbirth Pain**

One concern many women have during “natural” childbirth is the pain. The women that I interviewed experienced the pain of natural childbirth to different degrees. Many women in early labor took their time and went about their normal activities until the contractions got about five minutes apart. Terry went to a party at her church after her contractions started and stayed for hours, while Andrea had Easter dinner at her house with 27 guests there, she just took walks out in the garden during her contractions.

Once labor started getting worse, some women still did not consider it painful. For instance, Elizabeth said that, “there are parts that one could characterize as painful, but overall I really wouldn’t say that it was painful... it was intense.” On the other hand when Terry’s contractions got worse, she was thinking about going back on her decision to not have an epidural. Her husband encouraged her that she could do it, and luckily when she started to push, she said it relieved the pain. She said having the birth without an epidural made it easy to know when and how to push and with every push she knew she was closer to being done. She said her son “came shooting out” and that the birth was actually the easiest part. Along the same lines, Andrea said that the actual birth was not painful, and that “any pain you have is taken care of by endorphins when you’re done, which turn birth into a wonderful experience.”

On the opposite side of the spectrum, with Karen’s second birth she said it came to her pain threshold and went way over. She said she thought she had a high tolerance for pain but the birth of her second son was devastating. He was a breech birth meaning that he came out “sunny side up.” Karen said that the birth “split her brain in half,” and although she survived it, she said it took her weeks if not months to wrap her mind around that experience because it was so intense and strong. Although at the time she said she would have “jabbed the epidural in her own back had it been there to use it,” she feels that she gained from going through that kind of pain. Karen said that the pain of natural birth was “not heroic of a battle scar, but was seriously devastating.”

**Birth as Achievement**

All of the women that I interviewed had a lasting impression of their experience with “natural” childbirth. Elizabeth stated, “For me, birth was a really empowering, wonderful experience. I literally think of the birth every single day, twenty months later. So it was powerful. I have a completely new confidence in my body and self.” She said that she had a friend of that was due in a few weeks a hopes the baby has a long labor, because she loves the experience of labor. Elizabeth said, “It is so contrary to what most people say and what you see in television and in popular culture, that it’s something that’s tolerated and suffered through, but for some people, it is something that they loved and enjoyed even.”

Linda said that her first experience of birth was a test of her faith. She said that she saw birth as an opportunity, like going to church or praying, to connect with God. She felt that during the pain of labor, god would give her spiritual strength. She said that
during a “natural” childbirth the strength that the laboring woman needs, which other’s claim is from a sort of “Womaness”—she attributes to god.

Linda said that through “natural” childbirth, her faith was strengthened and she learned things about herself. “All mothers talk about childbirth experiences, it has an impact on your life like nothing else, it’s a milestone” She said, “I think there’s something that happens to you when you realize you’re a parent. The whole pregnancy, labor, and delivery all prepares for what happens after. Birth is a miracle of body. What happened, what went through my mind, and how I was changed by it after.”

Karen said that “the birth is the minutest part of being a parent” She looks at how birth relates to the whole concept of becoming a mother and what birth means in a woman’s life. She said that “birth is what a first time parent focuses on, but then you realize that now you’re a mom for the rest of your life.” She points out that “birth is a hugely transforming experience, but is only two or three days, when you’re a mom forever and your decisions and concerns only get more complex.”

Andrea reflected on the fact that “women have forgotten to trust their bodies.” Both of her births had been 12 days late, which was a puzzle for the doctors. Yet, Andrea knew when she ovulated because she had been keeping track of it for twenty years. She said it is a problem with women understanding what their bodies are doing. She said she wanted her daughter to know that childbirth is natural and that all women are different. That is why it was so important for her to give birth in the way she did, to send a message to her daughter.

Discussion and Implications of Research

The medicalization of childbirth in America has led to the routine use of unnecessary and sometimes harmful medical interventions which have both physical and emotional impacts on a woman’s health. The concept of “natural” childbirth gives women an alternative to the common medicalized birthing practice. However, the women I interviewed talked less about avoiding these negative impacts of medicalization than about the positive connotations of natural living and spiritual connections. For instance, only two out of the six women I interviewed (Karen and Andrea) chose to have homebirths. For these women they felt most comfortable in their own surroundings with people that they knew and loved. However, the rest of the mothers I talked to felt like their birth would run more smoothly in the hospital rather than their home in case something “went wrong” necessitating medical intervention. This idea relates back to the reason Leavitt (1986) gives for the initial request of medical help from physician from birthing women in 1760. Women were scared of the possibility of harm coming to them or their babies during birth. Today, in central Illinois, most women who desire “natural” birth still feel more assured with medical professionals present during the birth of their child. They also enjoy having the process of birth taking place in a hospital because of the technology available as well as the ease of not having to clean up after the birth (Leavitt 1986).

A birth free of medical interventions, such as epidurals and cesarean sections, seemed to make the women I interviewed feel they had a more immediate connection with their experience. The physical sensation of labor and birth are described as intense rather than painful. Women who have experienced natural childbirth see process of birth
as “work,” as something that a mother must go through and will gain from. In the end, through “natural” childbirth, women have the feeling that they delivered their child rather having their child delivered by an authoritative other.

Although my interviews were all with women from a similar background and class, they all brought a variety of perspectives to the concept of “natural” childbirth. Some common themes kept recurring in both the literature on childbirth and my interviews. The idea of a “natural” lifestyle, including things like an organic diet and environmental consciousness, leads to the decision to pursue a more “natural” childbirth. Jill Dubisch (1981) created a Health Food Worldview that contrasted health and junk foods and the values and attributes associated with them. I have created a similar worldview for the women in my study regarding “natural” childbirth and the more medicalized model described by Emily Martin’s analogy of a woman’s body as a factory where the doctor is the worker and the child is a product (1987). Some aspects such as the basic values and attributes are identical to Dubisch’s model of the Health Foods Movement. The women that I interviewed saw “natural” childbirth as an extension of their lifestyle. They have constructed a worldview that defines the way that the process of childbirth should be carried out.

<table>
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<th>Table 1. “Natural” Birth World View</th>
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<td><strong>cosmic oppositions</strong></td>
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<td><strong>holistic, organic</strong></td>
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*Source: Adapted from Dubisch 1981: 81*
As in the literature on the medicalization of childbirth, some of my interviewees (particularly Karen and Andrea) felt that in medicalized birth, women became passive in the birth process. They cited this reason specifically as why they went for a “natural” birth. These women were familiar with the literature surrounding the idea that birth is not an illness, but a normal biological process. Andrea interviewed seventeen different obstetricians before the birth of her second child, in which she wanted to go for a VBAC. Andrea knew that it was up to her to go against the medicalized model of birth and there was a choice. Similarly, when Karen needed to go to the hospital for her first birth due to toxemia, she was very vocal about creating an environment that worked for her. In order to combat the medical atmosphere of the hospital, she brought in her midwife. Andrea and Karen were the only mothers I interviewed that felt so strongly against the medical model of birth; they were the minority among all of the mothers choosing “natural.”

One aspect that needs to be addressed on my interviewees that discussed the negative aspects of medicalization and the women that I interviewed, in general, is that these women had access to the education and means necessary to have a “natural” childbirth. These, in some ways “privileged,” women had all been influenced by parenting books or classes; they had some education on the culture of “natural” birth. Women that have a more medicalized birth do not necessarily always have a negative experience and may gain just as much or more than women who go for a more “natural” birth. The idea that a mother can gain more from a “natural” birth and that it is their responsibility to succeed in a “natural” birth with enough practice and will goes back the patriarchal views of Dick-Read and Lamaze. As stated previously, these techniques put all of the responsibility on the mother to have this idealized process of birth, which is not something I, or the women I interviewed, advocate. The only example of women who did not really have the “privileged” situation, in which the mother was very well informed of “natural” childbirth and medicalization, was Terry. She went for a “natural” birth simply because she did not have a good experience with her epidural. She said she had meant to read a book on the Bradley technique, but did not get the copy in time. She said that she almost changed her mind on the way to the hospital but her husband convinced her to go without the epidural. Terry enjoyed her “natural” experience a lot more and she felt like she could really make an accurate comparison because of the fact that, unlike most women who have had a “natural” birth, she had both experiences (medicated and non-medicated).

The idea of spirituality was inherent in a few of my interviews but was not explicitly stated, in a religious sense, in any but Linda’s. Linda surprised me by connecting the strength necessary for combating the pain in childbirth directly with God. Linda went on to say that there are many people that she knew that felt the same as her, but this was not the case in my interviews. However, some women did talk about a connection between a “natural” childbirth and preparation for parenting. Lisa, Karen, Linda and Andrea all saw “natural” birth as a physical manifestation of the change that a woman goes through before she becomes a mother. However, there are plenty of examples of mothers that have not gone through the physical experience of “natural” childbirth, or even childbirth in general and still are prepared for parenting. Also, if “natural childbirth is preparation for parenting, what about all the fathers? Although some of my interviewees relate the experience of “natural” childbirth being preparation
for parenting, it by no means excludes all others who have not experienced “natural” birth from being prepared for parenting.

The fact that all of these women had a different idea of what “natural” birth meant to them reinforces the idea that of “natural” childbirth as a project. Each of these women used their body to reinforce their personal identity. Through childbirth, these women became more in touch with their bodies, their sense of motherhood, or their spirituality. By using the power of their bodies, without medication or epidurals, they constructed meaning out of childbirth. These women used childbirth to express who they were and what they wanted to be.

Conclusion

There are several limitations to this exploration into the concept of “natural.” One huge factor effecting how a woman experiences birth and views that experience is social and economic class. For this senior thesis, which has a relatively short amount of time available for research, I only interviewed six mothers. A better study would include more mothers from different social and economic backgrounds. Another reason for my informants having such similar status is due to the nature in which I found them. The limitations placed on this particular study prohibited me from seeking out mothers with particular and diverse backgrounds. I interviewed women that contacted me after hearing about my study, these women came primarily from one music class for parents and children. This manner of finding participants is already biased, due to the fact that they are all in this class together. As a student researcher, I was also limited to interviewing women with positive birth experiences or births that occurred more than one year ago. Childbirth is a very sensitive topic of discussion, so it was difficult (as a student) to get clearance to interview on this subject. An ideal study of “natural” childbirth would include all types of birth experiences of women from various economic and social classes, I am positive that this would have a large influence on the outcome of this study. I would also be interested in comparing the views of women who had sought out a “natural” birth experience compared to women who did not. It is important to see what birth means to women who have had more of a medicalized process of birth in order to see if there is a difference.

With all these limitations of my research, I feel that the information found through these interviews is significant in the fact that it illuminates the meaning of “natural” for my informants and why they sought out this type of birth. As I found in my interviews, the concept of “natural” childbirth cannot be explained by a simple definition. This concept holds a specific meaning to upper-middle class American women. Among the small group women that I interviewed, “natural” childbirth was the means for them to connect with the experience on a deeper level; meaning that they saw childbirth as important in creating their own identity and relationship to their child. Childbirth became a project in which they learned about and planned for. The difference in “natural” birth for these women is what they got out of it. Whether it be a connection with God, their child, or themselves; the women that I interviewed view “natural” as the vehicle for this connection.
Appendix 1

Questions for Recent Mothers
- Basic demographic info (age, age at childbirth, residence, race/ethnicity, profession)
What did you know about childbirth before you experienced it yourself?
(and how did you learn this?)
What was your biggest concern before going through childbirth?
Can you tell me about your experience with the birth of your son/daughter?
  - location and atmosphere
  - use of technology (drugs)
  - surgical interventions
  - who was present
What is a "normal" childbirth? And a "natural" childbirth?
What was the most important aspect of the experience?
If you were to have another child, what would you want for your childbirth experience to be like?
## Appendix 2

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<th>Health Food World View</th>
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<tr>
<td><strong>Health Foods</strong></td>
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<td><strong>cosmic oppositions</strong></td>
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<tr>
<td>LIFE, NATURE</td>
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<td>yogurt*</td>
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<td><strong>specific foods with mana</strong></td>
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<td>carob</td>
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<td>soybeans*</td>
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<td>sprouts*</td>
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<td>fruit juices</td>
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<td>herb teas</td>
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<td>&quot;all-American&quot; foods:</td>
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<tr>
<td>hummus, falafel, kefir, tofu, stir-fried vegetables</td>
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<td>pita bread</td>
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<td><strong>return to early American values</strong></td>
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<td>corruption of this original</td>
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<td>and better way of life</td>
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<td>&quot;real&quot; American way of life and values</td>
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*Denotes foods with especially potent mana or taboo.

*Source:* Dubisch 1981:81
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