

Love Birth, Hate *One Born Every Minute*? Birth community discourse around televised childbirth

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Introduction

Childbirth is highly visible on television at a time when few people see birth in the community and access to antenatal education is declining. *One Born Every Minute* (Channel 4, 2010 -) (henceforth *OBEM*) is the most high-profile example of this programming in the UK. Now on its ninth series, the series won a BAFTA in its first year and now exports programmes to the US and France. Until its fourth series, the show regularly attracted three- to four-million viewers (BARB cited in Hamad 2016:144) and it continues to draw a substantial audience. However, some birth activists and midwives have called for the programme to be banned; others express concern that the programme may have negative social effects on both women and the midwifery profession. As one headline proclaims: 'Love Birth? You probably hate One Born Every Minute' (Hill 2015). This chapter seeks to explore this controversy through a close reading of opinion pieces written by midwives, doulas and birth activists. This somewhat unwieldy group, that we might call the birth community, is made up of those who – in Hill's terms (above) – 'love birth'. It connotes a certain expertise in birth, and a political engagement with birth in contemporary culture. It is distinguishable from the perspectives of women who have recently given birth, although some of the authors are also mothers. It also does not include obstetricians, from whom we did not identify any similar comment or opinion pieces.

Opinion pieces were found by searching general databases (e.g. LexisNexis), midwifery and obstetrics journals, midwifery activist websites and blogs, birth and doula activist websites and blogs, as well as a Google search. These searches identified 33 commentary pieces about *OBEM*. Through close reading of these texts, we identified two common claims made by critics of televised birth: firstly that series like *OBEM* are increasing fear of birth among women, and secondly that the show is harmful to the midwifery profession. We unpick the language and assumptions within these claims and ultimately argue that, although they are valid areas of concern, there is a lack of empirical evidence to support the claims in full. In the second half of the chapter, we move on to two conceptual questions at the heart of the texts: firstly: Is *OBEM* entertainment or education? And secondly: Is it 'real'? We employ our various expertise in the sociology of pregnancy and birth, the analysis of popular representations, and midwifery to explore underlying assumptions that formulate these critiques and how these are shaped through naturalised sociocultural ideas about television, childbirth and knowledge. We contextualise these within the wider field of (reality) television studies. It is in this context that divided views about *OBEM* make sense, as reality television tends to provoke 'fierce reactions' from audiences and commentators and those reactions are often starkly divided (Skeggs and Wood 2012:2).

Our intention here is not to criticise individuals who draw on their expertise and experience and who passionately advocate for women. Rather, we analyse these opinion pieces as 'discourse'. Discourse is comprised of 'all forms of talk and texts' that can be analysed to 'draw attention to the fact that discourse is built or manufactured from pre-existing linguistic resources' formed through unequal structural relations, this approach stresses 'discourse as social practice' where 'language is constructive' (Gill 2007:58-59). The approach identifies common themes emerging from the texts, highlighting taken-for-granted assumptions. We believe that these underlying assumptions can be analysed with an interdisciplinary lens to produce new insights and tentatively suggest initial steps towards conceptual clarity which we believe may allow the social debate to move

forward, both within and outside the birth community, and even inform strategic approaches to intervening in popular culture.

Fear of childbirth

It is commonly claimed among the birth community that *OBEM*, and shows like it, increase fear of birth among women, particularly first-time mothers:

'The majority I have spoken to are frightened by watching it and yet feel compelled to continue' (Garrod 2012).

'What we may see now is a group of women in their first pregnancy who have a dread of childbirth because of other people's experiences via reality shows' (Barker 2012).

Increased fear is attributed by commentators to the over-representation of highly medicalised births and the reliance of reality television on moments of emergency to add drama to the narrative. In the US context, childbirth educators Lothian and Grauer argue that, 'reality shows have made birth appear more medical than ever' and it is this that is rendering women fearful (Lothian and Grauer 2003: vii).

Tokophobia is considered to be extreme fear of childbirth, although it is poorly defined and rates are hard to determine. Fear of birth is estimated to occur in between 7 and 26% of women in high income countries (Richens et al. 2015). Fear of childbirth is associated with increased risk of prolonged labour (Laursen et al. 2009, Adams et al. 2012) and emergency Caesarean section (Laursen et al. 2009). Some women avoid planning for birth as a means of coping with fear of childbirth (Fenwick et al. 2015) or choose more medical intervention as a way of managing risk (Greer et al. 2014). As therapist coach and writer Leachman puts it:

'My problem with fear, is that it is directly responsible for crappy childbirth experiences that are bad for mum and bad for baby' (Leachman 2015).

Evidence linking reality television with impacts on women's plans for their childbirth is starting to emerge, although there is relatively little from the UK context. In many countries, childbirth on television is seen to be fraught with danger. Although the accuracy of depictions has been challenged, it can be difficult to counter when alternatives of straightforward birthing are reported relatively infrequently. There may be other system challenges that reduce women's confidence in their ability to give birth such as lack of family support during labour or lack of trust in maternity caregivers. In a small study of Canadian women, negative depictions of labour and birth on television have been identified as an influence on requests for caesarean birth in the absence of medical indications (Munro et al. 2009). In a cross-sectional study amongst UK university female students, Thomson and colleagues (2016) identified associations between both what they classified as positive and negative perceptions of birth in visual media with higher ratings of fear of childbirth. However, visual media representations were less influential on fear of childbirth when compared with the negative perceptions of childbirth from family members.

The relationship between media, culture and birth-related behaviour has been underexplored (Luce et al. 2016). Further research is required, including psychosocial and longitudinal approaches, where the impacts of reality television on women's experiences of childbirth can be determined. However, it is no straightforward matter to link televised birth to women's expectations and experiences of birth. Lesley Page, President of the Royal College of Midwives (RCM), is unusual among commentators in linking televised birth to the wider social context:

'Midwives around the world talk about the way the media is spreading fear of birth, but actually television and the media also reflect our culture's norms and views on birth, and the defining emotional response to birth in our culture seems to be fear' (Page 2013).

Research from media and communications as well as cultural studies, has cautioned against attempts to prove causal links between media representations and audience behaviour, and called for a move beyond the 'media effects' model. The 'media effects' model is limited in so far as it positions the audience as passive and the onus of social problems is placed solely in the realm of media rather than looking to broader sociocultural structures and organisations that engender problems (see e.g. Gauntlett 2005 [1995]). These arguments are pertinent to how we engage with televised childbirth, as the quotation from Page (above) suggests. The alternative is to take heed of recent audience reception studies that look to more complex, multifarious and negotiated ways in which people make meaning through and with television, situating engagement with television as a social process entrenched in specific societal landscapes (e.g. Skeggs and Wood 2012).

Representations of midwifery profession

Midwives are charged with providing care that is evidence based (Nursing and Midwifery Council 2012), respectful and includes women in consideration of options and decision-making; this includes care during labour (National Collaborating Centre for Women's and Children's Health 2014). The extent to which this type of care is made visible through reality television requires consideration. Whether the autonomy of the midwives' role is clearly depicted in *OBEM* is open to question, as is whether those providing midwifery care are clearly differentiated from other professional (nursing) and non-professional roles (maternity care assistants). Little is shown of the 'watching and waiting' process that is a key component of midwifery work (Cliff-Matthews 2010).

Commentaries from the birth community suggest that *OBEM* 'does not always portray midwives in the most sympathetic light' (Garrod 2012). Hall sums up what is at stake:

'It matters on many levels what the public think of the profession...undermining the credibility of professional campaigns may make it harder for midwives to push through midwifery-led models of care in the face of evidence...On a more personal level, we all know the importance of building trust with women and their families' (Hall 2012).

Such concerns are not uniquely related to reality television. Kline has documented the ways in which fictional television in the US represents midwives as stern and unsympathetic characters whose activities of work are 'trivialised and denigrated' (Kline 2010: 63); the effect is not only to ridicule the figure of the midwife but to discredit midwifery-led care and maintain the dominance of the medical-model (Kline 1997, Kline 2010). In the context of *OBEM*, two key issues of concern emerge from the commentaries. Firstly, the representation of poor practice, and secondly the tendency to show midwives drinking tea and eating cake. The two are interconnected.

Commentators draw attention to representations of midwives as uncaring, and unprofessional (e.g. Boden 2015). One key issue is the extent to which women appear to be left for long periods during labour without a midwife present. Barker (2012) observes that this portrayal of current NHS maternity services raises concerns among women. Virginia Howes started a Facebook group to highlight practice shown on *OBEM* that is 'not evidence based or woman-centred':

"... if this really is how birth is in maternity units," she adds, "then we should be ashamed as a profession" (Howes cited in Hill 2015).

However, these claims stand in contrast to a few voices – writing implicitly in response to wide-spread professional condemnation – who suggest that the show has the potential to impact *positively* on public perceptions of the profession. These defences are usually written by midwives who have participated in the show:

'... we are proud of our profession and our service...the roles we play are not always well understood by the uninitiated...and this was a chance to show what we do (Rogers and Dore 2010).

'I am very proud that I could demonstrate my passion for midwifery to the public' (Seddon n.d.).

This idea finds partial support in a rise in the number of students applying for midwifery undergraduate courses, a trend sometimes attributed to the popularity of programmes like *OBEM* (Furness 2013). If this is the case, it mirrors other professions that have been the subject of extensive representation in fiction and non-fiction television. Timmons and Nairn (2015) argue that the popularity of emergency medicine as a career can, in part, be linked to the high media profile of the specialism through programmes like *Casualty* and *24 Hours in A & E*, and this, despite the ambivalence with which some clinicians view the series, and concerns about how realistically their role is portrayed. Whilst increases in student applications suggests positive interpretations of television representations at least among those considering a career in midwifery, the extent to which the programme educates the wider public about the role and responsibilities of the midwife remains unclear.

The omnipresence of tea and cake in representations of midwives may seem trivial but it is singled out by commentators as particularly problematic:

'... although there are parts of the programme that don't always show midwifery very accurately (we do not have that much tea and cake!) (Seddon n.d.)

'...it may even prompt the question: are midwives always leaving couples on their own during labour, so they can pop out for a cup of tea and a natter?' (The Royal College of Midwives 2012)

These concerns refer to the depiction of midwives in *OBEM* as workers who spend a substantial time engaging in humdrum chat in the staffroom. In the narrative construction of each episode, these moments provide opportunities for the audience to get to know the midwives, offering a comforting pseudo-community in a historical moment that is marked by economic insecurity, political instability and healthcare crisis (De Benedictis and Gill 2016, Hamad 2016). Such representations of healthcare workers offer comfort in times of societal uncertainty and have occurred in other historical moments (see Dovey 2000). Nevertheless, this representation of midwives as having time to sit and talk is at odds with the commentators' experiences of midwifery, and stands in stark contrast to the workplace reality in the context of austerity measures, staffing cuts, long hours and work-related stress.

Entertainment or education?

Implicit within many commentaries is the thorny question of whether *OBEM* is entertainment or education. The uncertainty of which category it belongs within may make it difficult to know by which standards it should be evaluated. However, it is

deemed – within the discourse explored here - problematic as an exemplar of either category.

Whether or not the subjective experience of watching *OBEM* is entertaining, birth – so the argument goes – should not be presented for consumption as entertainment:

'How have we come to be part of a society where one of the great life transitions is seen as entertainment?' (Garrod 2012)

Some academics have argued that bringing labour and birth into the public domain has radical potential by virtue of resisting social norms of concealing the maternal body, however the content of public representations are often problematic or conservative (Longhurst 2009). In contrast, there is a theme within the commentary pieces examined here that suggests that the broadcasting of childbirth on television *per se* threatens the sanctity of childbirth, and signals a broader decay of societal values. Birth is presented as a drama, making an event that was previously special and reserved for the parents into one that is public, common place and lacking mystery (Stuthridge 2014).

However, rhetorical juxtaposition of entertainment and education, particularly in relation to bodies and health, is not unique to televised birth. Similar rhetorical devices have characterised responses to public autopsies (Miah 2004) and commercial ultrasound (Simonsen et al. 2008). In these debates 'entertainment' is used as a derogatory term by those with professional expertise to delegitimise certain cultural products. This is not to say that legitimate concerns do not exist only that the discourse around 'entertainment' carries particular connotations and can be mobilised for strategic purposes but risks not taking women's pleasure in certain cultural products seriously (Roberts 2012). Yet public health initiatives that seek to use popular media to increase the reach and effectiveness of public health messages (Vaughan et al. 2000, Asbeek Brusse et al. 2015) call into question whether entertainment and education are necessarily mutually exclusive.

The placement of female pain in the domain of entertainment is particularly problematic according to Boden of the campaign group Association for Improvements in the Maternity Services:

'Women's pain is trivialised as prime time viewing while people eat their tea' (Boden 2015).

De Benedictis (2017) has previously argued that *OBEM* positions viewers to react to an 'emotional rollercoaster of birth' through multiple registers of pain, joy and sentimentality. However, Boden singles out the depiction of pain as particularly problematic in the realm of 'entertainment'. Other commentators in the birth community have also made the point that childbirth and pain are sensationalised to titillate and draw in viewers, exploiting women for commercial purposes. This is a point that is mirrored in some gender studies literature. O'Brien Hill argues that *OBEM* 'makes a spectacle of the female body in pain, and part of that spectacle stems from focussing on how the expectant mother is perceived to be coping (or failing to cope) with that pain' (O'Brien Hill 2014:192). The spectacle of emotional, and sometimes physical, pain is not unusual to the genre of reality television (Aslama and Pantti 2006, Banet-Weiser and Portwood-Stacer 2006). There is, however, something significant about childbirth pain; it is positioned as the ultimate form of gendered pain that underlines women's potential to birth. It is positioned outside of Western norms of the (male) body and subjectivity (see e.g. Tyler 2000) and as such is both fascinating and unusual. Boden has strikingly termed such representations of pain in birth as 'birthporn' (Boden 2015). This reflects rhetoric in the wider literature around reality television. O'Brien Hill (2014) too argues that 'scenes of women in pain during labour are graphic, intimate and almost pornographic for the level of objectification of the body' (O'Brien Hill 2014:192). Beyond

the context of birth, Jensen (2014) explores a recent upsurge of factual welfare programming (such as *Benefit Street*) that media commentators have termed 'poverty porn' due to the sensationalising of those in poverty to create a form of 'political diversionary entertainment' (Jensen 2014: unpaginated). Commentators draw on the moral values associated with pornography in society in order to further their critiques of *OBEM* as inappropriate within the category of entertainment.

'Education' is positioned in opposition to 'entertainment', as the other category into which the programme could belong. However, this too is controversial. Commentators recognise a dearth of antenatal education and argue that this leaves *OBEM* with the task of educating women, whether or not this is the programme makers' intention. Once televised birth is cast as education, it is assessed and found wanting:

'... it's unfortunate that TV is our main source of education on something so important' (Brett 2015).

'... it's not put out there as an educational programme but people sometimes take what they see on TV as gospel truth' (Chamberlain 2016).

In common with other programmes within the reality television genre, *OBEM* is generically hybrid (Holmes and Jermyn 2004); it amalgamates filmic conventions from a multitude of television genres, such as documentary, soap and melodrama. In our view, the show implicitly positions itself as unmediated and educational, largely through the apparent neutrality of fixed-rig cameras being placed within 'real' hospitals, 'reflecting' 'real' childbirth events (De Benedictis, 2017) while the spotlight on the intimate stories of those featured in the show simultaneously positions the programme as melodrama. This melding of conventions blurs the lines around traditional categories of genre and therefore commentators grapple over what the intent of the programme is, within the framework of broader societal discourses about television (see above) - to educate or to entertain - often with an implicit assumption that no broadcast can do both. Similarly, viewers tend to be cast in the birth community commentary as 'cultural dupes' (Adorno 2005), there is an assumption above that viewers are unable to decipher this precarious terrain of education or entertainment as they take 'what they see on TV as gospel truth', perhaps precisely because other sources of information and preparation for birth are scarce.

These issues of genre and definition are more than arguments over terminology, but rather attest to central, moral debates that have circulated for some time around reality television (Holmes and Jermyn 2004). Skeggs and Wood (2012) argue that underpinning these types of debates are fears around 'accepted notions of a "proper" public culture in liberal democracies'; the documentary has a long history of claiming to inform publics through art and the rise of reality television threatens these ideas through claims to represent reality for entertainment (although of course documentary is also constructed and also has a precarious relationship to notions of truth, albeit with different goals) (Skeggs and Wood 2012:22). Therefore, Skeggs and Wood argue, the debates circulating around reality television are a way to create hierarchies of cultural value. Criticism of reality television from within the birth community risks falling into similar hierarchical thinking in which (actual or imagined) alternative representations of birth may be considered more valuable or effective with insufficient self-reflection on the equally constructed nature of alternatives and the values contained within them. This brings us to the question of the relationship between representation and external reality.

But is it 'real'?

Reality television makes strong claims to 'the real' but challenges to these claims have always been part of the genre (Biressi and Nunn 2005). Commentators from the birth community claim that the show is unrealistic:

'... show doesn't depict what labour and birth is really like for most women'
(Leachman cited in Brett 2015).

'TV labours are heavily edited to give a strong focus on unusual and dramatic moments and events, which do make good TV viewing but which give a distorted picture of what birth is actually like' (Garrod 2012).

The consequences of this claim are usually left unsaid. Perhaps challenging the realism of *reality* TV is sufficient to undermine its authority but the history of the genre would suggest otherwise. Claims of staged performances and calculated editing have followed the format since its inception. In the context of birth the question of realism is entangled with the other themes of this chapter, with issues of birth education and fear of birth.

Claims that cultural representations are not 'real' are always problematic relying as they do on a positivist paradigm in which reality is singular, immutable and knowable and representations can be judged to more or less closely resemble the truth. 'Truth' can be mobilised as a moral term that is often equated with a specific community's worldview (McKee 2003). *OBEM* – despite its nine series – provides only a partial representation of birth and we are sympathetic to the idea that a view of birth in line with midwifery philosophy would be a welcome addition although mindful that this too would merely be another partial representation. Understandings, expectations and experiences of childbirth are shaped by multiple discourses, whether these are medical discourses of birth as risky and needing intervention or discourses of natural birth (Malacrida and Boulton 2014) or indeed gendered discourses of shame and birth (Lylerly 2006).

This is not to say that anything goes in representations of birth or that representations do not have real-world consequences. However, rather than asking whether *OBEM* is 'real', we might ask how birth is represented in this specific instance, who and what is present/absent in this representation, and what values and assumptions underlie the construction of the show. Representations can be read in dialogue with the politics of birth in which – at least in large proportions of the global north – the obstetric model dominates and birth is culturally understood as 'risky business' (Rothman 2014). These epistemological issues also speak to questions of strategy in responding to televisual representations or intervening in popular culture. They lead to different approaches whether that is to prevent televisual depiction of birth, to provide more diversity in representations or indeed to promote media literacy.

Conclusions

Opinion pieces and commentaries written by authors from within what we have termed the 'birth community' raise vital questions about the impact of televised childbirth on women's experiences and on wider birth culture. Representations matter. However, some of the claims examined here – that *OBEM* increases fear of birth, that it damages the profession of midwifery – need a stronger empirical basis if they are to be supported. We have suggested some avenues for further research and encourage other researchers to also take up the task of examining the effects of television in the empirical domain.

If we believe that televised birth is harmful to women, then the ultimate aim must be to intervene in popular culture. *The* perfect representation of birth is unachievable but an interdisciplinary approach may offer a way forward. Central to this endeavour is conceptual clarity informed by the most up-to-date theoretical insights about the role of television in society and the mechanisms by which an impact on lived experiences might arise. Equally important is further empirical work that seeks evidence of how childbearing women, their family and friends, from across the spectrum of society,

engage with televised birth in the context of their embodied lives and whether or what impact this has on issues such as preparation for birth, fear of birth, birth choices and birth experiences. We believe that interdisciplinary collaboration, in partnership with the birth community, is essential to achieving this.

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