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This Hurts: how the media portrays childbirth matters

AIMS Journal, 2022, Vol 34, No 2

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By Heather Spain

My first reaction on discovering the BBC was releasing a series based on Adam Kay's non-fiction memoir, '*This is going to hurt*' was rage, closely followed by gut-wrenching sorrow. I read the memoir years ago - before I'd given birth much thought and with a robust sense of humour courtesy of several years in the British Army. I'd been told the memoir was hilarious, but was increasingly appalled by the author's misogyny, dehumanisation, and mockery of women. I was devastated by the hateful tales that rapaciously instrumentalised women's pain, suffering, anatomy, bodily fluids and attempts to exercise bodily autonomy, as cannon fodder for comedy and a source of yet more female shame. I remember my concern for the women who, during the most vulnerable and important moments of their lives, would have met unnecessary suffering at this man's hands and attitude. I remember being baffled and incredibly sad that no one seemed to see this was wrong and dangerous, and confused about how this book met with rave reviews and a place on best seller lists. I remember being convinced that, given the book's popularity and lack of public outcry, that this must just be the way birth is. Violent. Terrifying. At that time, I didn't have the words to name what I was reading but I now know this to be obstetric violence: the disrespectful and/or abusive treatment that violates the rights of women to respectful care and threatens their right to life, health, bodily integrity, and freedom from discrimination.

For these reasons, I was glad when the book faded from view, and then so angry that the BBC - arguably one of the country's most important cultural institutions – brought this troubling book back into the

public's eye. The fact of a TV adaption signals the BBC's stamp of approval and affords its harmful narrative with legitimacy and credibility. The BBC celebrates an author who repeatedly compares himself to a celebrity or God as he appropriates women's power: he makes his disgust and revulsion at the women under his care absolutely clear, describing them as "crotchety as a pen of wet hens…grunting their way through their appointments"; he recalls the smell of a woman that made him imagine, "every bunch of flowers in the hospital suddenly wilted"; he asserts that, "there's no such thing as a non-traumatic vaginal delivery" and revels in female injury ("durex should take their cue from cigarette manufactures and show photos of postpartum perineums on their packaging – no woman could look at that and ever risk getting pregnant"); he doesn't believe in informed consent ("I've saved countless patient delays to effective treatment by not proffering a specials board of options… instead, I've offered my expert opinion; the patient's choice is whether or not to take it"); he is outraged that women have the audacity to complain about his care, even when he has damaged their bladder ("the patient almost certainly had no idea how sad and exhausting the process would be for me…maybe the patient was one of those joyless types who sues half the people she meets.") I could go on.

On the heels of my fury came grief. Grief that *yet again* women would be presented with powerful images of scary birth and the normalisation of obstetric violence. TV and film almost always depict birth as terrifying, agonising, and inherently dangerous; rarely are women treated with the respect and sensitive care that is their legal right. Even in the best of circumstances, birth for entertainment's sake usually looks like this: a woman birthing on her back, legs in stirrups, screaming in agony, screaming at their partner, begging for drugs to take the pain away, "supported" by health care professionals that patronise, joke or generally refuse to listen. Then, more often than not, the birth becomes life-threatening.

True to form, *This is Going to Hurt*, opens with a highly dramatised medical emergency and from then on the alarms, screaming and panic never really stop. The events in the show range from the uncommon e.g. a cord prolapse,[1] severe pre-eclampsia[2], to the downright rare perimortem caesarean section,[3] and the equally rare symphysiotomy - cutting through a woman's pubic bone to manage shoulder dystocia. This really matters. People are left to decide for themselves whether these depictions are fictional or real, common or uncommon. Undoubtedly, this steady flow of identical (mis)information - that birth is dangerous, women's bodies are dysfunctional and unable to birth their baby without medical intervention – creates a collective belief that birth is something to be feared and never goes smoothly. It portrays healthcare professionals as the heroes and the attitude is "never you mind the obstetric violence - that is just part and parcel of the birth experience". This isn't the case. How I long for us to see the whole spectrum of birth experiences: the calm and uneventful homebirth; the woman roaring with power; the beautiful, peaceful Midwife Led Unit waterbirth; the woman reaching down to catch the baby herself; the respectful women-centred elective caesarean; a woman with an epidural facilitated to move around should she so wish; the calm management of things not going to plan that doesn't require abandoning the woman's dignity and bodily autonomy. But gratuitous violence against women sells, and women represented with the power they deserve – highly capable, warrior goddesses bringing new life into this world – sadly wouldn't be nearly so entertaining or, perhaps, even palatable.

Like the book, the TV series seems to have been well received by mainstream media, praised for its

realism, an important tale of a broken, chronically under-resourced NHS, revealing the immense pressure that exhausts and crushes staff. Personally, I think the series plays to an appetite for violence against women – whether through the BBC's laziness (at best) or intentionally and with a patriarchal agenda (at worst). Let's say, and hope, that I'm wrong and it really was the BBC's intention to shine a spotlight on buckling maternity services. Well really, they could have done a much better, nuanced and intelligent job. Firstly, this is largely a story of medical services that exist to serve women, but where are the women? The women in *This is Going to Hurt* are little more than bleeding slabs of meat; dehumanised body parts; theatrical props and a backdrop to a story of poor, exhausted obstetricians. When they are permitted to speak the women are depressing parodies: thick, malingerers, racists, crazy hippies. But these traumatic experiences are happening to real women and I'm certain they don't find it a laughing matter. Since personally being subjected to obstetric violence, which included non-consensual surgery and being held captive on the maternity ward, I have encountered countless women with their own harrowing tales of largely avoidable, brutal, demeaning and ultimately illegal experiences; experiences that have left them with physical and emotional trauma that will haunt them for the rest of their lives. Does the BBC realise the disservice it does to these women when it serves up this trauma as comedy on a weekday evening, without so much as a trigger warning that the show contains anything more than "discriminatory language?"

Fine, I accept this is a story of an acting registrar and will be dominated by that perspective, but that does not excuse the harmful reduction of women. This could have been a real opportunity to demonstrate the important and inextricable link between the working conditions of health care professionals and the experience of birth – why aren't we shown the impact this violent, poor treatment has on women? In one particularly troubling scene Dr Kay fails to adequately supervise a junior doctor's first forceps delivery - he's too busy on the phone organising a stag do (whilst in hearing of the mother) - and the woman suffers from a fourth-degree tear. We're asked to pity Dr Kay who now must add unnecessary time in surgery to his workload but there is no mention of the impact on the woman. There is no mention of the physical and emotional trauma that is likely to impact on the woman's quality of life for decades to come, echoing through her family and community. The mind-blowing negligence also goes unremarked upon. Nor does the show think to give any sense of choice, of options discussed, of informed consent, let alone to curiously probe whether being in second stage labour for an hour should be grounds enough for a forceps delivery.

Indeed, the behaviour that goes unremarked upon is perhaps the most troubling aspect of the series, asking us to accept that this terrible, if not illegal behaviour is normal and acceptable. Take an ongoing induction where instead of discussing options, Dr Kay commands that they, "wang the dose up on the drip and if that doesn't work… [mimes slicing through her stomach]". Then there's the conversations that happen over the operating table, as if the woman and her partner aren't on the other side of a flimsy paper barrier listening to every single word: "so you know the routine. See one, f**k one up, teach one"; calling a newborn a "thieving little f**ker"; joking, "oh sh*t, I think you've left some scissors inside her'' and she "smells like a two-day old kebab." There are the disrespectful jokes to patients: when Dr Kay announces, "I've got some bad news", he waits for a panicked pause and then tells her she's misspelled a

word on her crossword puzzle. Or the consultant who jokes about a caesarean for triplets: “I mean we’ve got three goes so by the time the last one’s out we’ll be great at it, won’t we?" There’s the mockery of a person-centred language workshop without any questioning of the archaic language used in childbirth, such as ‘I delivered the baby’, ‘incompetent cervix’, ‘failure to progress’, ‘poor maternal effort.’ There is the repeated use of premature cord clamping. The series ends with a baby born in the hospital car park who, for some unexplained reason, has their cord tied with a shoelace and immediately cut with an ice-scraper.

With the casual treatment of each traumatic encounter, the trivialisation of obstetric violence and so much bad behaviour hidden in the background, it’s hard to believe that there isn’t a less than scrupulous agenda at play. And just in case viewers weren’t paying attention, the series hammers home that message in its handling of the single instance of a physiological birth that almost occurs without medical intervention: a woman intent on a water birth and, I imagine by no coincidence - given how the BBC must have known it would be perceived by the general-public - eating her placenta. We’re not shown any of the glory or magic of a straightforward birth, but we are shown the seemingly inevitable emergency ending of a retained placenta (apparently 3 minutes after birth…) and the woman ‘hilariously’ eating blood clots, mistaking them for her placenta and vomiting everywhere. It’s hard to believe that the BBC didn’t know exactly what it was doing here, telling us that only a certain ‘type’ of ridiculous woman wants a waterbirth, but don’t worry they’ll soon learn their lesson: no matter how much they fight it, their female body is just as weak and dysfunctional as any other woman, and they too will need a (male) doctor to rescue them.

This attitude is certainly evident in the memoir that gleefully recounts how a woman’s “nine-page birth plan, in full colour and laminated”, has “gone right up the f**k . Hypnotherapy has given way to gas and air has given way to an epidural and is now headed to surgery due to failure to progress” and asserting that “two centuries of obstetricians have found no way of predicting the course of a labour, but a certain denomination of floaty-dressed mother seems to think she can manage it easily.” This mocking attitude, the chilling triumph in a birth not going to plan (which can’t have been helped by the environment created by an obstetrician who believed it “doomed from the start”) seeks to strip women of their power and autonomy, to shrink them back to a manageable size and discipline them back into the weak and passive box where they surely belong. For Adam Kay nothing less than a brutal birth will do; he is annoyed when a consultant performs a woman-centred caesarean with dimmed lights, classical music, the baby slowly emerging, dismissing it as a gimmick that the woman ‘laps up’.

If the BBC truly intends this to be a call to action, then why aren’t we shown what good care looks like? There could have been such a powerful juxtaposition between the care women*should* be receiving – compassionate, emotionally intelligent, woman-centred – and the inhumane treatment delivered by Dr Kay. This would have made it explicitly clear that the actions of Dr Kay and others in the show are wrong and this is not just the way childbirth goes. This is important for those who may not realise another way is possible. For the most part childbirth can and should be joyous, empowering and beautiful. Yes, hard and painful and bloody perhaps, *but also* wondrous. That isn’t to gloss over the fact that sometimes things go wrong. But, perhaps, we could have been shown how an appropriate environment and proper support

reduces the likelihood of things going wrong in the first place, and what it means to support a woman through an emergency with respect and compassion. It wouldn't have taken much, the inclusion of an additional character, an additional thread running through the series. This care does exist. And just as this series does birthing women a disservice, so too it wrongs the thousands of committed, hard-working, compassionate health care professionals that want women to succeed and who go above and beyond to support women to have the best birth possible. It's hard not to wonder what agenda hides this care from sight, hard not to believe that this isn't yet another instance of women (the largely female midwife workforce) being side-lined and silenced.

We do, however, need a call to action. Our midwifery and birth services are undisputedly in an appalling condition. The Ockenden review, the scale and size of which is unprecedented in NHS history, has shown that our maternity services are failing mothers and babies at the most important times of their lives, with shocking levels of care leading to devastating consequences. Women and babies are avoidably dying.[4] [5] In the 21st century, in a high-income country, just under half of all maternity services in England have been rated unsafe by the Care Quality Commission: 80 out of 193 units have been deemed either "inadequate" or "requires improvement". *This is Going to Hurt* got it right when it showed a broken, demoralised and exhausted workforce. Midwives are leaving in droves. The March with Midwives campaign[6] makes it clear why: a toxic working environment, largely the result of underfunding; Midwife Led Units and homebirth services suspended across the country, supposedly temporarily, but I suspect this is part of a slow erosion of women's choice and care options.

Perhaps then, *This is Going to Hurt*, does well to spark a debate on these important issues? No. What it does is normalise obstetric violence and reinforce a birthing culture and system that demands women's unquestioning cooperation and powerlessness. It strengthens the narrative that birth must be a highly medicalised conveyer belt; that women do not have options and should follow the prescribed model like good little girls; that traumatic birth is commonplace and, therefore, to be expected and accepted. It is this attitude, this refusal to respect and listen to women, that is harming and killing mothers and babies.

You can see a similar attitude in press reporting on the Ockenden report. It seems many journalists either haven't read the report or have actively chosen to ignore the key findings of unsafe staffing levels, the failure to listen to women and their families, weak leadership and governance and an environment that makes it extremely difficult to raise and learn from concerns. Instead, they focus on 'normal births' as being the root of all problems, not only missing the importance of other significant failings but also failing to make the important differentiation between a heavily interfered with vaginal birth (with each intervention increasing the chances that another will be required) and an uninterrupted, well supported physiological birth. We see the media largely filter out any positive birth story, or the need for tangible government-led change, preferring instead the narrative of faulty female bodies and laying the blame on supposedly ideologically obsessed (female) midwives, NCT practitioners and doulas - usually the women most actively working in support of good and safe birth,*regardless* of what form that might take. Is it because these lazy, sensationalist stories make good press or are there more sinister forces of politics, money and power at play? After all it's easier to blame a 'normal birth ideology' than ensure our maternity services are properly resourced.

This is not an unimportant or niche issue. Every single one of us experiences birth in one or many forms. Birth really matters - from the sheer humanity of ensuring this momentous moment in a woman's life is respected and honoured and that we all enter this world as peacefully and respectfully as possible, to the utilitarian fact that bad births have knock on effects for the mother, child and family that have untold costs that ripple far into the future. It is time for a more honest dialogue and to widen the lens around birth. Above all, it is time to actively give voice to and genuinely listen to women. How devastating then that *This is Going to Hurt*, missed an important opportunity to drive change and instead perpetuated harm against women. Come on BBC, you could have done so much better. Should you have wanted to.

Author Bio: Heather is a mother of one, soon to be two, and a fledgling birth activist - drawn to the cause by a beautiful and empowering homebirth, followed by traumatic encounters with the medical services. Heather is a diplomat recently returned from Afghanistan and currently lives in South Wales, where she enjoys spending lots of time outside with her son, partner and two Labradors.

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[1] A cord prolapse shown in the opening of the series is uncommon, occurring in between 1 in 200 and 1 in 1000 births. RCOG

[2] Around 1 in 200 women (0.5%) develop severe pre-eclampsia in pregnancy. RCOG. www.rcog.org.uk/for-the-public/browse-all-patient-information -leaflets/pre-eclampsia-patient-information-page

[3] A perimortem caesarean is a caesarean section performed during or near the time of the mother's

death.

[4] MBRRACE-UK (2021) Saving Lives, Improving Mothers' Care Lay Summary 2021 - www.npeu.ox.ac.uk/assets/downloads/mbrrace-uk/reports/maternal-report-2021/MBRRACE-UK_Maternal_Report_2021_-_Lay_Summary_v10.pdf

[5] UK Parliament (2021) 'Blame culture' in maternity safety failures prevents lessons being learnt, says Committee

https://committees.parliament.uk/committee/81/health-and-social-care-committee/news/156351/blame-culture-in-maternity-safety-failures-prevents-lessons-being-learnt-says-committee

[6] www.aims.org.uk/journal/item/march-midwives-reflection