

‘SHE CAME THROUGH ME’:

Situating Birth Stories and Women’s Embodied Wisdom in Folkloristics

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Contents

Committee Signature Page.....	ii
Copyright.....	iii
Acknowledgements.....	iv
Chapter 1: Introduction	1
Why Birth Stories?	1
Project Overview.....	3
Methodology.....	5
Chapter 2: The State of Birth	7
A Brief History of Birth in America.....	7
Chapter 3: Birth Stories in Folkloristics.....	17
Birth Stories as Personal Experience Narratives.....	17
Birth Stories and Embodiment.....	19
Birth Horror Storytelling	23
Chapter 4: Structural and Thematic Analysis.....	26
Depth Telling: Rite of Passage Variants	27
Breadth Telling: Thematic Expansion.....	31
Partners:.....	31
Mothers:.....	39
Miscarriage:	45
Sexual abuse:	48
Descent:	50
The Good/Bad Provider:	57
Empowerment:	73
Severance and Abandonment:.....	84
Intuition:.....	88
Mother-Baby Wholism:.....	91
Postpartum and Motherhood:.....	93
Tone	98
Note: The Pain Problem (or lack thereof).....	102
Conclusion: Where Do We Tell Our Stories?	104
References Cited	114
Curriculum Vitae.....	

Chapter 1: Introduction

Why Birth Stories?

The mainstream image conjured in the American imagination of birth goes something like this: There is a clean, bright hospital room. In it is a laboring woman, she is on her back, her legs in stirrups. Beside her is her anxious, perhaps nauseated, husband. A masked doctor is seated between her legs, offering instructions. Perhaps there is a nurse or two present. This is the fantasy of birth that has been neatly packaged and presented to the American public over and over again. But it is hardly reality. Even in the reality of a similar scene the image conjured obfuscates the nuances of a necessarily individualized experience. Does the woman have an epidural? A fetal heart rate monitor (internal or external)? An IV? What is she feeling? Did she and her partner take childbirth classes (if yes, what style)? The doctor is usually only present for the pushing stage or emergencies. The birth world is full of counter-movements, ulterior motives, harmful policies, unscientific medicine, technology, tradition, and outlaw practitioners. While this scene is what the late 20th/early 21st century American imagination has conjured, the reality is much more complex and individuated. Those initiated to the birth world find so much depth that it would take a lifetime to explore all of its corners and learn all of its practices. At the center of this web are women and their babies, navigating one of the oldest and most universal rites of passage.

When I began this project, a few colleagues responded to the notion of a thesis on birth stories as “cute.” Their response summarizes the general pulse on the topic of birth stories. Which is the heart of the problem. I will not rule out the descriptor of “cute” from the realm of birth stories, but I would not describe any of the stories collected herein as “cute.” These stories are women’s stories. They include traumas and triumphs, unmatched joys, forays into motherhood,

empowerment, and disempowerment. The problem with “cute” is that it is at the core of how we treat women and their stories; it is trivializing. The danger in this overall trivialization is that it bleeds into all aspects of women’s lives, i.e. they and their concerns are not taken seriously. As chapter three will elaborate, the goal of the current medical system is often described “healthy mother, healthy baby.” This phrase obscures the true meaning behind that goal, which is live mother, live baby. Despite calls from families, birthworkers, doctors, nurses and advocates, we are not listening to women about what they need during this life changing rite of passage. The goal of the current system is that no one dies, the lowest possible bar. Women’s stories suffer from the triviality barrier.¹ Statistics illustrate the harm in not taking women and their stories seriously, the most recently amalgamated statistics by the U.S. Centers for Disease Control (CDC) show that in the United States maternal mortality rates are at 20.1 deaths per 100,000 live births, disproportionality impacting Black and Hispanic mothers (Hoyert 2020, 1-4). When compared with ten other industrialized, wealthy, “western” nations the U.S. ranks 10th on all accounts (Tikkanen et al. 2020). America finds itself in a maternal mortality crisis. And that statistic does not include morbidity rates, or the rates of women who would categorize their birth experiences as traumatic. If Americans desire a just and equitable roadmap forward then we should begin, where it all begins, with the women themselves. We should listen and uplift their stories.

¹ The term “triviality barrier” was first coined by Folklorist Brian Sutton-Smith in his work on children’s folklore to explain the dismissal in academic circles of certain aspects of life, for what are deemed more important aspects of life. The triviality barrier has certainly been a hindrance in the overall expansion of research into women’s folklore, which may well perhaps be due to the insidious underlying societal tendency to infantilize women and their experiences. For further reading see Sutton-Smith’s article, “Psychology of Childlore: The Triviality Barrier.”

Project Overview

I talked to women I had known my whole life and women whom I had never met in person prior to interviewing. The majority of the women whose stories appear in these pages reside near Bloomington, Indiana or St. Louis, Missouri but they gave birth all across the United States, from Texas to New York to Hawaii. Some of these women's stories mirror mainstream ideas/ideals about birth. Others come from the world of homebirth and midwifery. Several have had births that run the gambit of these care models. The era that these birth stories take place in range from the 1980's-2020's. At the time of interviewing some of the women had exited their childbearing years, all of their children now adults, while others were pregnant with young children at home. Sixteen women were interviewed overall. Thirty-six births were recalled, with the women ranging from one birth experience to six. Five of the women have actively worked as birth workers (Gayle, Talia, Cathy, Melanie and Misty). Two more of the women, while not birth workers *per se*, had a deep intellectual/artistic interest in birth and therefore had increased knowledge/experience of birth outside of the socialized norm (Amanda and Erin). Due to that factor, there was an increased representation of home births – eighteen overall (fourteen homebirths, four HBAC).² This means that 50% of the birth stories recorded were homebirths and 50% were hospital births, well above the homebirth average in the United States of approximately 1%. In my study, eight of the women had a doula present for at least one of their births. Twelve of the births were cesareans (five scheduled, five unplanned and two emergencies) equating to 33.33% of the overall birth stories recorded, matching the overall cesarean rate in the United States (*National Center for Health*

² The medical acronym HBAC stands for home birth after cesarean. The acronym is used in common parlance.

Statistics, accessed 2023).³ Six of the births were vaginal deliveries in a hospital. One of these was a VBAC.⁴ None of the women gave birth in a birth center, although some of them began their labor there or initially planned to give birth in a birth center. Two of the women (Rhonda and Jenny) are close relatives to the author. The author was in attendance at both of Marlene’s births as a doula.

Figure 1: Chart of Participant Births

Pseudonym	Living Children	Births	Scheduled c-section	Unplanned c-section	Emergency c-section	Hospital vaginal	Homebirth
Gayle	1	1					1
Marlene	2	2		1			1*
Talia	2	2		1			1*
Eliza	2	2	1	1			
Kendra	2	2			1	1*	
Jenny	2	3	2			1	
Theresa	2	2	1		1		
Cathy	3	3					3
Erin	2	2				1	1
Kyra	6	6					6
Cecilia	2	2	1	1			
Amanda	2	2					2
Rhonda	2	2				2	
Sarah	1	1				1	
Melanie	1	1					1
Misty	3	3		1			2*
* denotes VBAC/HBAC							

Total Births:	36	c-sections:	12	33.33%	vaginal:	24	66.67%
		hospital:	18	50%	homebirth:	18	50%

³ A scheduled cesarean denotes any c-sections which were planned/scheduled ahead of labor beginning. Unplanned c-sections are those which were decided upon during the labor process. Emergency c-sections are those which were decided upon during the labor process to save the life of the mother and/or the baby. Labeling a c-section as unplanned vs emergency can be tricky as many women are told their cesarean was an emergency when medically it was not. For the purposes of this research cesareans were labelled as emergency if the mother stated that it was one. Of note: the stories in which mothers labeled their cesareans as emergent fit the medical protocols for an emergency c-section (in the operating room with the baby out in under 10 minutes, i.e. not waiting around for a convenient time to fit into the operating room schedule).

⁴ The medical acronym VBAC stands for vaginal birth after cesarean. The acronym is used in the common parlance. VBAC is often used to denote any vaginal birth post cesarean, but another term, HBAC, does exist which specifies vaginal *homebirth* after cesarean. Women who have had an HBAC might use the term HBAC/VBAC interchangeably for their HBAC, but a woman who had a hospital VBAC would never use the term HBAC.

For this project there were more women willing to tell me their birth stories than I could singlehandedly manage. When word got out that I was collecting birth stories, the floodgates opened. Women wanted a space to talk, a space to tell their important stories. In that moment of the project, I learned two things:

1. The sheer importance of birth stories in a woman's life, that she was excited to share.
2. The lack of places/spaces these stories have to get shared.

When you ask someone to tell you their birth story you truly do not know the type of telling you might get. Some women tell them briefly with little description. Even with warm-up time and many follow-up questions her birth story might only take twenty minutes to tell. Sometimes, a woman would talk for two-to-three hours off of the first question, "can you tell me your birth story?" Birth stories are as unique as the individuals to whom they belong.

Methodology

As a birthworker I initially contacted women whom I knew would be interested in the project. From there I relied on snowball sampling, with women often sending my contact information to their friends who would then reach out to introduce themselves. The only requirements were that a potential interlocutor be 18+ years old and have a first-hand birth experience that they were interested in discussing. After an initial conversation about my research and qualifications, if the interlocutor was interested, we would schedule an interview. The following set of questions were asked at each interview:

1. Can you tell me your birth story?
2. When/where and with whom do you share this story?

3. If you had such a moment and are willing to share it, tell me about a moment where you felt powerful/capable in your birth story.
4. If you feel that you had such a moment and are willing, please share a moment of beauty in your birth story.
- 5a. What preconceived expectations did you have as to how your birth would be?
- 5b. How did your birth upend or remain congruent with those expectations?
6. When was the first time you shared your birth story with someone else?
7. Have there been times you wanted to share your birth story but felt it was not socially acceptable to do so?

These were hardly the only topics discussed, nor the only questions asked, but they provided a framework to make sure that each woman's story was explored in a similar manner, regardless of her experience or her outcome. This felt important to mitigate against possible hidden biases that I myself carry as the interviewer, given my own experiences as a birthworker. Consent to record and write about each woman's story was procured verbally at the beginning of each recording. Due to the sensitive nature of the topic, all of the women have been given a pseudonym to protect their privacy. Their names herein are Gayle, Marlene, Talia, Eliza, Kendra, Jenny, Theresa, Cathy, Erin, Kyra, Cecilia, Amanda, Rhonda, Sarah, Melanie, and Misty. The names of midwives, doctors and family members have also been changed.

Chapter 2: The State of Birth

A Brief History of Birth in America

At the heart of things lies the question: is birth a medical experience or a social one? Social is defined as “1. Pertaining to the interaction humans have with one another, either as individuals or in groups; 2. Pertaining to mutual support and welfare” (*Oxford Reference*, accessed 2022). Medical is defined as “1. of or relating to medicine, the diagnosis, treatment and prevention of disease. 2. of or relating to conditions that require the attention of a physician rather than a surgeon. For example, a medical ward of a hospital accommodates patients with such conditions” (*Concise Medical Dictionary*, accessed 2023). There are models of care that serve birth as a medical event (technocratic model of birth) and models that serve birth as a social one (wholistic model of birth, see *Figure 1*). The technocratic model of care, dubbed thus by folklorist and anthropologist Robbie Davis-Floyd in her seminal book *Birth as an American Rite of Passage*, centers science, technology, patriarchy, and institutions. “These technologies have developed in a hierarchical social context that supervalues them and the individuals who control them...technocracy implies use of an ideology of technological progress as a source of political power...it thus expresses not only the technological but also the hierarchical, bureaucratic, and autocratic dimensions of this culturally dominant reality” (Reynolds 1991, as cited in Davis-Floyd 1992, 47).⁵ In our current medical model, the wielders of these technologies are surgeons, or doctors who are surgically trained. Obstetricians are both physicians and surgeons. On the other hand, a midwife, be they a nurse-midwife or traditional midwife, is decidedly not a surgeon. David-Floyd was right to point

⁵ Here, Davis-Floyd cites anthropologist P.C. Reynolds book, *Stealing Fire: The Atomic Bomb as Symbolic Body*, in which he explores the idea of a technocratic society, in which technology is an ideology. Davis-Floyd morphs and applies this idea to medicine.

out that this technocratic paradigm underlies our worldview – 98.4% of women in the United States (as of 2020) gave birth in a hospital, the remaining 1.6% gave birth at home or in freestanding birth centers (Backes 2020). Statistically we have bought into the supposed superiority of the medical model when it comes to birth. But this current dominant worldview obfuscates the historical arch that led to this current societal preference, the way things are is not the way they’ve always been.

Figure 2: Davis-Floyd’s models of birth

The technocratic model of birth	The wholistic model of birth
Male perspective	Female perspective
Woman = object	Woman = subject
Female = defective male	Female normal in own terms
Pregnancy and birth inherently pathological	Pregnancy and birth inherently healthy
Fetus is separate from mother	Baby and mother are one
Supremacy of technology	Sufficiency of nature
Once labor begins, it should progress steadily; if it doesn’t, intervention is necessary	Labor can stop and start, follow its own rhythms of speeding up and slowing down
Responsibility is the doctor’s	Responsibility is the mother’s
The doctor delivers the baby	The mother births the baby

Source: Davis-Floyd (1992: 160-161)

In the long arch of history birth has primarily been a social event, attended by female neighbors and relations with a midwife for support (Donegan 1978; Wertz 1989). The term midwife comes from Middle English, for “woman who is with the mother at childbirth” (*Oxford Reference*, accessed 2023). United States history’s Anglo-centric lens means that much of what is known about the beginnings of midwifery starts with English traditions of midwifery in the

colonies.⁶ This is not to say that midwifery did not exist prior to colonialization, nor that midwifery was exclusively practiced by women of Anglo descent but to note that this historical context, while extremely important and relevant, has gaping holes. In the English tradition midwives were not considered to be medical practitioners, instead they performed “a special social and quasi-religious function...midwives could baptize infants in emergencies” (Wertz 1989, 6). Midwives did not have formal apprenticeships or training, rather they “gained their knowledge of the birth process through observation and personal experience” (Donegan 1978, 9). Given their important social role the Church of England offered licensing to midwives (a bid to guarantee midwives loyalty to church doctrines/practices) but many practiced without such licensing. Midwifery was a role of high authority, especially for a women. In fact, midwives were considered the highest authority on women’s bodies/physical health. Diary entries from a colonial midwife, Mrs. Martha Moore Ballard, confirm the social nature of birth at the time. Moore writes “of the women being “called together,” tells of mothers’ being present, of the “elegant supper” enjoyed by the women” (Wertz 1989, 10). Birth was certainly not viewed as an emergency and maternal death seems a relatively uncommon tragedy during this time. Midwife Ballard recorded attending 996 births, with only four recorded maternal deaths. Notably, she had been practicing for nine years before her first recorded maternal death (Wertz 1989, 9).

Midwifery remained a woman’s profession in the colonies until after 1750 when newly trained male physicians began returning form European medical colleges (Wertz 1989, 29).

⁶ For further reading on the African-American granny woman (traditional midwife) tradition see folklorist Marie Campbell’s 1946 ethnographic work, *Folks Do Get Born*. This book records midwife meetings for a group of granny midwives in rural Georgia. While not a full historical account of the granny woman tradition it gives insight into the tradition in a specific place and time.

Despite the fact that many of these doctors had never witnessed the normal physiological birth process, or sometimes the birth process at all, “expectant women sought doctors in the belief that they were the most knowledgeable and able attendants, it was also true that doctors sought out expectant and laboring women in the belief that women’s approbation would give doctors enduring responsibility and prestige in society” (Wertz 1989, 30). Seeking to gain the monopoly of medical care (and therefore profits) doctors sought to push midwives out of practicing. It was the invention of forceps that eventually tipped the scales in favor of the physicians.⁷ There are situations in which a midwife may need to insert her hand(s) into the birth canal to adjust the infant to aid in delivery – this process requires hands on knowledge of female anatomy and strong and nimble hands, skills/training male physicians did not have. Forceps gained considerable (mis)use by surgeons and physicians who had little knowledge of the physiological birth process or timeline. Midwives often did not have access to such expensive tools and using them was out of their scope of practice. Physicians, with their toolkits, produced a shorter labor (by forcibly extracting the infant with forceps). Few realized that these emergency tools were often egregiously misused or that they caused the very situations that then required their use to resolve. Physicians became preferred for their ability to shorten labor, and in turn they increased forceps use since that was why they were employed. Thus begins the slippery slope in obstetrics that still stands to this day: interventions beget interventions and doctors are trained, if not encouraged, to intervene.

⁷ In the early 17th century French physician Peter Chamberlen invented forceps in order to have a tool to extract the fetus without killing it (tools prior to forceps were used in emergencies to save the mothers life by dismembering the fetus to extract it from the birth canal). The first iterations of forceps were different from todays obstetrical forceps, more like two large spoons or paddles they could be inserted high up into the birth canal to pull the infant down by the head. If misused, which was fairly easy to do, they could injure the woman or crush the baby.

As doctors began organizing into professional organizations (such as the American Medical Association, or AMA) midwifery became increasingly entangled in legal issues.⁸ Midwives were prosecuted for “practicing medicine without a license” in a country that denied them a path to licensure. Many midwives went underground, continuing to practice illegally or in a legal gray area. The Victorian era solidified the dissolution of midwifery’s prevalence in the United States. Strict moral and social codes of womanhood made it untenable that women should practice a trade like midwifery or partake in any medical learning. Interestingly, Victorian beauty standards encouraged women to be feeble and waiflike, modesty was of the utmost importance. During this period women further became objects societally and this trend carried over into medicine where they were often treated like children. Men’s bodies were viewed as the default, and as greater understanding of the body was sought comparisons to machinery increase (Beauvoir 1961; Davis-Floyd 1992). The male body was a machine, the female body a defective machine that required intervention to function. Cartesian dualism has had a huge impact on the evolution of medicine, particularly obstetrics.⁹ Doctors have evolved to act as mechanics would – diagnosing and fixing pieces of the body that are deemed broken as we have moved further and further away from wholism. Mental health was abandoned entirely for a long period of medical history. As discussed by Davis-Floyd, “the demise of the midwife and the rise of the male-attended, mechanically manipulated birth followed close on the heels of the wide cultural acceptance of the

⁸ The subjugation of midwifery practices is intrinsically tied to the anti-abortion movement in the United States. For a good, succinct view of this story see NPR’s “Abortion was once common practice in America. A small group of doctors changed that,” <https://www.npr.org/2022/06/06/1103372543/abortion-was-once-common-practice-in-america-a-small-group-of-doctors-changed-th>, accessed January 2023.

⁹ The idea that the mind and body are split – the body functions as a machine, capable of breaking down and being repaired, whereas the mind is the pure essence of a person and is capable of remaining untainted by bodily breakdowns.

metaphor of the body-as-machine in the West and the accompanying acceptance of the metaphor of the female body as a defective machine – a metaphor that eventually formed the philosophical foundation of modern obstetrics” (Davis-Floyd 1992, 51).

But birth *is* a normal, healthy process. It is not an illness, nor is it an injury. It can't be “fixed.” Good midwives have always acted as birth *attendants*, providing support, knowledge and assistance sparingly. The mother births the baby. Doctors are trained to treat the illness, to resolve the symptoms. In this structure, labor becomes the symptom in need of intervention and resolution by the physician. Under this model the mother labors, the doctor delivers the baby.

This is not to say that individual doctors are malevolent or that their methods are inherently nefarious. However, doctors are part of a cultural system that changes their behavior in ways that serve the system before, and often in spite of, the patient's needs. Doctors go through eight or more years of reprogramming, “anybody in obstetrics who shows a human interest in patients is not respected. What *is* respected is interest in machines” (personal informant as cited in Davis-Floyd 1992, 55). Davis-Floyd notes that “students of American medicine have attested, in our major medical institutions science, technology, and patriarchal patterns reign supreme while individuals must often subsume their very selves to institutional convenience and routine” (Beuf 1979; Goffman 1961; Hahn 1987; Illich 1976; Klein 1987; LaBaron 1981; Mendelsohn 1979; 1981; Nolen 1979; Parsons 1951; Stein 1967; Tao-Kim-Hai 1979; Taylor 1970, as cited in Davis-Floyd 1993, 47).

As birth moved into the scope of physician care and then into hospitals, doctors began to take on another role that the midwife had once played, the pseudo-priest: “that of inculcating individual members of society with the basic tenets of this belief system. It is no cultural accident

that doctors themselves must undergo an eight-year long initiatory rite of passage, a process of socialization so lengthy and thorough that at its end they will become not only physicians but the representatives of American society” (Davis-Floyd 1992, 46). The system will never accommodate the individual, the individual must conform to the system (Goffman 1961, 1-124). Just as physicians became preferred for their access to the latest technology (forceps) so to then hospitals became the premier place to give birth for access to the latest technology.¹⁰ Even today, hospitals are ranked based on their cutting-edge technology. Culturally we have come to equate the best technology with the best care, upholding Davis-Floyd’s label of technocratic medicine.

The transition of birth to hospitals saved lives as well, “the routinization of care and responsibility undoubtably contributed to the improvement, although it also resulted from new antibiotic drugs that were specific cures for infection. The amount of intervention did not itself decrease – in fact, it probably increased – but the interventions were performed more correctly by more qualified doctors” (Wertz 1989, 164). But hospital regulations soon began to overstep the family, women’s partners were separated from them and this was no longer the age of social birth where friends or female family members were present. Women were forced to birth alone – making them more vulnerable to medical interventions and abuse at the hands of staff. Beginning in the 1940’s women began to push back against this “medical dominance” over birth (Wertz 1989, 178). Coinciding with the feminist movement, this brought about the “natural childbirth” movement

¹⁰ Unfortunately, the scope of this thesis does not allow for a full history on all of the technological evolutions in birth, such as the use of “twilight sleep” (administering the drugs morphine and scopolamine during labor). For further reading see Chapter 5 of *Lying-In: A History of Childbirth In America* by Richard and Dorothy Wertz.

(Wertz 1989, 178-198).¹¹ In an attempt to take control over their bodies women began seeking out unmedicated birth experiences, and by the 1970s doctors were more accepting of this patient perspective. This shifting change in attitude brought midwifery and homebirth back into the mainstream conversation. New licensure for midwifery brought about the titles of Certified Nurse Midwife (CNM), Certified Professional Midwife (CPM), Certified Midwife (CM), Direct Entry Midwife (DEM) and lay Midwife.¹² But the law is slow to change. In some states midwifery licensure is still not recognized. Lay midwives can still be prosecuted for practicing medicine without a license in many states. Stories circulate of midwives having to drop patients off at hospital entrances, unable to come in with them and explain their medical needs due to the threat of prosecution. But the tide is certainly changing, as you will hear within the stories collected.¹³ In fact, they say it best.

Text 1: Excerpt from Amanda's Birth Story (9/20/22)

¹¹ The term "natural childbirth" is used here to define a birth that is unmedicated with no/low intervention use.

¹² A CNM is a board certified and institutionally trained midwife who was a registered nurse prior to becoming a midwife. CNM's practice in hospitals and birth centers.

CPM's practice independently, providing care at birth centers or at home. They are trained through apprenticeships or certified educational programs.

CM's go through the same institutional training as CNM's, they receive certification through a board but do not have prior a RN certification.

DEM's learn midwifery as apprentices or through a specialized training program. They can attend birthcenter and homebirths.

Lay midwives work independently of institutions, are not certified or recognized in many states as medical professionals. They usually learn by apprenticing under a senior lay midwife.

¹³ For a wonderful conversation on the work of midwives today see ethnomusicologist Jennie Williams' narrative stage: "West Virginia Folklife Apprenticeship Showcase: The Power of Storytelling in Midwifery" https://www.youtube.com/watch?v=Z3e_rq0PPa8&t=766s, accessed December 2022.

Our bodies are incredible. People do lots of really cool things. Stuff the average birthing person doesn't know. I did placenta encapsulation for my kids, which I thought was really great. Other people think that's gross. And then there's lotus birth. People put their placenta in smoothies. Oh my god, there's free birthing, oh my God, that's incredible. People just doing it themselves. There's so many cool things that people don't even know are a thing. And they come from our history and there is cultural significance and biological significance for some of these practices. I suppose anybody reading this will probably already know a lot about it, but I think the average birthing person just doesn't know. It's just a little tip of iceberg. They just have this particular perspective. And there's such a huge world to birth that they've never explored. It's pretty cool. And not everything is for everyone. But that's not the point, right? It's not the point. It's just about knowing what your options are and knowing what's out there and what feels good to you.

Amanda speaks to the moment of rupture, or drastic historical change, that has resulted in some current day women/providers looking to past practices for a way forward. In folkloristics this process of "the creation of the future out of the past" is termed *tradition* (Glassie 1995, 395).

Per the CDC's 2021 "Vital Statistics Report" the current rate of cesarean sections in the United States is at 32.1%. This number has been on the increase for years despite birth workers calls to recognize the harm and trauma unnecessary c-sections can cause. Note, here the word unnecessary refers to the non-medically necessary, i.e. mothers pushed to have c-sections or not given the choice in cases where there is no scientific backing for the procedure. In the United States' capitalized medical system unnecessary c-sections are the quick fix to the age-old conundrum of labor not having a definitive timeline. Babies are born when they are born.

Unfortunately, this can pose a problem in a profit-driven technocratic medical system where time is money. The women's birth stories within this thesis will illuminate that c-sections are not inherently traumatic. C-sections can be empowering; vaginal birth can be traumatic. Context determines all. But the context itself is not nonpartisan and these stories must therefore be placed within the intricate web of biases. What remains important across the board is that women remain agents, the primary agent, within the birth process. Harm is done when others determine what is right for her and her baby. The current system places this authoritative decision making in the hands of technology and those in charge of that technology.

There are a myriad of factors that impact a person's birthing experience. Few of them are benign. The birth systems that American women navigate today have been shaped over the last several hundred years by institutional medicine, politicians and the government, industrialization and, of course, social norms of morality and womanhood. It is imperative to note that no woman's experience happens in a vacuum. The ethnographic work included in this thesis is a collection of firsthand birth experiences. While the American imagination has crafted a certain narrative there is no "right" way to have a baby, other than what is good and right for the woman and her family. What is good and right for one woman could be traumatic for another. There can be no blanket birth policies that do not harm someone.

Chapter 3: Birth Stories in Folkloristics

Birth Stories as Personal Experience Narratives

The road to recognizing personal experience narratives as a valid form of folklore, worthy of collecting and studying, was paved by folklorist Sandra K. D. Dolby.¹⁴ Dolby initially defines personal experience narratives as self-contained, recognizable “prose narrative relating a personal experience and is usually told in first person and its content is nontraditional” (Stahl 1977, 20).¹⁵ Dolby uses the term “nontraditional” here to denote that personal experience narratives are unique to the individual telling them, therefore not fitting into tradition’s dual parts: “continuity and collectivity” (Stahl 1977, 15). Given the deeply personal nature of the narratives it may appear that the collective nature, of special concern in folklore studies, is missing. However, Dolby goes on to point out that “this argument relates only to the concept of transmission at the level of whole story plots. If we step ‘behind’ the item itself and consider the performance resources used by the teller, we will see that even content resources used in personal narrative performances are to some degree collective” (Stahl 1977, 16). Personal experience narratives are traditional in that they (1) encompass themes, “scholars have established evidence of repetition in regard to the content elements...there cannot be a theme...that is not traditional” (Stahl 1977, 24); (2) the individual is not isolated from the collective, we are socially bounded creatures. The universal is in the individual and vice versa, as folklorists Ray Cashman, Tom Mould and Pravina Shukla argue in their work *The Individual and Tradition*, there is no self except in relation to others. Tradition is a process *and* a resource that the individual recycles to create a “*bricolage*” of the self (Cashman,

¹⁴ Please note, Sandra K.D. Dolby also published under the last names Stahl and Dolby-Stahl.

¹⁵ “Narrating is a method by which an experience is transformed into a verbal account. Experience is recapitulated by matching a verbal sequence of statements to some sequence of events which is purported to have occurred” (Bronner et al. 1986, 121).

Mould, and Shukla 2011, 3). Birth stories are certainly individualized prose narratives, but they bear the mark of the collective in their thematic elements (to be explored later in this chapter) and are situated within a performance framework that demands collective understanding and engagement.

Dolby deepened scholarly understanding of the personal narrative genre with her differentiation of “private” vs “communal” folklore (Dolby-Stahl 1985, 47). Birth stories fit into the category of private folklore, in that they are “exclusively shared and cannot be corroborated outside of the group” (Dolby-Stahl 1985, 47). The purpose then, of private folklore, Dolby argues is intimacy building. Intimacy, not to be conflated with synonyms like bonding, is the sharing of the inner-self with a societal-equal.¹⁶ Communal folklore has oft been used to build group identities (ex: folklore’s historical role in nation-building), but private folklore “will be shared only when the creation of intimacy is an explicit aim...the higher percentage of ‘private’ folklore embedded in a story, the more likely the creation of intimacy is a major motivation for the storytelling” (Dolby-Stahl 1985, 48). An important piece of this intimacy building, and in reference to folklorist’s famed performance theory paradigm, is on the audience-listener. Unlike legend or myth, these stories are not told to express or gauge a sense of belief or an idea about the world but to build a deeper understanding of the *self* out in the world, “it is the listener’s responsibility to pick up on clues scattered throughout the narrative to discover something of the teller’s ‘self,’ his ‘inner life’...the means by which the teller teaches the listener to know him better” (Dolby-Stahl

¹⁶ “The distinction can perhaps be seen most clearly in the bonding between parent and infant—a connection that’s as profound as any we know in human life. Yet we don’t think of that relationship as an intimate one. For intimacy, as we think of it, is possible only between equals—between two people who have both the emotional development and the verbal skills to share their inner life with each other” (Dolby-Stahl 1985, 49).

1985, 51). This goal of intimacy between teller and audience is certainly visible in birth stories, a type of personal narrative that is often stifled in a society that does not broadly value them. As Amanda put it:

Text 2: Excerpt from Amanda's Birth Story (9/20/22)

Well, this whole story that I'm giving you, I probably don't tell most people because you know, we've been talking for almost two hours. I've been talking for almost two hours. And that's not typical of the conversation. I don't think I give this much detail to most people. I'd probably have more *CliffsNotes* versions, and I probably do try to pull out the more relevant pieces.¹⁷ The key points ...I definitely would tell the story differently for different people, you know, point out different things.

Birth Stories and Embodiment

"The body" is a complicated concept. Cartesian dualism has become so synonymous with western notions of the body that many of us simply accept the philosophical idea that our mind and body are split as factual (Davis-Floyd 1992, 49). Even if we accept dualism as fact, it is also true that the mind cannot experience the world without the body to tether it here – it is only through the body that life occurs. Given this, I would argue that we do not have bodies, but we are bodies. And

¹⁷ Amanda references *CliffsNotes*, a brand of study guides known for succinctly summarizing lengthy works of literature.

the experiences that we, our bodies, have must be taken into account when unpacking worldview (Young 1994, 3).

Folklorist Ray Cashman defines worldview as a term to describe “the frames of mind and interpretive vehicles that we all develop over a lifetime of living as an individual in a group and that we make explicit, concrete, and localized in interaction and communication, not least through folklore” (Cashman 2016, 23). Or, as folklorist Linda Dégh puts it, worldview is “how people feel and think about themselves and the world around them” (Dégh 1994, 246). Many folklorists are wary of the use of worldview, asking the (valid) question of: how can we ever fully claim to understand the mind/viewpoint of another? This question is not one we should abandon by any means. But the root of the problem might perhaps be in the trappings of dualism – are we as folklorists only trying to understand what it means to be human through the mind and its creations? “Folklorists have long paid lip service to the importance of women’s expressive behavior, though usually that behavior was recognized and accorded legitimacy only when it occurred in predetermined genres that fit the prevailing image of women” (Farrer 1975, v). Perhaps, the way to understanding another’s worldview is through the world they inhabit and the world(s) that they create. We cannot abandon the body in pursuit of the mind.

In 1995, David J. Hufford rocked the world of folkloristics with his “experience-centered theory” in “Beings Without Bodies: An Experience-Centered Theory of the Belief in Spirits.” While doing ethnographic work in Newfoundland on the “Old Hag,” Hufford proposed that there are certain cross-culturally shared core spiritual experiences (near death experiences, bereavement visits and sleep paralysis) that are then contextualized (interpreted and understood) through culture. In the disciplines of philosophy and sociology there exist theories for this type of societal

interpretation. Social constructionism is the idea that society places meaning(s) on things, and that these meanings are built by our social worlds and not from some inherent reality. Social construction seeks to explain the very real impacts social categories (like race, class, and gender) play in peoples' lives. Of late, the term has suffered casual vapid usage leaving it void. But, as gender theorist Gayle Salamon puts it,

“To claim that the body is socially constructed is not to claim that it is not real, that it is not made of flesh, or that its materiality is insignificant. To claim that sex is a social construct is not to claim that it is irrelevant, or invariant, or incapable of being embodied or reworked. To claim that our experiences of our sexed and gendered bodies are socially constructed is not to claim that our experiences are fictive, or inessential, or less important than our theorizing about sexed and gendered bodies” (Salamon 2010, 76).

That is to say that gender, as folklorist Andrew Tompkins writes, “does not come from the conservative minds of theorists, but from the world itself in which we found ourselves stuck, the traps bequeathed to us that we are trying to work” (Glassie 1982; Nelson 2015, as cited by Tompkins 2022, 4). We are bodies, bodies that are living with and around gender, and women's stories very clearly engage with this type of embodiment.

Hufford writes of his experiential-centered hypothesis that “a fundamental reason that spiritual beliefs have been able to resist the enormous social pressures toward secularization is that they are, in part, rationally founded on experience (that is, empirically grounded)” (Hufford 1995, 18). Hufford's belief studies were focused on empirically grounding experiences that the scholar cannot see or experience for themselves. I argue that gender operates on this same level. The invisible scaffolding of the social world around us, that impacts every aspect of our lives and how

we are treated in the world, is an experience that the male folklorist can truly only ground through empirical data. We know misogyny and patriarchy exist through the empirical evidence: the wage gap, sexual and domestic assault statistics. But what of the experience of life under those systems?

Women's stories speak again and again to embodiment. Of the complexities of embodiment in a world where the body is a "source of identity and at the same time a prison" under patriarchy (Federici 2013, 16). Women's bodily experiences inform their stories and the themes therein – creating vernacular concepts of the body. We cannot disjoint womanhood from the body entirely. Women are beings *with* bodies, "minds that are inherently embodied" (Berger 2019, 211). The birth stories herein are about the body in a way that we do not normally societally engage with. This is hugely important. A portion of this thesis will focus on the theme of intuition in these stories, as women express alternative ways of knowing that are often embodied (see Chapter 4, *Breadth Telling – Thematic Expansion*). But many of these stories engage with embodiment as an overall lens or worldview. This cannot be pulled forth from stories individually but becomes apparent when they are taken in as a whole. I encourage the reader to see the ways the women in these stories talk about their bodies, the trust they lost and gained, the intuitive feelings they followed or disregarded. The ways they speak about working with or against their bodily knowing. Birth stories are so much about embodiment that the stories must be digested in full to comprehend it. Within folkloristics the study of vernacular conceptions of embodiment has been coined "bodylore." (Young 1994, 8). Women's birth stories can certainly contribute to scholarly research in this realm.

Birth Horror Storytelling

It bears noting that while the birth stories in this collection are generically personal experience narratives there exists another form of birth story out in the world that I and my informants have all encountered. We came to dub this the “birth horror story,” and it is more akin to a legend than a personal experience narrative. Traumatic births occur, this is not in question. Traumatic birth stories matter and should be shared, this is not in question. But there exists a realm of telling traumatic birth stories that differs in that it is told *not* to build intimacy but to warn, critique, or express an opinion/ideology that cannot be stated plainly (in the vein of William Bascom’s “Four Functions of Folklore,” 349). These stories are also sometimes told in the “friend-of-a-friend” style common within legends.

Text 3: Excerpt from Amanda’s Birth Story (9/20/22)

I’d like to think that horror stories come from a place of love. Like, I want you to hear how bad my experience was, so that you don’t make the same mistakes. But I think they also sometimes come from a place of self-righteousness. When I was pregnant with the first one, I was talking with a coworker. She’s a little bit older than me. And I said, I’m really considering having a homebirth and she said, Oh, my aunt or somebody, had a homebirth and the baby died. I’m sure that was horrible and traumatic, you know, but that is very unusual. And I’m so sorry, that happened. But what’s your intention in telling me that? What’s behind that? It’s like you have an opinion that it’s not safe or something, but what do you really know? Have you actually done your homework? Your research? I have a real abhorrence for fear mongering. I think there’s a lot of that in our culture right now. But there’s certainly been plenty of that in birth. It’s fear mongering that took us out of home

birth to begin with back in the day and brought us to the hospitals and it just comes from a very inauthentic place, and it's not really driven by the wellbeing of mother and child.

Some interlocutors were much less patient with the horror story tradition,

Text 4: Excerpt from Jenny's Birth Story (9/9/22)

I try not to be those women, who, it's all they talk about, because they exist. I find them annoying. Very much, 'oh my god, I had a huge tear,' because you know I've had that too, I had an episiotomy. Nobody wants to hear that...a lot of these women tell their horror stories, about them. I don't think that's a good thing. Nobody wants to hear your horror story. We all have horror stories.

Erin mused that it might be due to media representations of birth as inherently traumatic, "When I was growing up, it was all *TLC* scary horror stories.¹⁸ The trauma ones" (Personal communication, 9/13/22). Marlene reported that these stories are akin to a hazing ritual among women.

Text 5: Excerpt from Marlene's Birth Story (8/14/22)

Whenever a friend is pregnant, and if they're open to talking about things like this, I think it's an upside and a downside, because there's so many people who have had really rough births. But whenever anybody is pregnant, all anybody wants to do is share their birth stories with them. What worked, what didn't work, what was horrible. I mean, a lot of times, it's just horror stories. And it's like, the pregnant person is always just like a victim

¹⁸ Erin makes reference to *TLC*, which is an acronym for The Learning Channel. *TLC* is known for having reality TV shows that sensationalize and exploit.

to this unsolicited storytelling. But it's also kind of cool, because you're part of this community now of like, huge ups and downs and so you're part of the shared joy and the shared trauma, essentially.... I think it's a rite of passage. I don't think people are ever trying to scare. Okay, well, maybe some people are, but I think it is. It's like nobody else could understand except each other. And even though that's such a huge group of people. It's so personal. But like sharing "hey I'm pregnant" it's almost like an opening. I don't know what it is.

This variant is not the focus of the thesis and therefore cannot be explored further here but is certainly worth noting within the realm of birth storytelling.

Chapter 4: Structural and Thematic Analysis

It is perhaps misleading to call the personal experience narratives herein “birth” stories. True, they all are stories of a birth experience, but prompting a woman to tell you her birth story opens a narrative world that includes marriage, miscarriage, motherhood, hurt and healing, spirituality, loss-of-self and self-discovery, childhood trauma and creative practice stories. The framework of a birth story, and what fits within that framework is extremely fluid. These pieces are not intrusive or tangential but real patterned parts of the birth story itself. The structure of the story will always include the birth of her child, and almost always some sort of description of the labor process prior, but the inclusion or exclusion of these other important thematic components is a performative choice.

In birth stories there appear to be three levels of *depth* and multitudes of expansion available through *breadth*. The choice to engage in a lengthier or deeper telling of the narrative is informed by the teller herself and the social world in which she finds herself; the interplay of text, performer, and context that folklorists term performance theory (Bauman 1975, 291; Bauman 2002, 97). In studying women’s folklore, it is also vital to remember the role that socialization plays in the performance of personal narratives. There are levels of depth and breadth that the teller may perhaps never reach, even in optimal context, as she has been socialized to take up as little space in the world as possible. The systemic aspects of patriarchy make it so that this stifling may not be visible to the woman herself. Therefore, when choice or agency is mentioned in the performance of these personal experience narratives it is important to remember that choice is not a straightforward act. There are times when a teller is aware of social constrictions/norms, and she chooses to abide by or break them – this is choice. There are times when the teller is unaware of the social constrictions/norms that bind them because they have become as invisible and implicit

as the air around us. Performance is therefore impacted by these choices and systems in visible and invisible ways.

Depth Telling: Rite of Passage Variants

Rites of passage, as laid out by French ethnographer Arnold van Gennep, consist of three stages: separation, liminality, and reincorporation (van Gennep 1960, 41-49). Rites of passage utilize ritual to move someone in a community from one status to another, giving both the community and the individual a transformative experience to mark this change. It is the liminal stage that is perhaps the most important as this transitional period “is the gradual psychological ‘opening’ of the initiates to profound interior change” (Davis-Floyd 1992, 19). Rites of passage are “designed to breakdown the initiates’ belief system...the breakdown of their belief systems leaves initiates profoundly open to new learning and to the construction of new categories” (Davis-Floyd 1992, 19). Birth is a rite of passage, taking an initiate from her role in the world as woman to mother through the liminal space of birth. Rites of passage are extremely important moments in the human life cycle. Or in the vernacular, as expressed by interlocutor Kendra, “I’m ready to experience this very unique, but also universal thing. It felt like a really important kind of life experience” (Personal communication, 8/30/22).

Figure 3: Illustration of van Gennep’s stages of a rite of passage



Figure 4: Illustration of the stages of birth as a rite of passage



In a society that has moved away from birth as a social event the marking of this rite has become muted (Davis-Floyd 1992). It is in the storytelling that women are working through and expressing these phases of separation, liminality, and reincorporation. These phases are not all discussed in every telling, as the teller is navigating her performance context and levels of intimacy building with her audience (Dolby-Stahl 1985, 48). Taking in these stories as a collection, however, illuminates correlations with the stages of rites of passage and intimacy.

Birth stories appear to have three levels of depth: (D1) the quick, happy version; (D2) the detailed variant; (D3) unhindered experience. I will refer to these levels of depth as variants, as they all are versions of a core experience performed differently. D1 is the most surface level variant of the story, and therefore, the briefest. This is the story a woman might easily tell an acquaintance who asks, or a friend who is asking out of obligation. This type of variant might also be called the “healthy mom, healthy baby” version of the story. “Healthy mom, healthy baby” is a refrain women hear repeatedly within the medical system and outside of it. It is often used to dismiss women’s traumas and feelings of disempowerment. Theresa, who categorized her birth as extremely traumatic, recalls: “unfortunately, a lot of people were like, ‘you have a healthy baby.’ It’s like, you know what, go screw yourself.” (Personal communication, 9/9/22). Cathy recalls hearing this refrain during her time as a birth worker, “healthy mom, healthy baby, right? And that is a *broad* concept.” (Personal communication, 9/13/22). Misty reflected on the phrase as a slippery

slope, “The focus is healthy mom, healthy baby. I felt like it shifted to live mom, live baby.” (Personal communication, 11/4/22).¹⁹

The real danger to this mantra is that it is presented as the aspirational birth experience when in fact it is the lowest possible bar. As Misty discussed, “healthy mom, healthy baby” is used to mean no one died. Women are told they should be to be grateful that neither they nor their baby died in the birth process. D1 variants tell a story that is just that, a baby was born alive. Any complicated emotions or traumatic instances are completely left out of this variant even if they occurred. It is the equivalent of being asked in the United States by a coworker “how are you today?” to which the normalized response must be some sort of vague pleasantries such as “good” or “fine” regardless of what is actually going on in one’s life. In linguistic terms, this is known as phatic communication, communication which are “ritualized formulas” that have a social function but do not relay any real information (Jakobson 1960, 355). Part of what is sinister about the D1 variant is that it treats a rite of passage, birth, as if it were any old day of the week. It is a dismissal or neglecting of the heightened experience birth is. D1 variants are almost exclusively about the third phase, reincorporation, within a rite of passage in that they deal with the aftermath of liminality – the woman is now a mother to a newborn. If any attention is given to the actual labor, the liminal phase, it is extremely brief.

D2 variants are the much more detailed version of the story that a woman would tell a friend, her child, or another mom. Here the story begins to include a series of events and tone emerges (such as humor, or grief, etc.) – it becomes an actual story. D2 variants focus fully on the

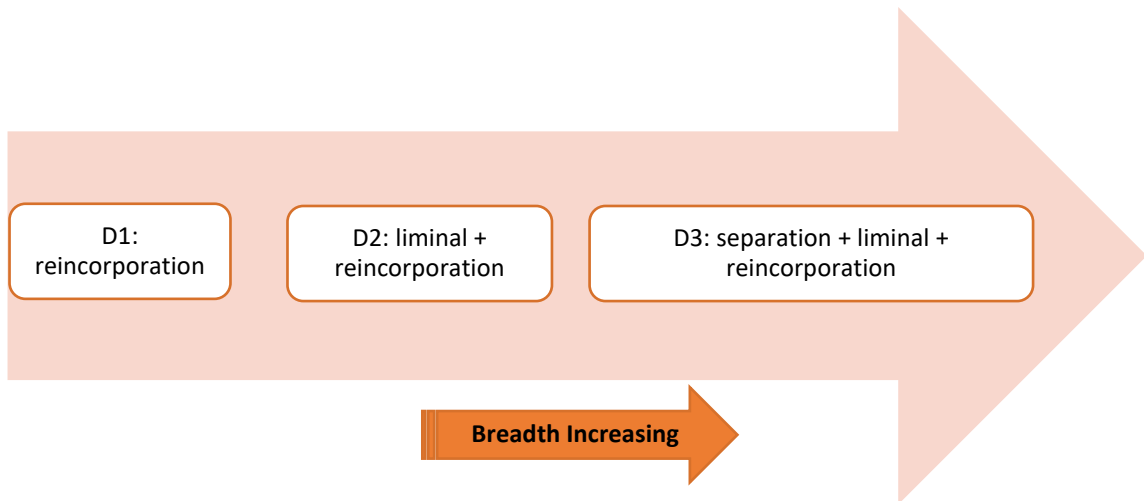
¹⁹ Interestingly, Misty later stated: “healthy mom, healthy baby. Nobody wants that more than a home birth midwife, right?” Here she uses a phrase that is often lobbed to discourage women from seeking homebirth as a way to argue for it.

labor and delivery, the liminal and incorporation elements of a rite of passage. Emotions begin to emerge that are not just obligatory happiness. This variant would contribute to some level of intimacy building between the teller and her confidant (Dolby-Stahl 1985, 49).

D3 variants are the true expression of the rite of passage – they encompass all of the messiness of the experience. These stories involve much more labor and delivery and hold the full depth of complex emotions, i.e., a mother with a seemingly straightforward birth experience might express complicated feelings about her birth. These stories are more rarely told, often to women’s confidants or to those who are asking to hear the story, the *real* story, the complex story. A true D3 variant tells of the three phases of a rite of passage: separation, liminality, and reincorporation. She is telling the story not only of the birth, or her baby, but of herself. Because of that this variant builds a great deal of intimacy between the teller and her confidant.

The term “depth” is used here to denote intimacy level, as correlates to the expression of emotion, tone, and the incorporation of different stages within rite of passage. Depth is not necessarily a static place; a woman might begin somewhere between D1 and D2 as she gauges her confidant and easily dive into D3 with encouragement or questions of interest. She might tell her story from D3 up to a part that is particularly raw and buoy up to D2 or D1 to get through that portion.

Figure 5: As breadth increases, depth increases.



Breadth Telling: Thematic Expansion

Birth stories have a great capacity for expansion, or breadth, within their framework. Recurring themes found in these birth stories include partners, mothers, miscarriage, sexual abuse, descent, the good/bad provider, empowerment, severance/abandonment, intuition, mother-baby wholism and motherhood/the post-partum experience. Increased breadth and depth occur in tandem as the story deepens and widens to tell the passage of the women herself as she went through separation, liminality, and incorporation (see Figure 2).

Partners: Not all of the women who participated had partners with which they were raising their children. But for the women who did partners played a prominent role in their birth stories. In the United States it wasn't until the 1970's that it started to become commonplace for partners to be a part of the labor/birth process. Gayle notes that the real beginning of her birth story was the moment she and her partner decided to try to conceive. She recalled the following with great emotion in her voice,

Text 6: Excerpt from Gayle's Birth Story (7/7/22)

That whole trajectory, like our decision to have a baby was kind of fraught. Dean already had a child, she was fifteen. Did he really want that, he's turning fifty, did he really want to be a parent again? Me, I never thought I wanted to have kids. And then when I really was like, actually, it's not abstract to me. This person I love. I want a baby because I love this person. Not I want a baby. I'm glad I finally found the person to have a baby with. It's the best when you have something you co-create, whether it's a child or something else. There was definitely a drive to create. And when I was like I want to have a baby. He was like, I don't think I can do this. He said no, at first. And then he regretted saying no and he wanted to say yes. There's actually a spot on campus where I was working and he asked me to come outside. He came to me and said, I changed my mind...that was really important. And that was an important part of our relationship. When I'm thinking about us, this is a significant part of that.

For several women their partners were their greatest advocates during this vulnerable time.

recalls her husband being the enforcer of her needs while she labored:

Text 7: Excerpt from Cathy's Birth Story (9/13/22)

One thing that totally stands out is that my mother-in-law came into town. I wanted no one else there and my mother-in-law at the time came into town and was knocking on the door. I'm like walking around naked, right? And my husband went to the door and wouldn't let her in. Which felt like a blessing at the time.

Marlene recalled a similar situation in which her husband protected her needs over his family's,

Text 8: Excerpt from Marlene's Birth Story (8/14/22)

I got my family on board with home birth. My husband didn't get his family on board, but he didn't tell me which was very smart of him.

For Cecilia her husband's support meant the world to her.

Text 9: Excerpt from Cecilia's Birth Story (9/19/22)

My husband and my mom, I really want to thank them a lot. I remember, there was a time when the baby was crying so much. I can't stand it anymore. And I really want to sleep. And my husband said you go and I'll take care of it. And Joey is crying, and with that loud, loud cry, I fell asleep. For about two or three hours he was just trying to soothe Joey and I have some time that I could sleep and I really appreciate it. There's just a lot. And besides Joey he had a complication. We really had a hard time mentally, emotionally. We were really stressed. But he was like, It's okay, it's okay, we're gonna figure it out. It's okay. Really, he was always there to me. I'm really thankful and grateful for that. And I have to say he is a good partner.

Jenny told this humorous anecdote about her husband's supportive comments that helped her adjust to her changing body.

Text 10: Excerpt from Jenny's Birth Story (9/9/22)

Men even though they're not giving birth, they're important part of the process and an important part of being supportive during the process. Being encouraging while you're pregnant. Like, I remember when I was pregnant, I gained 33 pounds, which, when you are my height is a lot of weight to put on. And he was always reassuring me like, that's fine. It's important, you need to gain all that weight. And I'm like, but the baby only weighs like

eight pounds or seven pounds. And he used to call it infrastructure. So it kind of made me feel better, you know, infrastructure is super important, or the end product can't get created.

When women experienced traumatic births, their husbands were also traumatized. Kendra, who was whisked back for an emergency c-section during his first birth recalled being separated from her husband and how scary that was for them both:

Text 11: Excerpt from Kendra's Birth Story (8/30/22)

As soon as she was out, I was kind of in shock, but I was not worried anymore. They got her cleaned up really quickly. They brought her into me, in my memory, I held her I know, they put her in my arms and I held her. We had our first moment and she looked at me and she stuck her bottom lip out. And so the first thing I said to her, I was like, 'I know! What was that?' (laughs) So I held her for a few minutes. And then they took her to my husband, and he has a whole other traumatizing side of the story where he didn't know, they threw him a bunny suit. And he's like, trying to get it on. He just didn't know what was happening... we were both processing that for a long time. We shared a lot, and we cried a lot together about how scary it was. And obviously the outcome was good. But we definitely process that together. I mean, I even teared up when I was telling you about his birth, but for a long time, I couldn't talk about our birth without crying. Those are just my feelings. Still processing all of that. But yeah, we talked about it a lot... it was really scary for him, not knowing what was happening. And if I was okay, and just being in the dark for a while. Then a nurse came and handed him the baby. And he was like, Is my wife okay?

Theresa's husband experienced a similar moment after she was rushed off for an emergency c-section.

Text 12: Excerpt from Theresa's Birth Story (9/9/22)

He was really scared. They sent a social worker to talk to him. The social worker didn't know what was going to happen. The social worker didn't know if the baby was going to die, or if I was going to be okay. Basically, they just gave him a social worker to babysit him. He was super scared. He was really worried about me. Men take longer, I think to connect to babies. Especially before they're born, you know, like in that liminal state, he was like, what's happening to my wife?

Marlene's first birth began in a hospital attached birthcenter before she transferred to the Labor and Delivery floor to receive an epidural. Marlene had a reaction to the epidural which she did not like.

Text 13: Excerpt from Marlene's Birth Story (8/14/22)

I do remember first getting the epidural. I was like, oh my god, like relief. It was so great. But then, quickly, I was out of control. This isn't as cool. I kind of just shut down you know, which I didn't want that. I wanted to be active. It felt like a coping mechanism for sure. I mean, I was tired. I understand why my body was like, okay, sleep now. But when people had to move my body? That's not even how epidurals are supposed to be. That's not what I expected. So many things are just like a letdown.

This labor eventually resulted in an unplanned c-section; Marlene categorizes her experience as traumatic. Here she recalls the medical staff not listening to her partner and feeling the anger of that dismissal as she retells the story,

Text 14: Excerpt from Marlene's Birth Story (8/14/22)

Decisions were being made for me at a rapid pace. I remember Brendan also sharing this, just being swept away in the medical business. We really have no authority here all of a sudden. Just being out of control. I mean, that was really what it was. It's just like surrendering to these people and just saying, okay. No energy to fight you on any of this, so do it, do whatever you need to do. I remember being asleep. I remember them playing music, but I didn't really hear it. I do remember hearing [the baby] cry. And I remember Brendan whispering we have a boy. I do remember them talking to me, but I don't remember about what and later to find out they're asking me permission to do stuff and not asking Brendan and how mad I am about that still... and how guilty I feel about that too. I still feel guilt about that kind of stuff – decisions about putting the eye ointment in his eyes, even though I didn't have anything going on that he would need that. But they just do it. How effed is that, right? We had printed a birth plan and given it to the midwives to have on file for such an occasion that told all of our preferences immediately after birth. The midwife had the folder, I remember her having it. She didn't do anything with it. She was so meek and obedient and like not in her territory. She couldn't say anything. You are supposed to be the advocate up here! Why the heck are you here if you're not gonna advocate? Ugh!

Talia's story illuminates just how important partner support is. With their first pregnancy they planned to have a homebirth but when Talia went past her due date and received some worrying tests back, she and her midwife decided the best plan of action was an induction in the hospital (taking her out of her homebirth midwife's care and into OBGYN care). Talia expressed feeling

frustration that her first birth did not center her needs and this was exacerbated by her partner, Paul.

Text 15: Excerpt from Talia's Birth Story (8/19/22)

The nurse came in and she was like, What's your pain level? And I'd be like, oh, two. In my brain, I was like, ten. But I don't want her to be like, you need an epidural. So I just didn't say anything. And at one point I was on all fours and Paul's like on top of me, like draped over me. I think he was trying to hold me or hug me but it just felt like I was holding a baby up and holding him up. I was trying to have contractions and he was breathing in my face. I told Paul, I think I want my mom now. I think I'm ready for my mom to be here. I need my mom. And he was like, Okay. And later on, I did not find out about this until I was like almost a year postpartum, but I found out that my mom had texted around that time to check in like, does she need me? Which I did. And he said, No, we're good. He was afraid that because we were not married, that if she came in, they would kick him out. Which is not even a real thing. And I don't know where it came from. But he didn't want to share those fears with us. So he made a choice for himself about my birth and what I needed. And because my mom was not there, because I didn't really have the support that I asked for because I was not listened to – things started to get bad.

About a year post-partum Talia and Paul had a conversation that she found extremely healing, because Paul took responsibility for his actions that contributed to Talia's decentering in the birth process.

Text 16: Excerpt from Talia's Birth Story (8/19/22)

There was a lot of trust with Paul that had been really broken. When I was a year postpartum, Paul had been doing a lot of work, I'd been doing a lot of work. And I was on

the phone with him, just telling him how that made me sad that that happened. And he was like, you know, I think I finally get it. And I was like, what do you get? And he goes, when you were giving birth to Jude, you were both suffering, you are suffering, Jude was suffering. And I just watched it. I wasn't able to do anything. Not only that, I was putting my needs ahead of your needs. And I was prioritizing how I felt about things. While you were literally suffering, having a child and having a traumatic experience. I'm so sorry that I did that. And all of this pain that I've been holding, this resentment towards Paul, just like, like exploded off of me. And I was like, you don't know how good it feels to hear you say those words. That's what I've been waiting for you for you to do, to take ownership of your part in this. That was really helpful.

While partners may play the role of primary support person it is imperative that they do not step in the role of the centered individual in the birth process. When they provide quality support partners help women feel safe and empowered to be the primary agents in their birth experiences which can make all the difference. During her second pregnancy Talia recalls Paul's mentality shift,

Text 17: Excerpt from Talia's Birth Story (8/19/22)

He's like, whatever you want is like this is your body, do whatever you need to do. This is your thing. I'll take over some jurisdiction once the baby's out. But for right now this is your body, you do whatever you want, I trust you to make the best decisions for our family. And you do it. And it felt so good to feel that kind of control.

Misty recalls a beautiful moment where her husband validated her as a mother in those early post-partum weeks that still stands out in her mind to this day.

Text 18: Excerpt from Misty's Birth Story (11/4/22)

My husband was so awesome. I was about six weeks postpartum and breastfeeding was going better. [Baby] was starting to grow. We were kind of in this sweet spot. We had just moved into this house. So you know, I'm in my nice new bedroom nursing my baby. And it really felt like a sweet dream, you know? And he [husband] came by and he just popped in. He's like, you've kept him alive for six weeks, just with your body. That's amazing. And then he went on his way. Just like. He wasn't gushing over me.

Mothers: As women go through this rite of passage to become mother's themselves, their own mothers become an integral part of their narratives. Cecilia's entry into motherhood changed how she interacted with her own mother.

Text 19: Excerpt from Cecilia's Birth Story (9/19/22)

When I first holding him and tried feeding him, that was the moment I feel like, oh, this is coming from me and it's my baby. People always say unconditional love, they always say that. I know the word but I didn't really feel that about it. But I say in my case, I want to give them everything. So I was like, okay, this is unconditional love. I would love them no matter what they be and no matter what they do, I would love them. That's the moment I deeply felt better understanding of this unconditional love. Which also helped me with my relationship with my mom and with my family. I become more grateful and thankful for my mom. I'm really lucky. Me and my mom we're like friends, we talk about everything. Even when I was in high school. Because you know, in China, having a romantic relationship in high school it's not allowed most of the parents and most of the teacher restrict it so much or punish you. My mom she was really nice and we were like friends,

but also we fight a lot. We fight a lot. And now, me being a mama, just thinking back, okay, sometimes maybe I shouldn't have been mean to her. And I should be more grateful to what she has done for me. So when we talk, I tend to be like more patient, tend to share more. She's in China, we have those 12 hours' time difference. We don't really talk that much anymore. But when we talk, I try to be patient and just try to explain everything. And I know what you've already done for me.

Several women mentioned their mother's support as being extremely meaningful to them in their journey, as Rhonda reports in Text 19.

Text 20: Excerpt from Rhonda's Birth Story (9/23/22)

And then in the mothering and the parenting I had really good positive support from my mom. And I parented in a way that I felt very good about, because I felt like I was listening to myself and my maternal instincts, and was being supported, especially by my own mother in that.

Eliza's mother was there for her during her post-partum period while she was treated for a painful spinal headache.²⁰

Text 21: Excerpt from Eliza's Birth Story (8/26/22)

My mom was an ER nurse and so she took charge when we got to the hospital. She's like, we need a bed, she cannot sit up, she has a spinal headache, and we need a bed. In this non-

²⁰ This is a possible side effect from having an epidural or spinal block. Notably two women in the cohort experienced spinal headaches post-partum, Eliza and Cecilia. The two women are friends and they bonded over this shared experience as new moms. The shared hardship deepened their intimacy.

crowded hallway we got a bed to lay on. I had to have my blood patch and, my mom loves this story, there was a young nurse in there. They had to call an anesthesiologist, only they can do it and so it took forever. What you have to do is hunch over and the nurse was supposed to be holding me like this [wraps her arms around herself tightly], and my mom says, move, and holds me really tight. And the anesthesiologist says to my mom "you've done this before." And my mom just goes "Yes, ma'am." like I'm not gonna tell you my history. I'm here. We're doing this.

Erin's mother who had had traumatic births of her own was able to be present during Erin's labor (with her second child) and support her, but she found healing in the process as well: "and my mom got to see got to see it. Which she said it was really helpful for her, magical for her to get to see. To see healthy birth" (Personal communication, 9/13/22). Kyra recalled something her mother said to her that spurred her on to be a different kind of mother.

Text 22: Excerpt from Kyra's Birth Story (9/16/22)

When my first was born, not even two minutes after she was born, my own mom was like, 'you'll do better next time and have a boy.' I remember like, I will do everything in the world to take care of this human. And make sure she knows that she's loved and cherished in ways that my sister and I were not like. I'm her mom. That's my job. Right? Right.

Talia also spoke of her complicated relationship with her mother. Her births became a catalyst for reckoning and setting new boundaries in that relationship.

Text 23: Excerpt from Talia's Birth Story (8/19/22)

I knew my mom had morning sickness with some of her kids. And I was like, can you just tell me how to get through this because I'm basically hiding in a corner all day long. I just

feel so bad, not in a good place mentally anymore. My mom was like, you just need to meditate Talia. I was like, I don't, I don't think you understand. She's like, you've always been very dramatic you're overreacting.... I just learned a lot about myself, because I thought that I was gonna be very connected to my body and very understanding of how I worked and how my body worked. After my birth, I realized how much I didn't. And not only that, but how much childhood trauma I had had in my life that came up, especially with my mom. And so there were a lot of elements with my mom that came up during that time. At one point when we said we were going to try and get pregnant. She was like, what has Paul done to improve the quality of his sperm for this baby? She was very particular about how I got pregnant and the health of my body and Paul's body. And this has nothing to do with you. But she ordered me really expensive prenatal vitamins and was like, I'm so excited for the for this journey that we get to take together. You're not on my journey. But there was a lot of her trying to control my birth.

After Talia learned she would need to be induced at the hospital,

Text 23 (cont.):

I went home, and I told my mom, we're gonna go to the hospital and get induced in a few hours, and she started losing her mind. She was crying, I was ferociously trying to like type up a birth plan for the hospital because I had not prepared for that. She was like, you need to cry Talia you need to surrender, you need to release. Like, I don't want to release, I want to type up my fucking birth plan and just get there and get settled. And then you know, take my time. I'm allowed to do whatever I need to do right now. And what I need to do is sleep, like I want to just sleep for as much as I can before shit gets real. While I was trying to sleep and snuggle with Paul in our bed, my mom came in and was like, standing over me

like smudging me. She was more scared of me going into the hospital than I was and it just like was so upsetting.

Then later at the hospital,

Text 23 (cont.):

I got the epidural and it was just like the whole theme again, this theme of me wanting to do what I wanted to do, and nobody listening. I wanted to pick up my phone and my mom snatched my phone out of my hand. She was like you are trying to labor right now. You have to stay in the zone and let your body do it and connect with your baby. And remember, you're still laboring, take deep breaths and surrender to your birth, surrender, surrender, surrender, surrender, you're not surrendering. And that's why you're not having a baby. It was a lot of that. I started at that point, to just kind of dissociate. I didn't realize until later on, when I had gone through lots of therapy following my birth, that I've dissociated my whole life. That's always been my coping mechanism. But at the time of my birth, I had no knowledge of this, I had no idea that my mom was the big factor that was holding my body up. That influenced a lot of what made me feel safe. So I pretty much dissociated for like the rest of my birth. I felt like I was sitting in my eyeballs looking out through my eyes and being like, can somebody help me? Can somebody help me? Later on I told Paul, why did nobody help me when I asked for help? And he goes, You never said that you never said any of that, you just slept.... postpartum with that was extremely hard. I lost a lot of trust in Paul. I lost a lot of trust in my mom. My mom left the next day, she was like, I have to get back to my kids. Like, I have kids too. I've been here with you for forever. Basically, you waited forever to have a baby.

Reflecting back later Talia recognized the ways her body knew about this dynamic before she was conscious of it.

Text 24: Excerpt from Talia's Birth Story (8/19/22)

There was this really interesting period where my rib really hurt with my first pregnancy to the point where I would sleep holding on to the headboard, just to stretch it. Then it started happening in the second pregnancy. I'm getting bodywork and getting chiropractic and nothing was really getting rid of it. And [the chiropractor] was like, you know what's wrong with your rib, right? And I was like, no, and he goes, you're producing so much energy with this baby inside of you. And your whole left side is tense and tight from trauma and emotions, you hold them there. All of that extra energy is pushing itself out of something. He asked about my mom. And he was like, you know, you basically raised your mom's children, you basically raised your mom. And then from that she expected you to be a dutiful daughter. And that's not fair. After that experience, I went to the bathroom and cried for a really long time. My ribs did not hurt for weeks. What was even crazier is then a few weeks later, I went on a trip to see my family, my mom. On the plane, I was fine. Then, within a day of being there, I developed this like weird hip pain. I was limping because I was in so much pain. And I was crying, I couldn't do anything. I came back home, and it immediately stopped. One of the things the therapist said was, your brain knows that your mom is okay, that she's not going to hurt you. But your body does not know that. So I just said to my mom, Look, I want you to be there postpartum, that's going to be most important to me. I did so many boundaries with this pregnancy.

In the end Talia's boundary setting in her second pregnancy gave her an experience with her mother that was enjoyable:

Text 25: Excerpt from Talia's Birth Story (8/19/22)

Around eight days, Levi had his naming ceremony, his Brit Shalom, and my mom came back that weekend, and it was the best weekend of my life. She took care of us. She fed us. It was perfect. It was all I needed. With Levi, I just told my mom, I don't want you there at the birth. I really want you to take all of your time and put it towards postpartum. If you want to come down please come down for postpartum. That's exactly when I need you. And she did and oh my god, I was in heaven. That it was the best postpartum of my life.

Miscarriage: It should be no surprise that the topic of miscarriages is prevalent in birth stories. It is estimated that 26% of all pregnancies (known and unknown) end in miscarriage (Dugas 2022).

Text 26: Excerpt from Eliza's Birth Story (8/6/22)

I'm trying to be more open about this, I had a miscarriage last fall, I was six weeks and I started bleeding heavily. I called and they said come in and take a blood test which measures your hCG level. But then you have to wait 48 hours to get another one to see where the levels are. And at that next blood draw they had decreased by half. But then like, all the blood that comes out. It was really, really scary. Because like what do you do? And no one supports you through it like, it was just [my husband] and I. And I had to tell him, so I called [my husband]. And so like, we both took it like really hard.

JA:²¹ Was there anyone else you could talk to about it?

E: I guess at the time (pause) oh my little sister had one.

JA: So you were able to talk to her about it?

E: Not really. I think we just kept trying to find the silver lining. I accepted a really cool job with my work that I had [initially] declined. But then [my husband] said, maybe this job is your next year. So that was exciting. And it ended so fast, it was almost like an emotional pregnancy. Birth stories are exciting, because they're like happy, right? There isn't any place to talk about this.

Text 27: Excerpt from Cecilia's Birth Story (9/19/22)

I had two miscarriages. It was really heartbreaking. The first miscarriage we found out when we went to our first ultrasound and we found out there, there was no heartbeat for the baby. So we had to make the decision to do an abortion.²² After that, I got pregnant again, several months later, we were really excited. And then we did a urine test at the clinic. Several days later, I got a call from the nurse and she was like, there was an indicator that was too low. And she told me that would cause a miscarriage. And you know, I was really horrified. I was asking her if there's anything we can do. And she was like, I'm so sorry. You know, that's really early stage and there's nothing we can do and you're gonna

²¹ When the initials "JA" appears within an interview it is to denote the author, Janelle Azmy, speaking.

²² This section focuses on miscarriages since that was what appeared most narratively vivid in the texts, but abortion was also a topic in birth stories. It was usually mentioned in passing, and often was not a dwelled upon moment for the narrator. It was discussed as a fact of life, without large amounts of emotional weight attached. This is counterintuitive to mainstream ideological narratives about abortion. None of the women were asked directly about their history with abortion but it comes up in Gayle, Cecilia and Talia's stories.

bleed. And then you will have a miscarriage. So that was it. Like maybe several hours after the phone call, I started bleeding. And that's it. That was my second miscarriage.

Text 28: Excerpt from Amanda's Birth Story (9/20/22)

I did actually get pregnant just before he turned two, I was pregnant, and I had a miscarriage at 10 weeks. That was really hard. It was really, kind of again, that you don't know that. You don't know. I didn't know that miscarriages were so common. My mom had one. But I still didn't know that they were as common as they are. I was totally caught off guard and I was just crushed. Just crushed. It wasn't even a 15 week pregnancy, it was like a ten week pregnancy. But it was horrible. It was really hard. I was really crushed and really bad for a long time. For like six months. I wasn't even interested in trying, you know? After going through the miscarriage, I was really nervous. I didn't want to tell anybody I was so afraid we'd lose it. I was really nervous. I was feeling a lot of anxiety about those early weeks. Once I got through that first trimester and felt a little more secure in this pregnancy, I felt a lot better with that anxiety really, you know, lifted.

Text 29: Excerpt from Kyra's Birth Story (9/16/22)

I had one miscarriage. I was in a hotel with my little sister, and my kiddos and my niece. And my husband was in Hawaii again. So I was completely alone, like didn't even tell anybody at the time because it was in the middle of the night.

Text 30: Excerpt from Melanie's Birth Story (10/29/22)

We were friends. She's now married to my brother. But I knew her separately, I had been at both of her daughter's births. And her second daughter is a year older than my daughter and we were pregnant at the same time. And I had a miscarriage. We were supposed to be

having babies at the same time. So the birth of her second daughter was significant for me, because I was supposed to be also about to have a baby at that time.

The women who had experienced miscarriages spoke of it as a taboo experience. After experiencing pregnancy loss many of them learned how common it was, and yet they lacked a social place to process it. As Eliza says, birth stories are at least discussed amongst people, miscarriage stories (although common) really have very few places to go. Miscarriage stories are deserving of their own place in the personal narrative canon outside of the scope of this project.

Sexual abuse: Several of the women talked about being survivors of sexual abuse. For two of the women, Gayle and Marlene, this became relevant when choosing to pursue homebirth.

Text 31: Excerpt from Gayle's Birth Story (7/7/22)

I'm also a survivor of childhood sexual abuse. When I went through the [birthworker] training on working with survivors, it's good for me to learn that women who are in that situation and people in that situation, have troubled relationships with authority figures, and especially with health care providers. We tend to either over or under utilize them and I feel that that has been true in my life, that I sometimes wait too long. So the idea of going to the hospital, I was like, that's where sick people go. And that's not where I want to go. And I felt like I knew competent, capable people who would be my team, who were professional and dedicated to women's health, and that I felt like I could trust them. And I wasn't confident I could trust and be comfortable with an obstetrician. Partially because of my personal issues, partially just because of how birth is handled at the hospital.

Below, Marlene recalls the trauma of her first birth that reminded her of a past trauma. This experience of feeling “out of it” post-epidural would influence her to choose to pursue an HBAC for her second birth.

Text 32: Excerpt from Marlene’s Birth Story (8/14/22)

Got an epidural, which was great because I could sleep, but then it was like, I was like sleeping for the rest of this birth. Which sucks. Such a big deal and I was sleeping for it. Which reminded me of other traumas, you know, like past trauma, and so it just wasn’t connected in a good way. But it just felt so out of control. As soon as I was upstairs people just kept doing things to my body. Rolling me to get our heart rates different. And I just couldn’t move my body so it felt very out of control. And then, you know, people run in and say, we have to do an emergency c-section, because of decels,²³ which I now know was probably bullshit and like a way to get me to have my baby. And then I slept through his birth in the OR. And I slept afterwards. And it’s such a hazy foggy way to like, bring life into the world.

For both Gayle and Marlene homebirth was a powerful experience that gave them a deep sense of agency. On the other hand, it was *through* her birth experiences that Cathy reckoned with and helped heal past abuse.

Text 33: Excerpt from Cathy’s Birth Story (9/13/22)

That first birth, and then the second even more so, triggered some memories of sexual abuse that I’d had as a kid. So that also informed the postpartum depression. Good news is

²³ Jargon for “decelerations” when referring to the baby’s heartrate on the monitor.

that after the second kid it inspired me to get some therapy. So that's good. And I had been pretty disconnected from my body, probably because of that. So the births put me back into my body, felt empowered and positive.

Sexual trauma is extremely common amongst women. It should not come as a surprise that birth, a bodily experience with its origination point in sex, becomes a place of reckoning, healing and awareness around this type of trauma.

Descent: The unmedicated/physiological birth process is one of descent into the self, as “the mother’s state of consciousness goes through a very great change during the first stage of labor. This change in her consciousness must be considered by all the people helping her with the birth” (Gaskin 1980, 345). I have termed this moment *descent* to encompass the physiological labor experience and the ineffable quality described by the women who experienced it. It is also beneficial to disentangle it from any one stage of labor since some of the women described going inwards immediately, and women who had medicated births did not report this same experience. This change in a woman’s consciousness must be considered by all the people helping her with the birth process.

Birth workers commonly refer to pregnant women as being in a “sponge” state or “being a sponge” because they become very open to the world around them. “Open” here refers to taking all things in, being vulnerable to the energy of the people around you. As Talia puts it:

Text 34: Excerpt from Talia’s Birth Story (8/19/22)

A lot of cultures believe that in postpartum you’ve exhibited so much heat, that you’re leaving your spirit open for cold. You’re losing this heat, but also, if you believe in demons and things like that, you’re leaving your spirit open for negative energy to come

in and replace that heat. So you have to keep your head covered, you can't open the door. But I do think that there is definitely a serious aspect to that like, in pregnancy, we are so vulnerable. Even just physically our immune system is lowered, that we can like, not reject a baby. Our bodies are so vulnerable and open to everything that when somebody shares a negative experience, it's not as easy to brush off, you know, you're just like this human sponge.

This moment of descent is perhaps the zenith of that experience of openness. The woman "becomes less of an individual personality and more like an elemental force, like a tornado, a volcano, an earthquake, or a hurricane, with its own great behavior." (Gaskin 1980, 345).

This change in consciousness is essential to the unmedicated birth process. As midwife Ina May Gaskin writes, having attended over 1,200 births, "there are laws as constant as the laws of physics, electricity or astronomy, whose influence on the progress of the birthing cannot be ignored...pregnant and birthing mothers are elemental forces" (Gaskin 1980, 270).²⁴ Gaskin's observations provide insight into the embodiment women experience that medicine and science often ignore or reject. This type of knowledge/experience cannot be monetized. Some of the women likened this experience to a spiritual experience, a transcendent experience,

²⁴ Ina May Gaskin is a hugely important figure in the homebirth movement. She and her husband founded The Farm commune in Tennessee, which is credited as having one of the first out-of-hospital birth centers in the United States. Institutional practitioners will know her for the "Gaskin Maneuver," a technique to help resolve shoulder dystocia (a type of labor obstruction). The Gaskin Maneuver is extremely important as shoulder dystocia can lead to infant death, or the practitioner may resort to breaking the baby's collar bone/shoulder to extract them from the birth canal. The Gaskin Maneuver instead asks the mother to shift onto her hands and knees, helping change the shape of the pelvis. It should be noted that Gaskin did not create this maneuver but learned it from traditional midwives in South America. It is sad and problematic that these traditional midwives' names have been lost.

or a loss of self. What Gaskin dubs the “elemental forces” of birth Cathy, an interlocutor, speaks to in her own birth experience as “life force.”

Text 35: Excerpt from Cathy’s Birth Story (10/4/22)

For lack of a better term lifeforce, just feels like it’s splitting you. It is just your body. When you feel your insides spreading and opening, but you it feel through your whole body, it felt like lifeforce. You’re creating life and the vessel for life, and it’s coming through you. That was pretty powerful. I remember thinking this is incredible, painful, but incredible. I felt really like a lot of women will say this, I felt like I was going to split in two. And I just remember thinking well, this is the power of life, this is lifeforce energy. Anytime I was feeling like I couldn’t do it, I would think about women through the ages...they’ve all done it so I can do it. Very much those messages, some of which I’m sure came from the midwife. Very much your body is meant to do this. And that helped me through.

Regardless of the words chosen, both women are speaking to the same experience. Erin describes this moment in birth as follows, “I felt like a little bit of an altering of reality like a little bit like going inside or not like really focusing on the bodily sensations... it was not verbal. Like I couldn’t - I wasn’t in a verbal place” (Personal communication, 9/13/22).

Women’s birth experiences flip the Cartesian model on its head, they speak of going inside of themselves, of the thinking mind going away and giving way to some other kind of knowledge, one that can only be embodied.

Text 36: Excerpt from Gayle’s Birth Story (7/17/22)

It’s like this intersection point, right? Because my cognitive stuff is there and I remember, but she’s [the doula] telling me the words. And it’s the memory of being kind of draped

over her sitting on the toilet. Knowing that if I close my eyes, I can kind of re-find that in my body. But that's the last thing I can find in my body because then it drops into the nonverbal space. I do think it's the nature of the beast, like you do not get to stay in your cognitive verbal self. So that really is the last moment. That moment of like, oh, we have crossed a line. There's no turning back now. I have entered the space [of birth]...so then it shifts and I'm no longer in my body with a cognitive self...I'm not in my body. I'm outside my body looking at us...1,000% inside.

Here Gayle speaks to the dual nature of this “elemental force” that put her “1,000% inside” herself and yet also outside of her body as an observer. She recalls being both inside *and* outside her body. The experience of women's embodiment as being both within and outside of the body has been noted by folklorists before (Young 1994, 5).

Birth workers can often see descent occur within labor. One minute the mother is present, she may go quiet and introspective during contractions, but she comes back and converses with those around her. Then there is, as Gayle puts it, a moment where the woman “crosses the line” and she shifts inside, she lets the powerful force of labor take over and she descends inwards. Erin describes it this way:

Text 37: Excerpt from Erin's Birth Story (9/13/22)

It's interesting, because I feel a lot of times I have out of body experiences normally. It's hard for me to be grounded in my body in general. If anything, I think it helps. I don't know if I'd call it more grounded. But I was more just so insular. Both births just like really shut out of cognitive thinking in a very specific way. I was just beyond thought. Which, as a person that overthinks I wouldn't say it was pleasant, but it was a marked difference. And it's funny, you know, I read Ina May Gaskin wanting to have something spiritual. And in

the moment, I don't think it was but in some ways it was one of the most intense, most transformative. Impactful in a way beyond thought, connected to a physical body in this world, that I think that was one of those moments. So in some ways, we think like spiritual is thinking in the head but it was just very connected. Brought me into my body in a new way. because there's not even words to describe it. It was sensation that was just beyond words, when I think about it. And a lot of it, I thought it, Oh, well, I just don't remember that. But I have physical memories. I just don't have words.

Birth workers are taught that a key clue that a woman is reaching this stage of labor is that she begins to feel like she wants to give up, as Marlene notes this moment can be empowering if one has the knowledge that it is coming.

Text 38: Excerpt from Marlene's Birth Story (8/14/22)

This is an endurance thing. It's not about powerhouse. It's about enduring... they always say part of laboring is the giving up. Saying, I don't want to do this. I can't do this anymore. You know, that kind of language. So feeling all those things didn't scare me so much this time with that knowledge. Like, okay, I'm getting this closer! This is normal. This is normal.

Talia recalls this moment in her own birth before she went inwards.

Text 39: Excerpt from Talia's Birth Story (8/19/22)

In the moment, I just imagined, I visualized in my mind that I was like looking over a cliff. And there was like this giant steam roller coming up behind me. And I was like, I can either jump into the water, which is like my home birth. Or I can jump into the stabby rocks, which is like going to the hospital and trying to transfer. I couldn't even stand up and walk out of my bedroom. Either way, I have to jump. Whichever way I'm going I'm in it now,

I can't turn back. There's no option. And once I was kind of there. Then I was like, okay, let's do it. Paul came in and he was filling up the birth tub. He's like, what's wrong? And I was like, I'm all out of options. I don't have any more options. And he was like, what does that mean? And I said, listen to the words coming out of my mouth, Paul, I don't have options. I have to have this baby. And pretty much at that point a lot of my labor was kind of a blur. I think my body was like, alright, let's do the thing. And so a lot of what was the most painful was that early beginning stages, and then afterwards, it wasn't painful at all.

Although the media portrays it otherwise, birth does not have to be traumatic, out of control or violent. Despite feeling, as Cathy says, "split in two" none of the women quoted above view their births as traumatic experiences. After the birth of her second child, which was an HBAC, Marlene reflects, "especially now I'm almost to two years out, like, I do remember the feeling of giving birth... But really, the whole experience was magic" (Personal communication, 8/14/22).

The descent into labor, when done in an environment where the woman is safe, comfortable, and respected, is a transformative experience. All of the women interviewed above reported feeling more confident overall after their empowering birth experiences. Through surrender into themselves these women returned braver and bolder than before.

Text 40: Excerpt from Misty's Birth Story (11/4/22)

You know how when you fly, and you take off you are completely - there's nothing you can do. That's kind of that's how it felt. But even more so. In a lighter way. You're at this threshold. I think complete surrender is really huge. And it carries us later on in life when we do need to be in complete surrender. So I feel spiritually, I gained so much from all of my birth experience. It's really formed who I am as a person. It's taken me in the direction of my work.

To surrender to the process of birth is still to have agency, it is not the same as being out of control. When asked to elaborate on the ways surrender had served her later in life Misty brought up the challenges of motherhood.

Text 41: Excerpt from Misty's Birth Story (11/4/22)

Most recently, and this is so recent, it's raw. My second son had a transplant. And my oldest son was his donor. So having two children, and a very long surgery, it was a long surgery to have both of these boys, you know. When we're sitting in the waiting room it's like, this is surrender. This is about their soul agendas. This is about trusting the team. Then helping like my youngest, he had some severe emotional challenges his first year out of high school. Helping him heal from that and get the help he needed. And just being that steady. Growth is a process. I think a lot of times this culture is really very much that if we do all the right things, then everything will be okay. But the fact of the matter is, we can do all the right things and it's not a guarantee that all of our people and ourselves are going to be healthy. Being a human is hard. And I think birth is such a great metaphor for that. I remember meeting a woman who'd had an unmedicated birth at one point, and she said, 'after that there is nothing my baby can do that I can't handle because I did that. And it was hard.' I thought so much at that point about how when we cut people off from their physiological processes, how it hinders their emotional and spiritual development. And that's not to say everybody should be forced to like squat in the woods. That'd be abusive, right? But for those of us who look at it like that is an initiation into your deeper self, that is a transformation. And so I think there are all sorts of times in life where I've gone back to that. I pushed a nine-and-a-half-pound baby out on my living room floor. I pushed a 10-and-a-half-pound baby out on my living room. I'm strong, I can handle it. It was a process, I had to soul search to get there. I had to surrender. When I had to surrender.

I had to work hard when I needed to work hard. And for me, that applies to pretty much every challenge that I've ever experienced since.

Birth stories can become a story of overcoming, a personal narrative of the ability to face all things. Reflecting on it can provide assurance to get through other challenges in life.

The Good/Bad Provider: Women are aware that their bodies make doctors uncomfortable. As folklorist Susan Kalčík notes of her ethnographic work in women's groups; "the four most common characters in [women's] personal narratives, besides the women themselves, are (1) men in general and husbands, lovers, boyfriends, and male friends in particular; (2) other women; (3) mothers; and (4) male doctors" (Kalčík 1975, 4). Providers play a key role in these birth stories and it quickly becomes apparent that a good provider is someone who centers the woman, even in moments of crises. Here are how women recall those moments of connection that made all the difference to them.

During Talia's first birth the labor process grew frustrating to her as she felt increasingly isolated and abandoned by her support people. In the end looking back on that labor she felt the doctor was the only one in the room really listening to her because he had a conversation with her about the type of closure she wanted for her c-section: "I'm just so fucking pissed. Nobody's fucking listening to me. The only person who is listening to me is the person about to cut me open." (Personal communication, 8/19/22). During her second pregnancy Talia really struggled with the mental block of the trauma of her first birth. As she prepared for her HBAC she recalls her midwife's unique reminder to her:

Text 42: Excerpt from Talia's Birth Story (8/19/22)

Every appointment of my midwife before we leave, she'd be like, and just to check do you know a baby can come out of your vagina? And I'd be like, Yeah, I do. And she goes, but do you believe it? Do you really believe it? And I'd be like, yeah. And she'd be like, okay, work on that. And I'll see you next week.

Kendra remembers three moments that mattered to her with her nurse, her doctor and her anesthesiologist.

Text 43: Excerpt from Kendra's Birth Story (8/30/22)

I was having these very, sort of, abnormal contractions. They were really, really long. It was weird, it lasted like a minute and a half, it was just kind of wonky. The nurse that we had was awesome. We're chatting with her and I could see her kind of looking at the monitor. And she was like, Okay, what's happening is, you're having these really long intense contractions and every time you do, the baby's heart rate is dipping, kind of lower than we would like it to. And then I had this really big contraction and you could see on the monitor the lines on it. The contraction went up, and her heart rate went down. She looked at me and she was like, I'm gonna hit a button, a lot of people are going to come in, we're going to try and figure this out...And then the doctor who was on call came in, she was probably a young 30s, very sweet. And she sat down on the bed. And she looked at me and she was like, we need to get the baby out right now. I appreciated that moment because she connected with me. And she was like, we need to do this, is that okay? We need to do a C-section. Holy shit, I can't believe that's gonna be my birth. I remember being really surprised and disappointed and being like, Oh, this wasn't what I wanted to happen. But I was trying to roll with whatever kind of came up. Whatever you need. Then it was like something out of a movie. As I said, okay, my bed was being rolled, swung open

the operating room doors, it was so fast. And it was six minutes later, she was out. But those six minutes were awful, because everyone was on the other side of the screen. My husband wasn't in the room. I was so alone. All I could think for those six minutes was please let her be alive. Let her be okay. The anesthesiologist who had done my epidural before, he was the only one on my side of the curtain. I think they kind of have a reputation for not being great, but he was wonderful. I looked up at him. He looked down at me. And he was like, you're doing great. I just looked at him, I was like, I'm so scared. And he came over and he bent down and held my hands. And he was just with me. And that meant so much.

These moments of connection are all seemingly small in the arc of her birth story but they mattered to Kendra, so much so that she still recalls them to this day as part of her experience.

For Kyra a good provider was one who respected her wish for a hands-off approach.

Text 44: Excerpt from Kyra's Birth Story (9/16/22)

She's my favorite midwife in the world. I told her straight up, I just want you there in case something bad happens. I don't want you to talk to me. I don't want to touch me. I don't want you to do anything. She was super respectful. And it was great. He came at 42 weeks. He was actually kind of stuck over my pelvis. But again, she was just so respectful. She didn't do anything. I mean, he was fine the whole time. So she was just let me do my own thing. It took a lot of weird positions. They never checked me other than like checking the baby's heart every now and then. She was just super hands off.

This experience was in contrast with Kyra's second birth in which her midwife enacted more interventions.

Text 45: Excerpt from Kyra's Birth Story (9/16/22)

My midwife asked to break my water. And I let her. It was hard. It was much more difficult. It was more pushy and whatnot. I really wanted to give birth to him, like on my hands and knees. Eventually she was like, I need you to squat. And I did. And then he came. But I remember I was really frustrated at the time, because I didn't want anybody telling me what to do. I was less in control. That's what was really hard, there was a lot more intervention. I mean, her breaking my water, and she would tell my husband to push up on my stomach. I just stopped telling them if I was having a contraction. She wanted me in the water. And that was like, hard, because I just wanted nobody to talk to me or bother me in general. I just felt like I was very not in control, which I think in some ways is probably why it was harder. And like I was just being told and asked to do things that I wasn't comfortable with at the time. It just didn't feel good. Which I did not like at all. And then there's a gap between the boys because I was done. I was so upset about it that like I told my husband you have to get a vasectomy immediately.... A very dark cloud came in and during that time, it was hard, even afterwards, it was hard. I had postpartum depression with him.... I also felt like, it was ridiculous to have those feelings. I still had a natural homebirth. I didn't have to go to the hospital. Why do I feel this if I still got what I wanted essentially on paper. Like it wasn't traumatic.

Kyra's story illustrates an important point that birth doesn't have to be traumatic to be disempowering. Kyra experienced a disempowering birth, that she connects to her experience of post-partum depression. Even though she "got what she wanted" she had a bad experience because her needs were not centered in the experience and her body was treated as an object not

autonomous. But the medical system often does not empower patients to take charge of their own care, as Kyra went on to say,

Text 46: Excerpt from Kyra's Birth Story (9/16/22)

I don't think everybody should have a homebirth. I just think everybody needs to be really educated. Whatever they decide, some people are never going to be comfortable at home. So having a baby at home would never make sense. It's gotta be the right mindset. But I mean, there's so many people that just don't know they have options, even with their doctors, midwives, like you're paying them they are working for you. Right? A lot of people don't realize that. I remember getting my A1C checked...I'd not done the glucose test or whatever. The laboratory lady, she was like, Oh, you can do that? And I was like, yeah, and she's like, Oh, I always feel like everybody should do that because I know that it's more accurate, but I didn't know that the doctors would actually let you do that. I'm like, it's not really their choice. I just said I'm not doing that. I don't drink corn syrup and dye every day as it is. Of course that's going to be bad and wreak havoc on my body. Like, that doesn't make sense.

Then, of course, there were the "bad provider" stories. Sometimes these moments were small, sometimes they altered the course of a woman's birth experience, but regardless they were a big enough deal that they made it into the narrative. Marlene recalls a bad provider story in which the bounds of her body were also crossed by the provider.

Text 47: Excerpt from Marlene's Birth Story (8/14/22)

I remember it sucked in the car. I don't remember what that felt like in my body. I do remember what it felt like to get checked. That feeling is so present that I can feel that now

in my body. Eugh, yuck...The first thing they did when we got there was check me and it was like, hang on a second. You guys advertised that you wouldn't do this, and this is your first step? What's up with that? But of course, it was that authority thing, we're going to check you now. Not I would like to, can I, you know, there wasn't any permission asked it was I'm going to tell you what I'm doing to your body. And that sucks...The nurse was just sitting there shouting things, that were not helpful and scoffing and - I don't even remember if she actually did that. I just imagined her not good. Bad, bad vibes. She didn't want to be there. She was annoyed that it was taking so long.

Recalling the theme of descent and the openness of emotion many women experience during pregnancy and birth (being a sponge) it should come as no surprise that sometimes it is just the energy someone brings to the room that is toxic. Erin had an almost identical experience.

Text 48: Excerpt from Erin's Birth Story (9/13/22)

At one point, I remember that the midwife shifted and the team shifted, and a new midwife came in. And she had a folding chair like by the end of the bed and sat there was cross legs, and like kind of sat there. And I remember out of all of it, I don't remember a lot, but I was like, What? What are you doing?

Talia's bad provider story speaks to the sexism women often face in the medical system as they navigate being agents of their own care.

Text 49: Excerpt from Talia's Birth Story (8/19/22)

The pregnancy went pretty smooth. Around that time, the OB, we had this conversation with him, and he automatically changed his tune and said, okay, I'm really happy for you if you want to have your homebirth. But if you don't have that, then I need you to know

that what I say goes. If you come to me in the hospital what I say goes, if I say epidural, you get an epidural. If I say c-section, you have a c-section, and if you refuse to listen to what I'm saying then I'm gonna discharge you. And then he turned to Paul, and he goes, you should really have a discussion with your wife, help her to understand the seriousness. And it's interesting. I hear so many people say, a lot of my clients, well, I'm like a badass and I can stand up for myself. But there's something about being in that setting where you're vulnerable, where I just froze.

Misty experienced a similar experience where the provider respected her husband but not her.

Text 50: Excerpt from Misty's Birth Story (11/4/22)

The doctor who had sent me to the hospital the first time she was a person I could talk to you. I said, how can I avoid a cesarean this time? And she said, don't gain so much weight. I knew she was so full of shit, I just knew, everything about me knew and we know now there's nothing to support that. And I'm not ever going to set up any OB appointments with her again. Then there was one OB that I liked but he would ask me what my height was every time because he was doing the VBAC calculator, which we know now, there's no evidence to support a VBAC calculator based on height, weight and age. He asked me this, like, twice in a row. So I decided I was going to bring my husband to the next appointment just to see how he acted. And I was treated so much more respectfully. I was like, we're out this, we're just 100% out, we're not doing this. That whole profiling that happens was really evident to me, and I knew I was gonna get the bait and switch.

Rhonda's first baby had jaundice, a common ailment which is now treated with phototherapy, but at the time (1989) her interaction with her provider went like this:

Text 51: Excerpt from Rhonda's Birth Story (9/23/22)

A substitute doctor had stepped in when Hakeem was born. And Hakeem had jaundice. And so this idiot old male doctor tells me that I've got to stop breastfeeding and I need to start giving him formula because the breast milk is making his jaundice worse. And I'm like, but that's the natural normal thing to do. Babies have always done this. There used to not be formula. I want to continue to breastfeed. Of course his comeback to that was you know, your baby could die.

These moments that women recall are often but blips in providers days but they remain in her memory. These moments make a real impact. Because the rite of passage into motherhood is such a vulnerable time these moments often become internalized by the woman as her own, rather than a terrible thing someone said in an unkind moment. It becomes part of her story.

But it is of course not as black and white as good vs bad providers. The technocratic medical model leaves no room for providers who do not stick to the strict regimen of care, and burnout rates in healthcare are high. Theresa's story highlights some of the complexities providers navigate, there are moments where her doctors, nurses and doula let her down and moments where they show up for her. Theresa experienced a true medical emergency in her first birth experience, cord prolapse, presented in extended form here:²⁵

Text 55: Theresa's Birth Story (9/9/22)

²⁵ This is where the umbilical cord exits the cervix before the baby, cutting off the oxygen supply.

I went to the bathroom in the middle of the night, as a 40-week pregnant person does, and I think my water broke. It wasn't like the big gush, like the movies or anything, which I knew. But I thought this just isn't pee. So, I thought excitedly Oh, this is it. I mean, it was time, right? I was something like two days away from the due date. I texted my doula. She said, great, go back to sleep. So I did. And that was actually bad medical advice. Because once your water has broken, there is a chance of infection. I understand that it really depends person to person, but I just went back to sleep. And the doctor's office didn't have at the time an emergency line. I called and I didn't think it was an emergency, so I just left a message on the regular line. Because I've been told the medical community is going to make it out to be all these big, big things, but it's not actually so just chill. So I chilled.

And then I finally got a call back sometime in the early afternoon, maybe one o'clock. That was the doctor saying you really should come in. So I did. And we did it without packing bags. They did a little test to see if my waters had broken because they weren't even sure and the answer was yes. It must have been a slow leak kind of thing. So they said okay, you need to have this baby now. I said no, no I don't want to be induced, I don't want any Pitocin. I don't want any of this stuff. Because I was repeating the stuff that I've been told can be very detrimental to one's chances of having unmedicated, which I was on the fence about. But I knew I didn't want a c-section. I was 0% effaced, no dilation, like my body was not getting the memo about having a baby.

They said you really need to think about this. And I said, Okay, fine, I'm gonna go back home and pack my bag. They didn't want to do that. But I said, I was going to do it. And so I came back home, and I decided to take my time, and my sister-in-law on the phone was like, Yeah, you know, you don't need to rush in there, it's totally fine. You're

going to be bored when you get to the hospital anyway, just go for a walk outside. I was on a walk with my husband, and my actual OB called, personally, she was like, you need to get in here. I can't tell you to get in here. But I will tell you that my medical opinion is you are really taking a risk by not coming in. And that appropriately scared me. She was trying to scare me. But in retrospect, I'm glad she said something. Because I think I just had this stubborn view that like my zero effacement and zero dilation was somehow going to be okay. And it might, but it also might not have been.

We go to the hospital, got checked in, it was surreal. I was excited. They put the monitors on my tummy. It was all good. And they said, Okay, we are going to have to give you some Pitocin to induce stuff because you have zero contractions like nothing is happening. And at that point, it was getting very close to the 24 hour mark. And so I said, okay, okay, hook me up, but I gotta pee. So I pee and that's when everything went wrong. And it went wrong in about five minutes. I went pee, and I think I might have lost my mucus plug. There was a little bit of blood in the toilet. felt like a very normal pee. It didn't feel like a gush of anything. But I looked down and there was some blood. And I didn't feel anything weird. I mean, we're talking like tiny blood, not even the amount that you might get when your period starts. Barely anything. This is exciting. I'm going to have a baby.

And they said, oh, yeah, let's look at that heart rate. And Caroline's heart rate was bad news. It was really, really bad. You could see on the monitor that I was having contractions. I couldn't feel them. I am a runner too. And like I was super stoked to be athletic and give birth and like prove that I could do this. And I didn't feel a single

contraction. And I still to this day, I'm a little bit sad that I haven't been able to experience that to prove something. I decided I can prove myself in other ways.

But in any event, I could see that I was having contractions and every time I had a contraction, Caroline's heart rate was getting down into very dangerous numbers. And I can't remember the exact numbers right now but whatever it was, it was very, very low. For her it was very dangerous. It is very clear that something was happening every time I had a contraction. A labor and delivery nurse was doing this and she got this look on her face that said, this isn't right. And that scared me. But she kept it in pretty good. She goes well, I'm just gonna call the doctor in. And she's very no nonsense, that's a relevant point given something she's going to say later. She came in and she stuck her hand all the way up to my cervix and was like, yeah, we've got ourselves a cord prolapse. And I still have my pants on. So, she's like trying to keep my pelvis up. Because you have to do that so that the baby doesn't suffocate. She ripped my pants off. And then all of a sudden, I mean, it's so sudden. I had an out of body experience where I felt like I was watching myself as I was wheeled down on the gurney. And people running from all different directions. And I know my memory is actually correct on that because Cody, my husband has repeated the same thing, and they just kind of forgot him. He was just in the corner being like, what the fuck? I'm sitting there going, Oh, my God, you know, this is it? Am I okay? Is she gonna die? I didn't have time to think, that's what made this so scary, it was so fast.

Very quickly, they got me into the OR. And I knew they were telling me we have to have a c-section, you just don't have a choice. You don't have a choice. Funnily enough, after the fact they had me consent signed consent papers, because there was no time. If I had signed consent papers, she would have died or been severely brain damaged. And I

have no qualms about that, they did the right thing. Cord prolapse is very serious, a true medical emergency. And I don't think I knew that. At the time, I vaguely knew what it was. Because of all that research I'd done. I knew it wasn't good. I knew it meant a cord was sticking out in some way. It turns out, mine wasn't actually sticking out. But her head was pressing on the cord every time I had a contraction and so then she couldn't breathe.

So the last thing I said, because I was all about that cord blood banking and delayed cord clamping or whatever, which is so stupid in retrospect, but I was into it at the time, I said to my doctor just remember delayed cord clamping. And the last thing I heard before the full-on anesthesia knocked me out was, 'Are you kidding? I'm going to have to resuscitate your baby.' And then I went out.

So then I woke up. And anesthesia is weird. I got my vision back slowly. I was awake. I could feel and move but I couldn't see anything. I felt out of it for several days. I think you were asking me how much I weighed. As I was wheeled down. I was like, I don't know, I'm really pregnant. I am big. And I don't know if they gave me too much or if that's just how my body reacts to anesthesia. But I woke up and I couldn't see Caroline. My recollection of Caroline's first couple hours are truly only from the pictures we have. I don't remember it. My brain was in and out of consciousness. The picture is telling me that Cody held Caroline out to me (her voice begins to shake with emotion)– I thought I wasn't gonna get emotional. Because there's been a lot of therapy that gets me to the point where I am talking to you about this – I couldn't see her. My eyes didn't work.

And I remember thinking, I'm so scared. And I have to ask for some reason does she have all her fingers in her toes? She did. It took me a really long time to bond with her.

That was awful. And it took a couple of days to feel like myself again, if that's even possible with all the hormones that are coursing through you. And I remember looking at her at some ungodly hour of the night,. I remember looking at her and going: oh my god, I had a baby. Because I didn't really feel like I had a baby. And I want to explain that sentiment because I know you're going to probably think about that sentence. What I was going through at that moment was shock. It was really the shock of how quickly it happened. And fairly quickly after that, disappointment set in, and a sense of failure for not having a vaginal delivery. But first of all, just absolute disbelief that it all happened because I didn't feel present for my own birth. Because I wasn't. I was knocked out.

Then I just had horrible, horrible feeding issues. Breastfeeding did not go easily. She had a massive tongue tie that had to be fixed three times. And it was just issue after issue. I took my baby home. And I didn't know if she was okay. Because the last thing I heard was, 'I'm going to have to resuscitate your baby.' And they didn't have to. She was actually born six pounds, four ounces and very red and screaming. Exactly how you want a baby to be born.

I remember going to those checkups after you give birth like two months after. I couldn't even work up the courage to ask the doctor in the actual appointment. She was saying bye to me. And then in the hallway, I ran back through I said, I just have to ask one more thing. Is there anything wrong with Caroline's brain? Did she get enough oxygen? And she was like, Oh my God, no, she was fine. And she said it with such like disbelief that I had ever been engaged with that doubt that I could tell she felt bad and then I felt tremendously better after that.

Anyway, I then went to therapy and we largely worked on that issue for like, three years. Because, you know, after sharing it with more people than wanted to hear it, I realized that it was something I had to work out. I would just burst into tears thinking about it. And EMDR is ultimately what helped me get over the trauma of that. And I think I started doing that when I was pregnant with my second one, because that was kind of the timeline. I was like, I gotta get this under control, I was really scared to have another kid. I went back and forth about how I wanted that birth to be if I wanted a doula, if I wanted to have a scheduled c-section and just avoid all the stress and try to have it go as smoothly as possible. Or if I wanted to prove my athleticism and have a vaginal delivery. And unsurprisingly, the doctor's office was like you should do a c-section. And I said, I hear you. I know all the medical literature on this. And I think that I'm a good candidate, if I want to have a vaginal delivery, but I may just want to predict what's coming after what I went through. They actually respected that. They didn't push me. I would go one week thinking one thing the other week another.

I had a great, uneventful second pregnancy. I think I decided at like week 38 that I was tired of the stress, and I was just going to do a scheduled c-section and I have, please quote me on this, I have zero regrets. None. It was the most liberating experience to have control and be there and see my son being born. It was incredible.

I was really scared to go into the OR again. I had a very small panic attack. Like my body remembered it. I was really scared. But one of our friends was a labor and delivery nurse and she wasn't working that day. She had volunteered to take photographs because she somehow was able to get in to take pictures. And she helped me get the spinal and lie down and she just talked me through it. She knew everything that had happened with

Caroline. She just helped me get through that moment. She was my doula I guess. And that's all I needed. Once I was down and, on the table, I was okay. It was just the initial part that was scary.

And then this time, the doctor, she was just wonderful. I told her I was super into seeing everything. We did the clear drape. And she didn't tie me down the way that a lot of people are. She trusted me and I really, really appreciated that. At eight o'clock, she started doing surgery and then Edward was born at like 8:11 and I have photos of every second that he came out, and it's just the most amazing thing. He started crying right away and I again had another out of body experience. I could hear myself doing this like really weird, loud, wailing, euphoric, oh my God, he's here or he's okay, that kind of cry. And it was just so different. It was just so great. And I just knew it was different. And I knew it was great.

I could hear Cody crying and having similar weird sounds. So many weird sounds. I think I said I wanted to be the first one to hold him because it bothered me a little bit that Cody was the first to hold Caroline. So I had Edward on my chest and he started nursing right away. It was great. It was unreal. And it was so different. I am really high as a kite on whatever drugs they had me on. I'm just glowing, so freakin' excited and happy. And my mom just kept saying he's wonderful, he's wonderful. And she's right. I just kept saying that. I couldn't stop saying it. I was just so happy.

My sister and I have, since the birth of my children, become relatively estranged. She desperately wants to have children and has not been able to. And I think that me having children has been very painful for her. I get that. When I said earlier people saying, just be thankful you have a healthy kid. That was her. I was referring to her, just really

unsympathetic. Several months, maybe six or seven months after Caroline's birth, I tried to have a conversation with her to explain how much that hurt me. And she was like, 'Nah, not taking it back. This is how I feel. You're entitled.'

About three months ago I ran into the doula. We briefly said hi. And then you just get the feeling when someone wants to say something to you. I was like do you want to say anything? And she goes, yes. And then she apologized. And I was so surprised at this. Like, why are you apologizing? Nothing that happened was your fault. It was a freak accident, no one's fault. It is just impossible to know. And I told her all of that. I said, I am not harboring any hard feelings to you. I think she was afraid I did. I was able to tell her a short version of the story I just told you without crying. It's really okay. I'm okay. And she like needed that. It wasn't a resolution moment for me in the sense that I needed it. But it did feel like a weird universe moment like, Okay, this is all connected. This is wild. But at the same time, when I think about this narrative, this broader narrative, it feels like an important part because I think it really speaks to the way that birth continues to have reverberations beyond the actual date for everyone that's involved.

Theresa's story is exemplary due to the fact that it, (1) sheds light on how the issues highlighted in chapter one are systemic. Interactions with providers get a lot more complicated in each individual experience; (2) illustrates the hurtful "healthy mom, healthy baby" trope, which her sister uses to not engage with Theresa's trauma; and (3) while it is true that c-sections are overutilized within the current medical system it is imperative that readers remember this is, again, a systemic issue and cannot be applied to the individual undiscerningly. Theresa's second c-section empowered her because she was the agent in her care, and everyone around her trusted her to make

the decision that was best for her, her baby, and her family. As we will see in the next section, Theresa is far from the only interlocutor to feel this way.

Empowerment: What makes a birth empowering versus disempowering? There is a web of contributing factors but one rises to the top again and again in birth stories: agency. Some women expressed this sentiment by calling it “control.” Jenny’s first birth was tragic and traumatic, her daughter died in the birth process. During her second pregnancy she fought for a sense of control.

Text 56: Excerpt from Jenny’s Birth Story (9/9/22)

Now the second time, there was no safe place. That baby could have died all the way up until the baby came out and I heard the baby scream. So I was trying to figure out what I could control. And one of the things I could control was where I had the baby so I changed that. That sort of made me feel more empowered. I went to a high-risk group because my blood pressure increased after I lost Beth due to the trauma and it never went back down. I was technically high risk because I was 39 years old, and they had to control my blood pressure. So I went to this great high risk group in Philadelphia, and they totally got it. Like what happened to my daughter, they were like, we’ve seen it, we know exactly, we understand what you’re going through. I told them I wanted a c-section, because pushing the baby out is what strangled her. They were like, Fine.

But I had a problem, because there were five doctors in this high-risk group, and they all were aligned. But there was the regular risk group, If I went into labor prior to my scheduled c-section date, I would have potentially been delivered by one of those regular risk doctors. And I did not have a medically necessary reason for a c-section. Although my

high risk guys were aligned, my regular guys were not in case I went into labor. So what I did was, it's really kind of underhanded, but I did it to give myself some power, was I wrote a letter. There were literally 30 of these people at the hospital, I got a listing of all their names and addresses for their practices. And I sent a letter to each individual one of them and basically said: here's my situation, here's what happened, I want to c-section because of what happened, I'm gonna have a nervous breakdown if you make me push out a baby. And if you don't give me a c-section, I made sort of a thinly veiled threat, that I would come after them. OB's being sued is a huge thing in Pennsylvania. It's a big problem. That's why there's not as many OB's as there should be.

So I sort of loosely threatened them. And I actually heard back personally from like two or three of them. And then I also heard back from my practice, and they were like, well, if your ears were ringing today, it's because you specifically came up in our staff meeting, you're getting a c-section. No questions. No matter who you get don't worry. That was like a huge relief to me. I knew I could control that.

It's important to separate the systemic overuse of cesarean sections from the actual lived-experience of women who have had or sought out c-sections. Like all interventions, cesareans are a tool that have a time and a place. Overuse (or underuse) of any tool can cause harm. Talia, who is a birth doula, recalled her own c-section as empowering because she was the decision maker in her own care.

Text 57: Excerpt from Talia's Birth Story (8/19/22)

What's most important is that along that journey, whatever that is, you were the primary decision maker in your care, and you felt supported by your team. That leads to that

empowering birth experience. Which obviously, as I share my birth story with Jude, a lot of times people think my c-section was the most traumatic part of my birth. And that was not traumatic at all, in comparison to everything else. My c-section actually was where I felt the most empowered, and the most of a primary decision maker in my care. Which I was actually surprised by, and it really just changed the way that I did things. And it really checked my bias on giving birth in a hospital versus out of a hospital.

Many women who had traumatic first births found healing and empowerment in their second births. Marlene, Jenny, Amanda, Talia, Theresa, Kendra, Misty and Kyra all reported experiencing a birth that healed or empowered them after trauma from a prior birth. Amanda recalls trusting herself/her body being key to this redemption of agency.

Text 58: Excerpt from Amanda's Birth Story (9/20/22)

I felt powerful. I don't think saying I felt in control is the right word. I think it wasn't control. It was like ownership. I felt ownership in this. I listened to my body. I didn't resist my body. And it just felt better. Kind of redeeming because, you know, throughout my first pregnancy I would read these very naturally minded birthing books and things. This mantra I had was 'my body is made for this.' I was literally made to do this. And then I didn't really feel that way during the [first] birth experience or after. But with my [second birth] I did. I felt my body doing all the things it was supposed to be doing, you know? Redeeming.

I think with her pushing was such a different kind of experience, it was more controlled. Like trusting my way, trusting those waves. She was *en caul* and it was just her

head out in the water for probably a couple of minutes. I was waiting for the next contraction to push the rest.²⁶ I was one with what my body was doing.

The word control is used again in Amanda's story, but she brings up the messiness of the idea that it is placeholder for. She also calls this sense "ownership." Providers sometimes call it "responsibility," in they, the provider, are "responsible for her physical well-being and that of her baby. She is responsible for controlling herself and her behavior" (Davis-Floyd 1992, 168). The differing word choice is interesting as it shows biases in onus. In a paternalistic technocratic model, it is not surprising that "responsibility" is the word choice inside institutions.²⁷ Women who experienced births that felt wholly out of their control like Jenny and Amanda come to describe this sense of agency with the word "control," as it was so lacking in their traumatic experiences. For Talia, Erin and Gayle agency came from having the right people around them, by building an environment that felt safe enough to then be vulnerable.

Text 59: Excerpt from Talia's Birth Story (8/19/22)

And then with Levi I feel like there was a lot of moments where I felt really empowered. All of it felt really empowered. I remember when I told Paul 'I am out of options,' it felt really good to say the thing. Because my first birth I felt afraid to even say I was hurting.

²⁶ *En caul* is a relatively rare occurrence when the baby is born still inside the intact amniotic sack. Folklore abounds around this occurrence, per Jan Brunvand's *American Folklore: An Encyclopedia*, "in the United States it was traditionally believed that a child born with a caul would have the ability to foresee the future" (Brunvand 1996, 592).

²⁷ Responsibility also indicates that larger systems are at play (unsurprisingly), mainly neoliberalism. Under neoliberalism responsibility suggests that women must "minimize the risk and 'misallocated' responsibility" in seeking care from doctors (Gershon 2011, 540). It's a business transaction, with each individual acting as their own brand or business. True care cannot be provided under such a model. Caregiving is not transactional.

Because what if somebody says, oh, you're hurting then you can't do this. So it just felt so good in my second labor to just be able to be like, it all fucking hurts. I hate this so much. This sucks so bad. And everyone was like, yep. But you're doing it. You're doing great. I could just say what I wanted to say. And so that felt extremely empowering and just made me feel like okay, I can do this.

Text 60: Excerpt from Erin's Birth Story (9/13/22)

The setting and the support is really important. Not in the moment, I wasn't thinking about this in the moment, but after the fact, they let me push for so long. If I were in a different setting, or with a different doctor, or didn't have a doula and a partner that could advocate for me maybe it wouldn't have happened. Like, my good friend felt like she got pushed to have a c-section right away. So being really empowered in my body... I felt really great. Pretty empowered... I have this power, but also not having any power in certain settings. It was really clear things can happen to a birthing person really fast, when they're so focused on the processes that are happening, what's happening around them, or to them.

Text 61: Excerpt from Gayle's Birth Story (7/7/22)

I think it has more to do with the decisions that were made that set me up for the journey, rather than actually giving birth. People talk about it as empowering, and I get that, but I actually feel like it's a moment when you have to allow vulnerability. I was incredibly dependent on the people who were with me, absolutely, so much. If you know Melissa Cheyney and her work. She's a midwife but she's also a medical anthropologist. I remember being at a talk that she gave, where she said that cultures that have women be alone when they give birth have rituals around the placenta. The third stage [of birth] basically. There are cultures where women start labor, and they go off into the woods and

they're all alone. But when that third stage comes, that is when the community comes in, and there are ritual activities around that. And the reason is because that's when you can die. I mean, my third stage was certainly uneventful. I don't remember there being anything dramatic about it. But for me, I could have done it alone if I had to, but I wasn't doing it alone. Where I felt the most vulnerable was when I made that transition to the animal brain.²⁸ Part of me was still present. Until that switch got flipped and then I was gone. And feeling held literally, as well as figuratively. We are so wide open. I'm so aware of that being with women in labor, whatever we say to them, goes right in, like for the very core. I think I was in a pretty safe place, no one said anything that needed a *tisk tisk*. That was incredible. A lot of vulnerability. For me, it's interesting when women talk about pushing making them feel powerful. I'm like, huh, interesting. I wouldn't name that. What felt powerful to me were the decisions I made earlier. And claiming that I can do this. I was safe. I did that for myself. 100%. Oh, it would have been so bad if I'd given birth at a hospital. It would have triggered all my stuff. It would have been a mess. And I know that. I have witnessed obstetric violence. I witness stuff happening to people. And the way they are talked about, talked to, hypnotized, and treated. Even though I had not had any of those experiences before I gave birth, I knew where I needed to be. I totally made the right decision. And it just gets confirmed every time I interface with the medical delivery system. They are not cognizant. There's no trauma informed care, there's no sense of how to be respectful. So my empowerment came from being like, I'm having this baby at home.

²⁸ What this author has termed "descent."

Vulnerability, however, as Gayle notes, is only possible because of agency. Both women created environments and surrounded themselves with a support team that could then facilitate the vulnerability needed to birth a baby. *They* did that. Marlene had a similar experience, which she describes as “leading” and “trusting.”

Text 62: Excerpt from Marlene’s Birth Story (8/14/22)

I feel like it’s trusting, trusting the mom. Everybody was trusting me with my body. The midwife was a guide, not like in charge or telling me what to do, she was suggesting and helping. Our visits were an hour long at least, she was just there to be our friend and be with us and be a guide in that journey. Instead of that authority complex we have in the Western medical world. She’d bring her baby to appointments. It felt more like we’re part of the same community. And her role here is to help. She was very empowering. But I was the leader. And I suggest it to anybody. Anybody that I can in the most gentle way.

I did like doing home birthing better. It ended up better. I didn’t have to have surgery. It was good. And empowering. But educated. It was night and day, because I feel like the birthing and really the prenatal care, like all of it leading up to it was just supportive and empowering. I know that I’m an anxious person. I remember feeling that in pregnancy. I don’t remember it being excessive or anything out of the ordinary or feeling like this unknown was really terrifying. I knew I’d set up the right things for me. The right people, the right environment.

I feel like this birth, I really gave myself permission. I felt like I was given permission by my external circumstances to lead and just listen and take the good advice I had been given and just go with the flow. With [the hospital] birth, there are set things that are going to happen, the data point type feeling. This is gonna happen and I’m gonna feel

this way and then this is gonna happen. And if I do this all correctly, and I do the right coping mechanisms, and I do the dance on the doorway, then I'll be moving on and that didn't work. Feeling like I was part of a regiment didn't really work. Not everything can be like that, birth is magical and mysterious. It can't be solidified into data points. And they're trying to control it. It's nice feeling in my body and being confident in it. To lead the way.

Cathy expanded upon this idea of the mother needing to be at the center of the experience. She noticed that she need the right people around her so that she could go deeper into a spiritual experience.

Text 63: Excerpt from Cathy's Birth Story (9/13/22)

By then I had felt what my body was capable of. And you have these women around, these people around you and almost don't need them. I'm saying that I almost had this sense of like, I'm in this spiritual bubble, like internal spiritual bubble. There's something about that lifeforce, there's some sort of wisdom in it. But I got to access some sort of heightened spiritual power, and I wouldn't call myself a religious person. It felt like this window into something more divine or creative. Creative, lifeforce, whatever that means.

The presence of others was important but not so that they could control the situation, but so they could support and advocate for Cathy while she was in this altered state.

For Kendra, agency came from a sense of what she could and not control about her birth experience. Recognizing that the unknown lay before her she made a choice to bring joyous energy into the space with her, and that choice gave her a sense of empowerment.

Text 64: Excerpt from Kendra's Birth Story (8/30/22)

I am not in control of the way this goes. I'm gonna set forth my best intentions and I'm going to bring in the kind of energy that I want to bring into this birth. But there's just this unknown, right? I don't know how it's gonna go. So I very intentionally was like, I'm gonna roll with the punches. Obviously I can envision my ideal outcome, but that's not something that I can necessarily impact. I talked a lot about going into it with a kind of giddiness. Childbirth can be something that there's a lot of fear around. I made a very conscious choice to go into it with enthusiasm and excitement and joy, because I think a lot of times the way it's depicted it's very painful or scary or over-medicalized. And I was like, I want my experience to be one of joy and delight. I carried that in very intentionally. I really chose to go in with happiness. And I remember with Alex, he was born at 5am. It was time when normally you're asleep, and I did take a beautiful nap. I remember when I was pushing, it was still dark. And then like, maybe five minutes after he was born, the sun came up, and the room filled with light. And it felt very symbolic and metaphorical of this new beginning and getting through the darkest points of the delivery. And then there's sunrise. That was really very beautiful. And I remember looking at him and just seeing the morning sun and I had all these, you know, oxytocin and adrenaline. And I was just like, I could do anything right now.

Kyra's fifth birth was precipitous, and she did not feel any contractions.²⁹ Kyra gave birth to her daughter solo; her husband was upstairs, and the midwife hadn't arrived yet. This birth was

²⁹ Precipitous birth is typically defined as the baby being born within three hours of regular contractions starting.

particularly special to her because she felt total agency and oneness with her baby. She describes this experience as a spiritual/otherworldly one: “That would be the most spiritual experience ever. Knowing that it was me and my baby. There was nobody else there. It was just us and it was like the closest to otherworldly I think I’ve ever felt.” (Personal communication 9/16/22)

Erin’s experience in her second birth is a combination of Marlene’s expression of trust and Kyra’s expression of the spiritual. Here she recalls the moment of descent, when the force of labor overtakes the body, as a moment where she found her voice.

Text 65: Excerpt from Erin’s Birth Story (9/13/22)

I just think the whole thing in general, the momentum of it even more. I did not have to try. The momentum just came. She came through me. I could just trust a little more. I didn’t have this feeling of what’s happening? I also really enjoyed having a memory of this type of moaning or vocalizing especially. I’m a pretty quiet person, don’t like to make a fuss or raise my voice. Finding my voice in that way was really great.

Sarah expressed that she found empowerment in the sheer endurance of her psyche and her body in getting through the difficulties and pain of labor.

Text 66: Excerpt from Sarah’s Birth Story (9/27/22)

I remember at one point when I was in a lot of pain, I started saying something, like when I was breathing, like I am capable. I can do this. I am strong. I’m not someone to really do something like that. And so I remember thinking during labor that I can do this. I felt very strong and I don’t know, it’s just, it is empowering to be able to go through that. While I was experiencing it, I don’t know that I was totally actively thinking about that. But afterwards, when I reflect on the pregnancy, labor and delivery, I’m like, wow. What an

empowering experience to be able to do that with my body. And I'm grateful that I was able to do that.

For every woman who expressed an experience of empowerment agency was key. The vernacular terminology used for this sensibility varies but the requirements are the same. Women need to be made the agents of their (and therefore their babies/families) care. Empowerment in birth stories is two-fold. There is the aspect of fortitude, the accomplishment of enduring a monumental task. And there is the aspect of self-reliance, trusting in one's ability to lead. As women move through the rite of passage, they must be the ones who set the path and walk it. However, this alone is not enough, as we will see in the next section the woman's support team must also recognize her as the leader.

Severance and Abandonment: It stands to reason that if agency makes for an empowering birth, then loss of agency makes for a disempowering birth. In these narratives, that fact holds true, as women expressed moments of disempowerment as being severed from their body. It is important to differentiate between descent and severance. Descent is a turning inwards, a transcendence of self, a surrender. “Severance” is a place of dissociation, a loss of self, a loss of control. The distinction becomes clear when we look to the narratives themselves, here women recall moments of severance in births they categorize as traumatic. Erin said, “I feel like I have these moments that do stand out. I think a lot of it was just so uncertain. The feeling was I don’t know what’s happening, even though I prepared. Just being so uncertain. And not trusting my body, not being connected to it” (Personal communication 9/13/22). Misty said, “That experience was such a transition into what the reality, truly, of healthcare is. Not just in birth, but all. I felt abandoned, I felt like my body had totally betrayed me and failed” (Personal communication, 11/4/22). Additionally, see Text 23: Excerpt from Talia’s Birth Story. It is notable that all of these moments of severance came from women’s first birth experiences.

Whereas severance is a disconnect, or abandonment, of the self, another theme became apparent in women’s stories of feeling disempowered and that was the sense of being alone, being abandoned by others.

Text 67: Excerpt from Amanda’s Birth Story (9/20/22)

It’s been 36 hours or something. Sunday morning comes and we call the midwives again. By then we had talked to them so much that I said to Kyle, ‘you lie to them.’ I wanted them – I wanted someone there. Do you know what I mean? I didn’t have a doula. I just was alone in this. My friend, who’d given birth, was supposed to be there she was out of town.

I just had no clue what was going on. It was not following the pattern that it was supposed to follow, you know. And I was scared.

Talia recalled the deep frustration of trusting in her own body but knowing she is now caught in a system that does not.

Text 68: Excerpt from Talia's Birth Story (8/19/22)

I remember saying, 'I'm not crying because I'm gonna have a c-section. I'm crying because I'm gonna have to fucking VBAC.' I'm crying because I know that every birth after this, I'm gonna have to prove to everyone that I'm capable of doing it when I already know that I am. That's why I'm so angry. Now I'm not going to be normal. I'm not going to be a normal birther, I'm going to be a broken birther who has to do better. And beat the odds. And I don't want that for myself.

Amanda's story illustrates how abandonment functions on the interpersonal-social level, whereas Talia's sense of abandonment comes from a sense that she is alone in her trust of herself, that no one else believes in her. Kendra's story is initially one of abandonment, but through an intervention by a caring provider the story takes a turn:

Text 69: Excerpt from Kendra's Birth Story (8/30/22)

In those six minutes I felt really alone. All I could think about was, I remember I was saying in my head over and over, 'Please don't be dead, please don't be dead. Let her be okay.' That was obviously the low of it. And then the moment of connection with the anesthesiologist was the high event, and it's such an intense case study of like human emotions. When you're alone, things are really dark and scary. And when he said to me, 'you're not alone.' That was, wow. I think the height of human connection is someone

who's in an extremely difficult time and the power of someone being there with them. I always tell that part when I'm telling her story, because he didn't have to do that. His job was done. He was just there to make sure I didn't asphyxiate. But he made that choice. He was there with me. And that was such an impactful experience for me. I think I looked at him or he looked at me and he goes, 'you're doing really well.' And I go, 'I'm really fucking scared.' And that's when he like, 'you're doing very well for what's happening around you.'

Both severance and abandonment lead to feelings of fear, the enemy of birth and the biological hormone flow that facilitate it. This fear has repercussions beyond the moment of labor, it leaves lasting impacts on women and their families. Marlene tells us:

Text 70: Excerpt from Marlene's Birth Story (8/14/22)

Both experiences influenced how I raised them. Danny's birth was so traumatic. It was so great at home, got to the hospital and I just felt so stunted and uncomfortable and then I was giving up. And that was a horrible feeling. I just don't feel like any of us knew what we were doing. And they thought we did. And that was so - I'm still so bitter about that. The failure part was big, because I gave up on doing this med free birth and got moved upstairs to the labor and delivery unit. Got an epidural, which was great because I could sleep, but then it was like, I was sleeping for the rest of his birth. Which sucks. Such a big deal and I was sleeping for it. Which reminded me of other traumas, you know, like past trauma, and so it just wasn't connected in a good way. It just felt so out of control. As soon as I was upstairs people just kept doing things to my body. Rolling me to get our heart rates different. And I just couldn't move my body, so it felt very out of control. And then, people run in and say, we have to do an emergency c-section, because of decels, which I now

know was probably bullshit and like a way to get me to have my baby. Then I slept through his birth in the OR. And I slept afterwards. And it's such a hazy foggy way to bring life into the world. I'm sure so many people share that experience with me. Not only was I a new mom, but I was a new mom who had tried this thing, failed at it miserably, like I had to have surgery. And that felt like the biggest failure to me. Not anymore. But at the time. It felt like the biggest failure and so I'm sure I had postpartum anxiety, postpartum depression, I'm sure those were very present. And I just remember being really unsure of everything that I was doing. I'd latch on to the rules that the system gives because they're trying to yell to the people who need to hear it. And I don't think that's me. I think we're pretty healthy people who know what's going on, but I was just really anxious and stuck to rules that were making me more anxious. Not a good start.

JA: Would you say it stole your confidence?

M: Yeah, there you go. Yes, yes. Mhm (affirmative) Yeah.

Talia, Misty and Marlene feel anger towards the system of institutional medicine that treats them not as individuals in need of care but as “products on an assembly line,” as one nurse on a labor and delivery floor described it to me (anonymous, personal communication, 2019). She is not the only one to make this allusion. Dr. Arthur H. Gale published an article in the medical journal *Missouri Medicine* in 2016 entitled “The Hospital as a Factory and the Physician as an Assembly Line Worker” that analyzes how this model harms everyone involved, including both providers and patients. In 2019, when I myself worked on the Labor and Delivery floor of a major midwestern research hospital, several nurses darkly referred to the unit as a “factory” (anonymous, personal communication, 2019).

Misty's first birth was traumatic and took place in a hospital, her second birth, a homebirth, was in reaction to that experience. When she was giving birth to her third child, also at home, she realized that she no longer had the anger of her mistreatment to fuel her, and she had to find something else to carry her through.

Text 71: Excerpt from Misty's Birth Story (11/4/22)

But I didn't have the anger to carry me through, so there were points in the labor where it was like, Oh, I have nothing to prove. If I went to the hospital, I would just go push out my baby. Why are you doing this? I'm doing it for love. I'm doing it for love. This is better for my baby, just doing it for love. That was an interesting change for me. [Before] It was I'm doing this, I'm advocating for myself and my family out of anger. And I switched to advocating for myself and my family out of love. It was just a really beautiful thing.

If we could dream of a different future, where women's birth experiences are not merely reactions to their own mistreatment, then we could dream of a world where experiences like the one Misty found in that moment are commonplace. Women could birth, how and where they want to, out of a sense of love for themselves and their families. What a different world that would be.

Intuition: Vernacular expressions of embodiment are scattered all throughout these stories, but the next two sections, Intuition and Mother-Baby Wholism, are perhaps where it is most obvious. This section features moments in storytelling where women talked about knowledge and trust that came from within themselves and their bodies.

Text 72: Excerpt from Misty's Birth Story (11/4/22)

I lit a candle every night, I put my hands on my belly and said, ‘Do you want to be born at home? Is this okay?’ And I always got the *Yes*. That was very much that embodied permission whether it was coming from me or my baby, you know, and I promised myself if I ever got the *No* I would change my plan. So I’d light a candle, I’d read Jane Austen, and I asked my body and my baby this question. And we move forward. And we had a successful VBAC with very skilled midwives.

Text 73: Excerpt from Marlene’s Birth Story (8/14/22)

Sitting on the front porch with my mom and giving her the real deal and showing my emotions about it. That was powerful because she shared similar feelings and experiences. And I remember her saying ‘it doesn’t matter, birth is always traumatic.’ Obviously, it’s trauma to your body, yes. But my second birth was not. It wasn’t, I just don’t describe it that way. [My mother] had three hospital births. Last one was a c-section. That’s her experience. I wished in that moment that she could have a different experience.

JA: So you already knew in that moment that it didn’t have to be that way?

M: Yeah, because everything was wrong. And not wrong in the way that they described it. And I was like, this isn’t the way it’s supposed to be. It just felt wrong. This is a natural thing that happens. This is not how your body feels like. I think everybody must know.

Interestingly, moments of intuition often call upon other women’s knowledge as well. Intuition seems to belong in the realm of the personal and the collective in this way.

Text 74: Excerpt from Misty’s Birth Story (11/4/22)

My maternal grandmother, Anita, had passed in 1995. In 1998, I noticed I kept getting glimpses like shadowy, and I just felt like, that's grandma. Then there was one point in my labor where I was just really tired. I went and sat down in a chair, and I smelled her perfume. Was that a hallucination or was that her really there. It doesn't matter. It's just what I was aware of. And that created a lot of safety. And then I had a very similar experience. My grandmother, Vera died not long after my second baby was born. And I very much felt her presence. The energy of the two women are so different. The first birth I was angry, you know, and Grandma Anita was a total wild cat, total Aries on fire energy. Grandma Vera was more of that, comfy cozy energy. I had that moment of [thinking] I'm doing this for love. And that was so pivotal.

Text 75: Excerpt from Rhonda's Birth Story (9/23/22)

I felt confident in my parenting, but I had a lot of support and I was listening to my maternal instincts. And I firmly believe that those are there for a reason. And I don't dismiss it because some men are writing books out there like Dr. Spock, or whomever saying, 'Oh, no, this is how you need to do it.' You listen to other women. I think it's important to listen to yourself in your gut when you're a young mom and raising your children. Try to find supportive people to be around you. But intuition overall, oh, intuition. It's important.

Women's intuition therefore seems to be both an internal resource and an external process, calling upon other women's (of the past and present) knowledge, giving it much in common with the folkloristic element of study: tradition. Is intuition a vernacular, gendered, expression of the

tradition process that puts emphasis on embodied knowledge? Further exploration of this topic to certainly needed to understand these complexities.

Mother-Baby Wholism: Cartesian dualism is far more pervasive than just the mind-body split; it has certainly been a contributing factor in the mother-baby divide as well. The technocratic model views the mother and baby as separate entities with different (sometimes competing needs), whereas in a wholistic model “the needs of mother and baby are complementary” (Davis-Floyd 1992, 157). When Cecilia described the awe she felt over her ability to grow a baby she mentions this theory of divide,

Text 76: Excerpt from Cecilia’s Birth Story (9/19/22)

A baby from my body. Is that magic? It is. Sometimes, when I thought about myself, I feel really amazed how a woman’s body can do everything. And I read a really interesting theory: babies are like a parasite in your body. Because they’re grabbing anything they can, they’re grabbing nutrients from you. But still, you can do it, cooperatively. You can be strong from it. And it’s amazing. I don’t think that way, but I do think that the process is amazing.

Notably, Cecilia notes that she has heard this theory, but that she does not believe it herself. Pitting the mother’s needs against the baby’s needs implies that the mother might not always know what is best for her and her family, therefore the paternalistic medical system must step in. This worldview/ideological divide has a slew of impacts on reproductive healthcare, including women’s access to abortion. In the American colonies abortion was commonplace and unremarkable. General consensus at the time was that life began “quickenings” occurred, that is when the woman

could first feel movement inside her (Abdelfatah and Arablouei 2023). This changed in the 1800's, doctors used anti-abortion doctrine to push midwives out of practice. The illegality of abortion is directly tied to the subjugation of midwifery practices at the hands of male doctors. And this power struggle took embodied knowledge away from women and put it into the hands of providers. The system has been set up so that women should not trust their bodies, they should trust doctors. And yet, within these stories we see a different narrative emerge, one where the mother and the baby work together to give birth.

Text 77: Excerpt from Talia's Birth Story (8/19/22)

I have a lot of distrust with my body and my body's ability to do things. But I would do anything for my kid. So I just kept saying, I would never push my kid away. Right? I would never fight him. And so I just kept imagining, instead of thinking, oh, this hurts, I was like, it's him trying to move down and make more room. I'm always going to be welcoming to my kid. So every contraction I would say you can go there, baby, you have all the room, I have so much room for you and I'm waiting for you to be there. You're safe there. And that was actually really helpful.

Text 78: Excerpt from Marlene's Birth Story (8/14/22)

Brendan had his eye hurt. He had an eye laceration, when I was six months pregnant, and it had him out of work. He was in such great pain. It was the worst. And then it resurfaced about a week before I was due. He had to take off work and seclude himself in a dark room. I just remember talking to my baby in my belly: this is not the time, my partner is not here. You may not come right now. And he listened. Bodies are so cool. Because I feel like we

can control more than we think. Especially birthing. My body knew I was under stress, it was not a pleasant time to do it.

When women trust their bodies (themselves), they trust their babies. It is a recognition they are both part of the same whole.

Postpartum and Motherhood: Birth stories do not end when labor ends and the baby is born. Thus begins the fourth trimester and the re-incorporation phase of rite of passage, wherein the woman reintegrates into the social body in her new role: mother.³⁰ This is a time often defined by high highs and low lows.

Text 79: Excerpt from Amanda's Birth Story (9/20/22)

It makes me sad. I don't know, if you've ever really felt shock but like, my brain was like, speaking to me in normal, normalness, but my body was not. My brain was like, you're supposed to be crying with joy, you're supposed to feel these things, you're supposed to be just so in love with this child. But it wasn't, I wasn't. And I know now, with hindsight, and therapy, and just knowing what other people's experiences are, that mine wasn't unique, necessarily. That is also a normal response. But the time it didn't, I just thought something was wrong with me. It was kind of the beginning of my doubting myself and the beginning of my depression that set in. This whole time I've been saying you were made for this and then the postpartum mantra in my head was I wasn't made for this. Like, I'm not an actual mother...It took me a long time to accept that title. And I don't know if

³⁰ The fourth trimester is considered the twelve weeks following birth.

that was normal or not, because it just being a first time mother, you know, it's a new title. And I was really reticent to take it on. I was constantly caring for and mothering my child. But to own that title was not something— I guess it's maybe two different things. I'm not sure why I felt like a mother, but I'll tell you I was behaving like a mother from the beginning. I was all over it. Everything. I was involved with every little piece. But I didn't feel the overwhelming love for my baby right away. It took a while. I mean, I loved him, I would have protected him with my life, but I didn't feel the warm fuzzies you know. Which I now know is a very typical response to a traumatic birth. I didn't know that was normal.

Text 80: Excerpt from Kyra's Birth Story (9/16/22)

I know, obviously, millions, billions, of women have done it, but it's just like, wow. I am superhuman, look what I did. My body created this basically on its own. I read something once, I don't know if it's accurate, that giving birth gives you the same high as doing drugs. I've never done drugs, so I don't know. But if that is like what people feel I can totally see why people do that. Because it is like this extreme feeling of being high. And I remember, even with my first, towards the end being really tired and kind of loopy and I feel like I'm drunk. But then, as soon as she was born, I was wide awake. Ready to go. Like this is the best thing ever.

Similarly, to Kyra, Gayle experienced a sort of altered state post-partum.

Text 81: Excerpt from Gayle's Birth Story (7/7/22)

People do not pay enough attention to postpartum and that fourth trimester. It's important that I read a book about postpartum that talked about the altered state that you are in, because I was in an altered state. Definitely in the first couple of months. Especially the first weeks after. I forget what the name of the book was. She talked about that it is normal

to identify and see the world through the baby's eyes. She was like your partner's hands will look enormous, you will see baby faces everywhere you look you will see them in the leaves, in curtains. And 1,000% really that was my experience. Dean's hands were huge to me. Really, it's a little bit like tripping, like being on mushrooms or being in a pre-migraine state... because everything kind of pops in this weird way. Yeah, the colors are heightened, the outlines are heightened. Definitely what looked like little, baby world, things look weird and big and odd. And I felt that was the other thing, I just gave myself over to it completely. And I wish everybody could do that.

Rhonda, who felt her birth experiences were not defining moments in her life found post-partum/motherhood to be the experience where she stepped into her own.

Text 82: Excerpt from Rhonda's Birth Story (9/23/22)

I just recall being curious how I would feel. Being curious how I would feel when I first held him because you hear it's just immediate love, just right away, you just love this person more than anything else in your life. And I didn't feel that at all. I looked at him and I thought, well, here's a stranger. I've never seen him before. He's never seen me before. He's cute little baby, but it was probably several days before I felt like we were bonding. I feel strongly that the bonding was intensified by breastfeeding. It was such connection because you're just right there. And the eye contact and the proximity, and of course oxytocin and all that was there. I became very maternal, all my maternal stuff kicked in pretty soon after that... I don't know that the birth experience itself changed me. It wasn't profound, like a lot of women seem to experience it, that experience being so profound. It was just another hurdle in life or situation in life that I got through to get to the end. And

then the mothering and the parenting I had really good positive support from my mom. And I parented in a way that I felt very good about, because I felt like I was listening to myself and my maternal instincts, and I was being supported, especially by my own mother in that. People, society or books around me would talk about, ‘Oh, you, you let the baby just cry it out and it’ll be fine.’ And I never bought that. And I always listened to [my babies], and I always work to try to find what was what was wrong and what was going on. And I felt like you are probably better, stronger people yourselves because you were given all the security. Not the coddling or the over attention, but you were just given the attention that you needed to grow and develop as people. So I felt confident in my parenting but I had a lot of support and I was listening to my maternal instincts. And I firmly believe that those are there for a reason. And I don’t dismiss it because some men are writing books out there like Dr. Spock, or whomever saying, ‘Oh, no, this is how you need to do it.’ You listen to other women. I think it’s important to listen to yourself in your gut when you’re a young mom and raising your children. Try to find supportive people to be around you. But intuition overall, oh, intuition. It’s important.

And Talia, who felt disempowered in her first birth recalled her compliance with others wishes stopped dead the moment her baby was born, “It was so interesting. I think about this now, throughout my whole pregnancy, I was just kind of like, yeah, I guess you guys can do that. But then the moment I had Jude, I was like, I’m in charge now. And all of you guys can fuck off. Don’t touch my kid” (Personal communication 8/19/22).

Erin voiced how the title of “mother” was not always an easy one to just adopt for oneself.

Text 83: Excerpt from Erin’s Birth Story (9/13/22)

That's a really hard one. I think it has a lot to do with like cultural perceptions of like, what is a mother? Because I don't think I've ever felt *mother*, like really connected to that. I'd say the love was immediate. I just remember feeling the immense honor of like: I get to experience life with you. We get to be together and experience things together. Like I remember sitting in the hospital by myself right before we were leaving. And a little bit of a sadness of leaving the moment of just her and I. Leaving that really intense connection, just us together, and going into a bigger world. But just really excited over getting to experience things together. I don't know, even now mother sounds funny to me. I claim it, I claim that title. They call me the whole range, like mama, mother. Everything. But yeah, I would say the defining for it grows and changes. I wouldn't say it's one thing.

As was previously discussed, there was a decided trend among the women wherein second births healed traumatic first births. Talia recalled a wonderfully sweet moment of healing during the postpartum of her second birth.

Text 84: Excerpt from Talia's Birth Story (8/19/22)

And I had such a good postpartum, so sweet. My birth with Jude was so traumatic. After his birth, I felt like, it's you and me against the world, dude. Like everyone is out to get us and we have to look out for each other. And with Levi, I thought I was gonna feel this like elation that I had recovered from my trauma. And I just felt like okay, I did it, I had a VBAC. I felt like so— there's this musical called "Flora the Red Menace." And there's a song called "A Quiet Thing." I think it's about her getting engaged or something. But she says, "when it all comes true, just the way you planned. It's funny, but the bells don't ring. It's a quiet thing, you know, happiness comes in on tiptoe." And that's exactly how I felt.

Tone

The tone with which the teller performs her story is a choice worth noting. Humor, perhaps surprisingly, is frequently enacted. Tone is fluid, changing as the teller engages with different levels of depth and different variants of breadth, and where she chooses to insert humor (if at all) is extremely interesting. Humor seemed to find its way in, particularly around the idea of the body entering the liminal space, no longer being a closed circuit but one that becomes open to the world. Therefore, several of these humorous moments are around about “getting the baby out.” Marlene inserted humor around the experience of being checked.³¹ “It was really uncomfortable to have a contraction while somebody’s checking you. It’s worse than a pap smear. It’s like you’re actively working on this spot, on this part of your body and somebody’s trying to get in. It’s really somebody trying to get out you know? (laughs)” (Personal communication 8/14/22). Eliza’s mom brought humor to her labor after Eliza decided to opt for a c-section, “My mom was singing “one way or another we’re gonna get her out out!” (Personal communication, 8/26/22)

For women who experienced precipitous labor there emerged a humorous narrative of “I had a baby faster than...” Kyra told her story of giving birth faster than her husband could go to the bathroom: “I can feel the baby’s head and he’s like, ‘Okay, do I have time to go to the bathroom?’ So he goes upstairs to *poop!* So I went and got in the birth tub. And after a minute I was like the baby’s coming...and literally as they came down the stairs, she was born” (Personal

³¹ Being “checked” is when a provider inserts their fingers into the vaginal canal to manually measure the dilation of the cervix.

communication 9/16/22). Cathy told a story of having a baby in the time it took her make a quiche, she didn't even burn it.

Text 85: Excerpt from Cathy's Birth Story (9/13/22)

I started to make a quiche. My older two kids were in bed and I started to make a quiche just thinking that I definitely wanted to quiche afterwards and I wanted to feed them also. So I was making two quiches. I put the quiches in the oven, just pausing for contractions in between. And next thing I know, I felt like I had to push it just happened very quickly. Really fast. It's all of a sudden, I felt like I needed to push and I remember telling my husband like oh my gosh, I actually think the baby's coming. And I went straight into the bathroom and I put towels on the floor. And he was like what? And I said, I think the baby's coming. So he's calling them to say, oh my gosh, now she's saying the baby's coming. And I think maybe three pushes. And he caught the baby. Yeah, so the joke is he caught the baby and then handed me the baby and I said you have to get the quiche out of the oven. So he caught the baby and went and got the quiches out of the oven. And quiches only take like 45 minutes? So I had been upright and cooking and putting quiches in the oven. And then next thing I know I was having a baby and he had to get the quiches out. Then the midwife showed up and did all the vital checks and everything, helped us get to the couch. And we truly then ate quiche. It was good (laughs).

While she was in labor, Gayle recalled sending her friend to get condoms to make perinium ice packs for her post-partum period. This errand resulted in a humorous anecdote that highlights the often-hidden sexual undertones surrounding the birth process.

Text 86: Excerpt from Gayle's Birth Story (7/7/22)

Kay, can you buy some condoms and bring them, and we will prepare those ice packs. She's like, yes, of course. She has a three-month-old. So Kay gets up, and probably doesn't look fully awake, goes to the grocery store and buys condoms at seven in the morning. And she buys me a rose. Because you know, there are cultures in which, when a woman's in labor, you place a rose by her and as the heat opens the rose it's symbolic of her cervix opening. So she was checking out and the cashier, who's a young guy, looks at her like, 'yeah right lady' with the condoms and the rose at 7am.

Eliza's story plays on the trope of the bumbling husband who is out of place in the labor setting, when just a few hours before midnight her husband made the following request of the doctor:

Text 87: Excerpt from Eliza's Birth Story (8/26/22)

Oh, this is a good one, Brad went to talk to the doctor. He was like, well, you know, today's my birthday, it would be really cool if she came out on my birthday. And there's only an hour or two left. And she [the doctor] goes, you should have thought about that nine months ago. And Brad's like "yes ma'am" (laughs) Yeah. She's just the greatest.

Eliza went on to tell an esoteric joke, meant for and passed on by mom's who had given birth via cesarean.

Text 88: Excerpt from Eliza's Birth Story (8/26/22)

My mom can be a little crass sometimes. Her hairdresser who had three or four c-sections she's like 'I'm factory fresh down there!' and so she said to me Eliza, you'll still be factory fresh (laughs). Yeah, I don't really tell anybody that because if they've had a vaginal birth. I've never told another mom that, unless I know they've had a c-section.

The joke of the ‘factory fresh vagina’ is not told to moms who have had vaginal births and therefore doesn’t seem to be about devaluing vaginal births but is instead a joke for insiders (moms who have had c-sections) to validate their experiences amongst themselves in a world where there is a persistent hegemonic narrative that moms who had c-sections didn’t really give birth, or that they are somehow incapable of giving birth. This joke appears to be a subversive tool.

It is important to notate tone, breadth and depth because birth stories are not just about the birth of the baby, they are about the birth of a woman into her new role/self. Through these levels of storytelling, she is either able to center herself in her experience or de-center herself to tell of the birth as if it was something that happened to her. Through centering/de-centering we can begin to understand the complex implications of worldview within the birth experience. A sense of agency is the difference between a traumatic and a neutral, or even empowering birth. Patriarchal society and technocratic medicine de-center women en masse. But through women’s storytelling we see the places that they still manage to subvert these expectations/norms and assert their personhood and place in the world. Birth stories highlight several of these counternarratives including mother-baby wholism, which directly contributes to narratives of agency.

Trusting women doesn’t just mean trusting them to make decisions about their own bodies, it means trusting them to make decisions about their babies and, therefore, their family’s care. Providers serve patients best when they act as accomplices in their care, recognizing that they are not un-biased authoritative knowledge holders over the patients themselves. They are not mechanics fixing machines, they are caregivers helping people (Davis-Floyd 1992). Within birth stories there are a myriad of changes to breadth and depth the teller is choosing to engage with, or not, as she decides what is safe to share with whom – building varying levels of intimacy per

Dolby. When a woman is asked for her birth story she is gauging, ‘do you truly want to hear the story of *me*? Illustrating this point, Gayle reflected on the meaning of her birth story in her own life,

Text 89: Excerpt from Gayle’s Birth story (7/7/22)

It’s interesting, thinking about how much as a parent I berate myself for negative things. The thing that you wake up in the middle of the night. Like, I really blew that, I screwed that up. This [birth] is never what I think about. I could probably make more use of it as an antidote to those moments. And I haven’t. But I do think in terms of making meaning out of it. In terms of the story, I tell about who I am. I feel good about my clarity, about where I needed to be and who I needed to have with me. That affirms I can trust myself and my judgment about my body, even if it’s not what other people would do, I should trust that.

JA: So would you say part of it is the story of being a capable parent, but part of it is also being just a capable woman?

G: Yes. Yes. Yes. Yeah. Yeah. And needing to trust that.

Note: The Pain Problem (or lack thereof)

Just as interesting as what themes are present in these stories, is what is not present. Pain/discomfort was mentioned but it was by no means the focus of any woman’s story. This deserves greater investigation outside the current scope of this project. It could simply be the biological process of memory in action, or that none of the women wanted to focus on that portion of the story, but it could also be that the pain was not the main feature in the birth experience.

Suffering is mentioned when women are de-centered, it seems to have less to do with the bodily experience and more to do with the context in which she finds herself. And some women, like Kyra, had almost no experience of pain/discomfort. Or, as Gayle put it:

Text 90: Excerpt from Gayle's Birth Story (7/7/22)

The pain is kind of beside the point, like I did not. I do not - do I remember what it was like? I mean, yes, basically. Do I think of it as the worst pain I've ever experienced? No, not by a long shot. Appendicitis was significantly worse. And I didn't get a baby out of it in the end. Wisdom teeth, like having an infection in the wisdom teeth. That kind of pain is so much worse. When I broke my ankle. Are you kidding me? That's like, that's, that's serious pain. There's no hormonal joy in that.

This flies in the face of media portrayals and societal expectations of the birth experience. This brings up questions around the enculturation of suffering – do certain expectations/views on the birth process coincide with reports of lower pain? Of course, every birth is different, and complications arise. But are we societally priming birth to be an experience of suffering when it is clear there are other ways of viewing it? And how does that worldview impact women and outcomes? These are questions well worth scholarly exploration in the future.

Conclusion: Where Do We Tell Our Stories?

Where women tell, or do not tell, these stories vary widely by person. But every woman had a clear sense of personal boundaries as to where she would/would not tell her story. Often times there was the personal nature of the story that made it private or intimate, as Marlene reported,

Text 91: Excerpt from Marlene's Birth Story (8/14/22)

I think right after birth happens that's the highest frequency of talking about it. Not just for me, but I feel like that's when the community wants to know. Or my community, which is cool. I like that. I think it's such a - is taboo the right word? In our society, we see what we see on TV. And like, they just yell and push really hard and it's awful. And then, there's a baby and everybody's fine, right? And like you're up and recovering the next day. It's just so much more complex for so many people than that, even if you're not doing like a homebirth with no medicine, it's still complex if you're going and getting medicine put in your body. I liked being able to share with other mom-friends and my mom and just my friends in general, anybody who would listen or ask, it's nice to be able to just feel open and share about it. Because it is a shared human experience, even if it looks different on everybody. It's the basic, the start. I feel like I want to talk about it. I feel like it's a big part of me and my experience as a human being. Especially those people who are part of my family. It's important to me and Brendan. When it comes up I do have a hesitancy to start into that because it is a very intimate experience.

Kyra, who had relatively short labors and minimal pain, is hesitant to share her stories even though they are meaningful to her.

Text 92: Excerpt from Kyra's Birth Story (9/16/22)

I think I'm definitely more hesitant. Like I feel guilty that mine was so easy. Even my best friend who was at Ruby's birth, she had her daughter about six months later. She ended up having a c-section. There was like three days of labor and stuff. And she was like, 'I was not prepared. Based on your birth experiences, I just thought this was supposed to be a lot easier.'

Several women noted that it was a type of storytelling that bonded moms together and allowed them to share information.

Text 93: Excerpt from Eliza's Birth Story (8/26/22)

I never had a desire, like, please someone ask. If someone asked I'd tell them. And so you give like the abbreviated version, or the full version. I feel like sometimes it could be like a one-up thing. You have to have that common denominator, because if someone hasn't even been there or just doesn't understand it's completely off. It is moms and moms having those conversations.

Text 94: Excerpt from Amanda's Birth Story (9/20/22)

If somebody expressed interest, I'd be like, sure, let me tell you all about it, I just think any birth is awesome. And I think every story is unique and beautiful and deserves to be shared. I especially want to add, I really love sharing with people who have never had children before or who are pregnant. I feel like I didn't care a lot of birth stories before I gave birth. And I want to normalize that experiences are all across the board. So when I am talking to friends who are having their first child and say, I think one of the most important things is

making sure you have support systems in place. If what you want to do is breastfeed, then make sure you are connected with a group and you have a lactation consultant, before you give birth, have that support system in place. Have established a relationship with a therapist so that you have that support system in place. Because once you've done it, and you're in it, trying to go find out and seek out those resources is so hard. I hope you don't need it, I hope you just pop that kid on there to nurse, and I hope that you don't experience postpartum depression, but in case you do. Be prepared.

Text 95: Excerpt from Cecilia's Birth Story (9/19/22)

I feel supported from sharing my story because I know I wasn't alone. All our stories are different. I think the most important thing is everyone to be more supportive. Not just from friends, but also from families and everyone and just be more supportive and more understanding. Because the hormone change after the birth, which caused like depressions and and emotions, roller coaster up and downs. I hope they could have more support from the community and from the friends and family around. That's the most important thing, because as a new mom, she probably would be the main role for taking care of the baby. But also in the meantime, she's also dealing with all of this, regarding her body or mental health. It's really hard. If every everyone can be supportive, can just give a hand or some kind words, that really means a lot.

Text 96: Excerpt from Erin's Birth Story (9/13/22)

I believe in the power of sharing stories, I believe in the power of hearing many different types of stories. I think going through different experiences and different stories, my hope is to allow for more understanding and more grace and more flexibility within what is right

for each individual person. Really it feels like an arena where there's so much judgment....
We need to be open.

Again, and again women called for more spaces of understanding and healing. Cathy recognized that women are often not given space to tell their stories, they are expected to just move along with the reincorporation phase. As a birthworker she felt she was initiated into a unique space that honored and treasured her story.

Text 97: Excerpt from Cathy's Birth Story (9/13/22)

After birth we're so focused on the baby, which, of course is amazing. And even as women we often just move on. I think that oftentimes those experiences, there isn't an opportunity to process them. So, when you have any opportunity to, there's a need, it just like comes out especially if it was negative and you were traumatized. And you didn't have any time or anyone to validate that and give space. We're not really given space and time to talk. I think I was unique, having all these birth friends in this birth world, right? We were initiated into this. I was initiated into it.

For Talia and Kendra, the act of storytelling itself was therapeutic.

Text 98: Excerpt from Talia's Birth Story (8/19/22)

I just kept telling my story over and over again, just processing it. I finally got to a point where I didn't cry about it. I wasn't crying about it. And I actually found some really positive aspects of the experience. I don't often retell my birth story now. I give paragraph snippets of it. I do always try to share when I meet with clients, just say, this was my experience, and there are good things and bad things about it. But it had nothing to do with me having a c-section. Just to be like, I know you're dead set on doing it one way but let's get comfortable with what we would want in all situations. A birth flowchart, rather than a

plan; if this then this. But I don't share it in a super negative light, like I did when I first was sharing my story. I share it in a very positive light. I think that that is really helpful to hear. With Levi's birth story, I shared it a lot. I was very proud of myself. After I had him, my little six-minute birth video, I shared with as many people as I possibly could. I watched it like 30 times, I was just so proud of myself. I enjoyed it because I felt like it took me a long time to talk about my birth with Jude. And then with my birth with Levi I immediately wanted to share it. I feel like that's a really good sign that you're processing things effectively. My mind was already like, okay, let's process this shit, let's get it out. I'm not gonna hold on to anything this postpartum. It's all gonna come out. That was really helpful. And I did. I told my birth story all the time. So I do share it. I share it with whoever listens... Tell your birth story again, get the story straight for yourself. Do it as many times as you need to, so that you can find some peace with it.

Text 99: Excerpt from Kendra's Birth Story (8/30/22)

Even though the experiences can be vastly different, it's a shared experience that I think is really cathartic, necessary to share. I've shared it with so many people and I love hearing them. I just I think they're really cool. It can go so many different ways and I have a lot of friends that had really, really traumatic births. I have a friend who almost died, I have a friend whose baby almost died. I think you have to share that collective fear and trauma and grief. You can have a positive outcome, but also still have a lot of difficult feelings about it. And I think, at least in in the company that I keep, everyone I know wants to share that.

Women, like Talia and Kendra, who had practiced telling their birthstory were not only eager to share it with me, they also had stories that flowed from them with key touchstone points that often had beautiful fleshed out descriptions. Because they had space to tell them, the stories flourished. Erin described how on her birthday every year her mother tells her the story of her birth, through this it has become a “canonical” text of her life.

Text 100: Excerpt from Erin’s Birth Story (9/13/22)

It’s a tradition with my mother. We’ll talk about my birth story on my birthday, like ‘you were born, it was a beautiful spring night’ – very ritualized, very canon, the canon of your birth story. The high notes in the tradition for my birth [are]: it was a beautiful spring night, we were watching Johnny Carson, it was quick, your father said, “you were so beautiful.” My mother brought me strawberries and geraniums afterwards.’ I know the setpoints.

This type of touchstone storytelling is reminiscent of great ballad singers, who use formulas to perform lengthy pieces (Lord 2019). While these stories are coming through lived-experience memory, the women seem to be engaging in a not dissimilar process – the more they tell their story the more expressive it becomes, they enact greater commentary on agency and touchstone moments often become expressively poetic. They are building scaffolding on the canonical stories that build their core identity.

Gayle and Misty, both of whom are older, their children grown, worked and continue to work as birthworkers and reproductive justice advocates. Time and experience have made them acutely aware of the power of storytelling on the individual but also on the social body.

Text 101: Excerpt from Misty’s Birth Story (11/4/22)

For a few years I was kind of the VBAC poster child. If somebody wanted a VBAC, they would come and talk to me about my birth story. And, you know, talk to me about their

hopes and wishes for their birth. Then when I started to teach childbirth education, I probably to a fault shared too much. I wanted it to be that ‘I can do it, this is what I did and you can do it too.’ And, you know, that was probably inspiring and empowering to some people and maybe disempowering to other people. Now, [I share] only if I’m an asked. I’m much more interested in hearing other people’s stories. My practice has pretty much been founded on people who want a better second time. First time moms rarely find me because they’re all in their culture and ideals and so forth, which I think is, it’s very problematic. So I always start my first session with somebody hearing their birth stories. And I make notes about where the flow was interrupted, and where the flow was uninterrupted. What can we do to make sure that there’s not disruptions in this next birth story, whether that’s talking about boundaries with family members who insist on being at the birth or having a better birth team, or helping the dad get some skills, helping the birth partner get some skills. Then I make a care plan from there. I’m also on the maternal advocates, resource Alliance Steering Committee, which is a very small group of women. We do birth listening sessions, that if people want to share their birth stories, they can share their birth stories with us.

For Misty, birth stories are far more than personal narratives, they are maps women build that shape their path forward. If left to fester traumatic narratives can become dooming self-fulfilling prophecies, but through channels of support women can rewrite their futures by looking to their pasts.

Text 102: Excerpt from Gayle’s Birth Story (7/7/22)

I really believe in celebrating the joy of it. There is not enough of that. And I felt like my story could contribute to that sense of joyfulness. This can be wonderful. It doesn’t have to

be scary. It doesn't have to be horrible. The pain is kind of beside the point, like do I remember what it was like? I mean, yes, basically. Do I think of it as the worst pain I've ever experienced? No, not by a long shot. Appendicitis was significantly worse. And I didn't get a baby out of it in the end. Wisdom teeth, like having an infection in the wisdom teeth. That kind of pain is so much worse. When I broke my ankle. Are you kidding me? That's like, that's, that's serious pain. There's no hormonal joy in that. And wanting to be able to talk about it in that way. And then feeling like, you know, there are times it just really isn't appropriate to share it. And wishing there was more of that. Also, when you share that joy it's so inevitable that someone takes it as a negative or a judgment. You're judging me. You are whatever. And it's like, no, it has nothing to do with you, actually. I've had women like afraid to tell the truth about how horrible it was, and afraid to tell how wonderful it was. We absolutely need both so that it is acceptable to just be with the messiness of the birth. The messiness of becoming parents. That's just kind of how that is.

The onus is on us, the listeners, to become better holders of these stories. As Dolby notes, personal narratives are shared with the main underlying motivation of intimacy building. When we fail in our responsibilities as audience, we are informing the teller that her story is not worthy of space, that *she* is not worthy of taking up space. Birth stories, empowering and traumatic, are not in need of fixing, they are in need of space. We do not have to internalize birth stories as our own, take them personally, or as judgements. Birth stories already belong to someone, they are not meant to be taken on in a consumptive way. To do so feeds into paternalistic notions that women are incapable of holding and handling their own lives. Our role, as the audience, is to *hold* these stories, or as Dolby puts it, "it is the listeners responsibility to pick up on clues scattered throughout the narrative to discover something of the teller's 'self,' his 'inner life'...the means by which the teller

teaches the listener to know him better” (Dolby-Stahl 1985, 51). We should remember that it is our honor to do so. As Sarah said, “It’s just such a gift to be able to share my birth story. And then also to hear other women’s birth stories” (Personal communication, 9/27/22). We cannot underestimate the power of the emotional connections, between performer and audience, that are built through women’s folklore (Sawin 2002, 42). Interlocutor Misty helped me in understanding that birth stories are far more than personal narratives, they are maps women build that shape their path forward. If left to fester traumatic narratives can become self-fulfilling prophecies, but through networks of support women can rewrite their futures by looking to their pasts.

Text 103: Excerpt from Misty’s Birth Story (11/4/22)

We’re so hungry for our wise women in this culture, that we will latch on to the people who seem to do things right, whether they’re peers, or they’re older, and we’ll compare ourselves to them. And then it becomes kind of destructive. So I think, getting [women’s] circles going earlier in pregnancy. Maybe ultimately down the road, just around women’s health in general at different ages and stages and having strong role models on how to be present and non-judgmental, and wise, all at the same time. That’s my perfect vision, the ideal world.

In the end, this project became one of those spaces for women’s storytelling. Through collaborative sharing and listening this thesis was created. Within these pages, women reclaim the narrative space to recount their birth experiences, delving into the profound transition of the liminal phase of this rite of passage. Through their personal narratives, these women reflect upon systemic injustices, grief, hope, and the intricate emergence of purpose and agency intertwined with their embodied experiences.

Their polyvocality reveals the existence of a myriad of perspectives, providing insights into the physical and societal aspects of the birthing process, as well as the profound metamorphosis that accompanies the journey into motherhood. In these stories women challenge established norms and shed light on the complexities of the birthing journey. Their narratives reflect not only the physical aspects but also the profound emotional, social, and cultural implications of the experience. Their stories illuminate the interconnected nature of the physical and social body in the context of birth, demonstrating that motherhood is a multifaceted process that encompasses diverse meanings and transformative encounters. The history of birth may be sordid, but women's birth stories point us towards a brighter future. If we want to get there, we can begin by listening.

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Work History

World Heritage USA

Monument Toolkit Research Fellow, Summer 2023, Springfield, IL

- Research lead on the contested 1908 Race Riot Monument site
- Self-managed ethnographic, community, historical and archival research
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Department of Folklore & Ethnomusicology

Associate Instructor, August 2021 – May 2023, Indiana University, Bloomington

- Co-created quizzes, exams, and lesson plans for F101 (Intro to Folklore)
- Lectured and led 3 weekly discussion sections (50mins each) over coursework
- Point of contact for 75 students, majority freshmen

Freelance Birth Doula

Trained Birth Doula, April 2018 - Present

- Provided support during prenatal, labor and postpartum care
- Educated and provided resources to expectant parents

Planned Parenthood of the St. Louis Region

Clinical Research Coordinator, August 2019 - August 2021, St. Louis, MO

- Responsible for running and overseeing phase III research studies
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- Enrolled and followed-up with research patients across six clinical sites

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OB/GYN Clinical Research Assistant, December 2019 - August 2019, St. Louis, MO

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Education

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Master of Arts in Folklore and Ethnomusicology

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