



Social media and the sharing of knowledge

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By Gemma McKenzie

On 10th March 1906, the British Medical Journal published an address that Dr Peter Horrocks, a senior obstetric physician at Guy's Hospital, had made to the Lambeth Division of the British Medical Association. Perhaps surprisingly, he advocated what we may now describe as a 'hands-off' labour and birth. Arguing that pregnancy and childbirth are not pathological diseases, he suggested that those practising midwifery should refrain from vaginal examinations and unnecessary interventions. He stated:

A woman can deliver herself safely without help of any kind in the vast majority of cases, and that the less he [the doctor] interferes the better.¹

A slew of letters was then published from various doctors around the country both challenging and supporting Horrocks' views. Dr Mears² of North Shields was incensed. Apparently, he used 'chloroform and the forceps in every possible case' and 'remove[d] the placenta with [his] hand when it does not come away ... within five minutes of the birth of the child' (p. 773). Dr Mears was clearly not in favour of 'hands-off' birth, instead arguing that many women 'would only be too glad to be relieved speedily of their sufferings' by 'skilful men' (p. 773).

This debate rumbled on for weeks and I spent an afternoon reading through these letters with a mixture of horror and fascination. What struck me was the way that the male obstetricians were having this

debate amongst themselves with no input from the women they were meant to be supporting. Not one woman contributed to this discussion and no doctor suggested women should be asked for their thoughts or experiences.

If we fast forward almost 120 years, we would expect that women's experiences and opinions of pregnancy and birth would have become central to maternity care. Certainly, there is rhetoric to suggest this is so.³ But the reality is that discussion around appropriate care is still very much taking place within the realms of professional academic debate. Unless invited to take part in a particular study, ordinary pregnant women and people cannot penetrate those spaces; the debates continue to take place over our heads.

There are generations of silenced women – women who were rarely permitted entry to the professions and who left little if any mark or message for the benefit of obstetric care. However, this generation could be different. Obstetric debate may still unfold in places we are not usually allowed to inhabit, but we can now more easily make our own private spaces, and this is what more women are beginning to do.

I spend too much time flicking through social media and my feeds tend to be filled with birth-related topics. What has become apparent to me is that social media has become a place where women can speak to each other about their birth experiences and plans. The Birth Trauma Association Facebook page⁴, for example, is populated by thousands of women who share their stories of obstetric violence and trauma. Further, when women plan to freebirth they can turn to one of several online groups for advice and support. This is the same for women having a planned caesarean for medical or personal reasons, homebirths, or any number of birthing experiences. There are now blogs and websites on all kinds of pregnancy-related topics and with some basic searching, people can watch births on YouTube in all their myriad forms. Without doubt, women are coming together online to share their birthing knowledge and experiences.

The question then arises as to whether this form of knowledge sharing creates any power or force in challenging the existing dominant narratives around childbirth. Personally, I think it can. About a year ago I watched with curiosity as an obstetrician put a post on an online maternity group with a link to an opinion piece he had written for a well-known medical journal. Reams of comments suddenly appeared on the group. Women challenged him directly; they spoke up and many openly disagreed with his views using their personal experience of birth as ammunition. It was both refreshing and intriguing to watch, and the discussion continued until quite suddenly the comments were turned off. I like to think that the obstetrician in question experienced a moment of clarity or at the very least a sense of confusion.

The knowledge deemed important to women may be different to the type of knowledge maternity professionals believe is authoritative. Lived experiences are often labelled as anecdotes and emphasis is placed on numbers and statistics. However, pregnant women's use of social media suggests that there is a deeper level of knowledge that they crave, which is often satisfied through shared storytelling, in finding people like themselves who share their views and in creating spaces that challenge dominant narratives around pregnancy and childbirth.

I wanted to find out more about Drs Horrocks and Mears, but they seemed to have slipped away into history. Remnants of both types of practice continue to exist in twenty-first century maternity care and the debate around 'hands-off' midwifery has still not been resolved. What has changed, though, is that women's voices are increasingly penetrating that debate. Continuing to share knowledge and experience is a powerful tool and social media has become a key way to do that.

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1 Horrocks, P (1906) 'The midwifery of the present day.' *British Medical Journal*, March 10: 542.

2 Mears, FC (1906) 'Correspondence.' *British Medical Journal*, March 31: 773.

3 National Maternity Review (2016) Better Births. www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf (Accessed 10 September 2020).

4 Birth Trauma Association – UK <https://www.facebook.com/Birth-Trauma-Association-UK-496299280533226/>