AIMS For a better birth...

Childbirth as entertainment

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Gill Boden asks whether the current trend for televising birth is more appropriately titled birthporn

Recently Britain has been entertained by two very different genres of TV entertainment, both centrally featuring and depicting childbirth. One, the brutally realistic (but nevertheless heavily edited) account of daily life in a maternity unit, One Born Every Minute; the other, the heart-warming and unashamedly sentimental tale of East End midwives in 1950s Britain, Call the Midwife.

While these programmes are very different, they have features in common. One crucial point is that, in both cases, the camera follows women into the birthing room and, while stopping just short of pointing the camera between a woman's legs to witness the birth of a new human being through the woman's vagina, the viewer or voyeur is shown women naked or half clothed in the throes of childbirth, with the sights and sounds of agony or ecstasy as she births her baby on camera. This is a sight which, understandably, most of us find fascinating, particularly women who anticipate childbirth and are curious or frightened. There are also those who are horrified; for some of these, their own births have been badly managed and caused trauma, both physical and psychological, and so they find depictions of other women's suffering painful; others who were lucky enough to have joyous and empowering births but are angered and upset to see an experience that might have been lifechanging and ecstatic for them become one in which birth and women's pain are trivialised as prime time viewing while people eat their tea. I have summoned up the metaphor of pornography here. It's a strong and emotive word but seeing people in the act of sex is generally not thought to be suitable TV viewing. I would guess that most men do not want to see erect penises while viewing with their families. By the same token, many women feel that the act of giving birth is the most private of all acts; they are at their most vulnerable and exposed.

Where these two depictions differ is that one is the latest fictionalised account of childbirth, although based on the memoirs of midwife Jennifer Worth, and the other is a fly-on-the-wall documentary. In the documentary, cameras are wall-mounted in the labour room and midwives reportedly forget their presence; we can only suppose that women in the throes of labour are also likely to forget, so that even though at some stage they will have given consent (even if not fully informed), a gross intrusion of privacy happens each time a woman is filmed and the edited result is shown to millions of people.

We should remind ourselves that until the 1960s most fathers would not have witnessed their own baby's birth. In Britain most babies were born at home, in a private space, where only invited people were permitted to enter. There has been, and still is, a tradition in most of the world that men should not enter that space but should wait outside until their baby is born or they are invited to enter; women have the

company of chosen female kin and a midwife through their labour and birth. Hospital birth changed that: birth in hospital is almost inevitably public in the sense that health professionals believe they have the right to enter birthing rooms unrestrictedly, and in my experience a woman who demands privacy or requests to be attended only by women in a hospital birth is often regarded by staff with amusement or irritation.

AIMS played its part in the campaign to allow fathers into labour wards. This happened because women needed a champion to protect them at their most vulnerable as they were shouted at and in some cases assaulted. However, this has been a mixed blessing. One major advantage of home birth is that the father can play a crucial role in protecting his partner from intrusion and allow her the privacy she may need to birth in peace and can judge sensitively when to be present. We now have the evidence for what midwives and women have known, which is that the birth process is triggered and orchestrated by hormones in the woman's and baby's body; a process which is easily disturbed and works best in conditions of warmth, semi-dark and privacy, not conditions that many hospitals can supply. We know that oxytocin is a main agent of childbirth and the hormone of love and sex, and that stress hormones seriously disrupt the process, as they are supposed to. The presence of strangers and interruptions slow down labour; it is not hard to imagine that cameras inhibit oxytocin production and increase production of stress hormones.

Call the Midwife has many positive features: it portrays women as independent agents who are brave and strong, midwives who are independent in their professionalism and respectful of the women in their care, and continuity of care and home births as the norm. It is arguably creating a demand for these in its eight million viewers. One Born Every Minute, however, shows women who have no voice, who enter an institution and leave their autonomy at the door, who, in many cases, accept the inferior care they are often offered. Equally damaging is the view of midwives who seem to be uncaring, cannot deliver one-to-one care in labour and often behave unprofessionally. In their own interests midwives should be very wary of cooperating with documentaries of this kind.

I would like to see a campaign mounted to ask the RCM to instruct midwives to protect the privacy of birth against commercial interests of any kind. Women need to rely on midwives and trust that their priority will be the wellbeing of mother and baby: they should not be distracted by the demands of

television. It was a sad day for midwifery when TV cameras were allowed into a birth.

