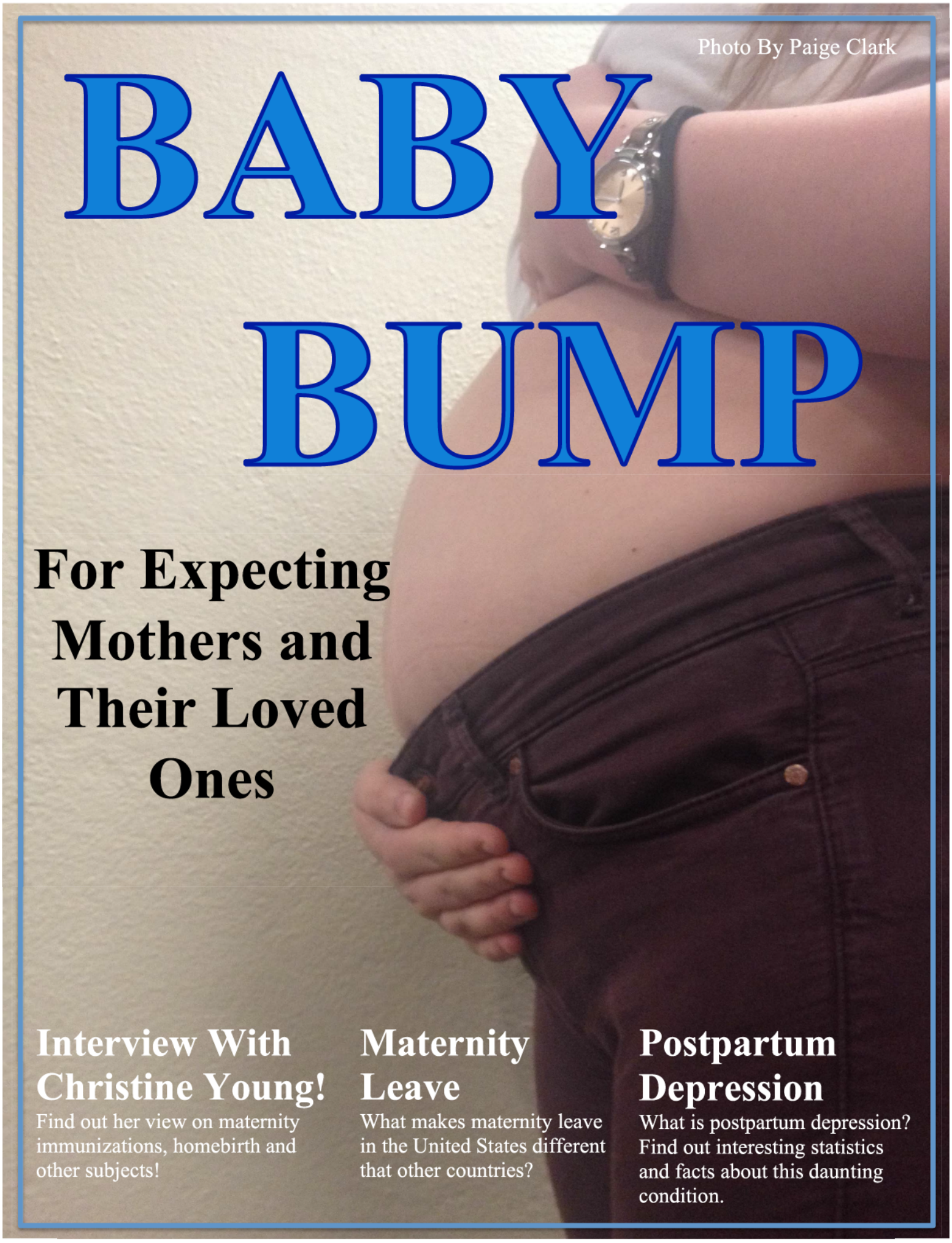


Photo By Paige Clark

BABY BUMP

For Expecting Mothers and Their Loved Ones

Interview With Christine Young!

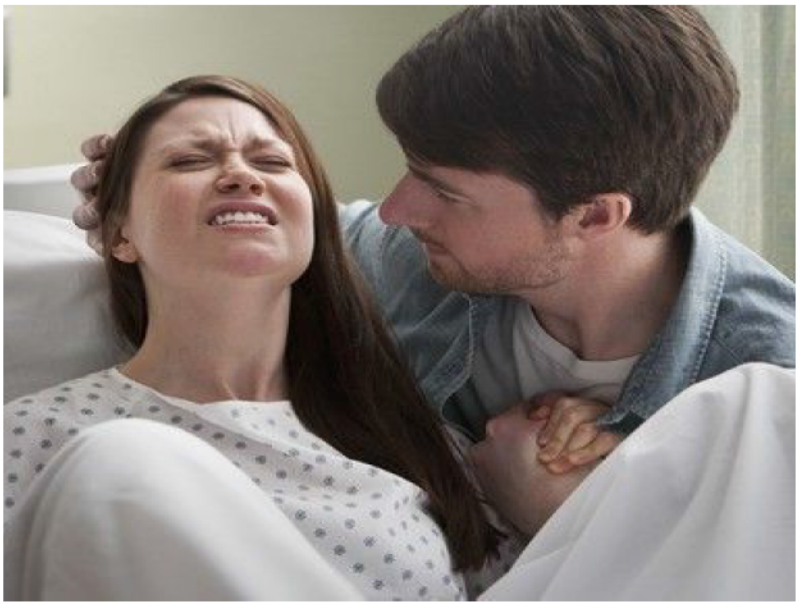
Find out her view on maternity immunizations, homebirth and other subjects!

Maternity Leave

What makes maternity leave in the United States different that other countries?

Postpartum Depression

What is postpartum depression? Find out interesting statistics and facts about this daunting condition.

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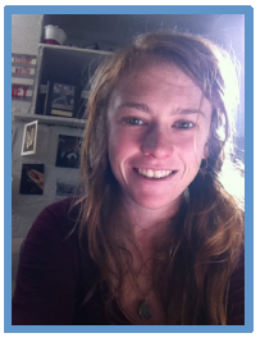
From Our Editor



Emma Gruner

Dear Reader,

Though not yet a mother myself, I can empathize with the complex networks of information and expectations that mothers find themselves navigating. Part of the challenge for mothers lies in determining what maternal information is worth considering and what information is not. Sara Ruddick identifies the anxiety producing reality where mothers face cultural pressures as well as sometimes conflicting pressures to care for their child — "if a group demands acceptable behavior that, in a mother's eyes, contradicts her children's need for protection and nurturance, then the mother will be caught in a painful and self-fragmenting conflict."[1] *Baby Bump* attempts to help untangle the web of information thrown at mothers and their loved ones, and endow them with the tools necessary to exercise agency over their bodies and their lives. We do not buy into "the motherhood mystique," a concept that serves the patriarchy and arises out of "cultural images of happy, well-adjusted women who are content with their roles as primary caretakers of their children."[2] *Baby Bump* also intends to create a space that does not privilege the white, middle-class experience over groups traditionally pushed toward the periphery and strives to include articles that pertain to a wide breadth of women.

In this issue we tackle topics pertinent to the working mother when we explore disappointing parental leave policy in the U.S. (see page 15). Our country's failure to recognize work traditionally assigned to women persists through these irresponsible policies. Rubin identifies this problem when she discusses the (unpaid) female role in reproducing labor for the capitalist machine through housework.[1] Unpaid maternity leave is just another manifestation of the capitalist system's inability to properly value women's work.

We also attempt to sort out the vaguely defined phenomenon of postpartum depression (PPD), presenting the conflicting research so you can deduce your own conclusions surrounding PPD and hopefully, not feel quite so alone in those tough days and weeks following delivery (check out page 5). PPD points to the way our culture medicalizes the female body and therefore removes it from women's control. Medicine and science, "become a vehicle for eliminating or controlling problematic experiences that are defined as deviant for the purpose of securing adherence to social norms." [3] As a result, women's bodies' normal responses become medicalized and problematized.

This month, *Baby Bump* delves into issues surrounding the childbirth process through an interview with Christine Young, a Clinical Coordinator in the Neonatal Intensive Care Unit (NICU) at the Children's Hospital of Colorado at Memorial Hospital (page 11). This discussion continues with a look at different women's understandings of epidurals and their sense of agency over the birthing process. Petra Jans discusses the class and race issues that affect what kinds of information about procedures women receive on page 19. Hopefully, the contents of this issue will relieve some stress and help you determine what unique version of motherhood is right for you and your child.

Much Love,
Emma Gruner and
The *Baby Bump* Team

[1] Sara Ruddick, "From Maternal Thinking," in Feminist Theory: A Reader, ed. Wendy K. Kolmar and Frances Bartkowski (New York: McGraw-Hill Companies Inc., 2013), 34.
[1]Joan C. Chrisler and Ingrid Johnston-Robledo, "Raging Hormones? Feminist Perspectives on Premenstrual Syndrome and Postpartum Depression," in Rethinking Mental Health and Disorder: Feminist Perspectives, ed. Mary Ballou and Laura S. Brown (New York: The Guilford Press, 2002), 186-7. [1] Gayle Rubin, "The Traffic in Women: Notes on the 'Political Economy' of Sex," in Feminist Theory: A Reader, ed. Wendy K. Kolmar and Frances Bartkowski (New York: McGraw-Hill Companies Inc., 2013), 241.

[redacted]

Postpartum Depression

The Impossible Pursuit of the Ideals of Motherhood

Written by Petra Jans

As an expecting or new mother, you are probably bombarded by images of the joys of motherhood and maternal bliss. Most likely you are expecting to have an instant connection with your baby and overwhelming happiness the first time you hold your child in your arms. The media is full of happy mothers who find fulfillment in their whole-hearted commitment to raising their children, and maybe even balancing a full time job as well. Mothers who fail to perfectly fit this description are quickly cast off by society and themselves into the category of postpartum depression (PPD). Is PPD something that has been over medicalized and pathologized? Some feminists argue that PPD, or at least some manifestations of it, are a normal reaction to the circumstances in which many new mothers find themselves.

Prevalence of Mental Health Issues Postpartum	
Baby Blues	Up to 80%
Postpartum Depression	10 to 20%
Postpartum Psychosis	.1 %

Source: Mental Health America

There are three types of PPD that mothers should understand. The least serious and the most common, the "baby blues," consists of symptoms such as irritability, anxiety and tearfulness and is seen as a normal reaction after childbirth.[1] The second type is termed "postpartum depression," and consists of symptoms such as crying, sadness, self blame, loss of control, irritability, anxiety, tension, and sleep difficulty.[2] The least common and most serious type of PPD is "postpartum psychosis," which consists of symptoms such as loss of touch with reality and hallucinations/delusions that typically involve the baby.[3] I will primarily discuss postpartum depression using a feminist lens in order to shed light on the grey area that this illness inhabits. Part of the problem and stigma around PPD is that many people confuse postpartum depression with postpartum psychosis, which may be partly due to the sensational reporting in today's media about crazy mothers putting their babies in danger.[4] Not only does this kind of reporting paint an inaccurate picture of PPD, but it also scares many women out of seeking the help they need.

The significant disagreement in the research on this topic should immediately raise a red flag about the validity of PPD. Not only has it been difficult for researchers to distinguish PPD from depression, but it has also been even harder to distinguish it from natural responses to stress experienced postpartum.[5] New mothers are often sleep deprived and overworked, and any normal person would react to these circumstances with irritability, disappointment or fatigue. In fact, many of the symptoms of PPD can be grounded in the social context of a given mother such as marital issues, short or no maternity leave, poor infant temperament, abuse, low income or no support network.[6] Poor women are especially susceptible to PPD and their experiences are largely tied to their socioeconomic circumstances. Low-income mothers experience PPD very differently than middle and upper class women. Their symptoms are tied to "feeling overwhelmed" by their situations, as opposed to being located as a psychological experience of "an internal 'loss of control' over emotions.[7] These discrepancies in the theorizing about PPD demonstrate some of the inherent problems with our conception of this illness. Despite substantial evidence against it, many people, especially in the medical world, are insistent on the biochemical cause of PPD: hormone fluctuation.[8]

[1] Joan C. Chrisler and Ingrid Johnston-Robledo, "Raging Hormones? Feminist Perspectives on Premenstrual Syndrome and Postpartum Depression," in Rethinking Mental Health and Disorder: Feminist Perspectives, ed. Mary Ballou and Laura S. Brown (New York: The Guilford Press, 2002), 179-180.

[2] Ibid.

[3] Ibid.

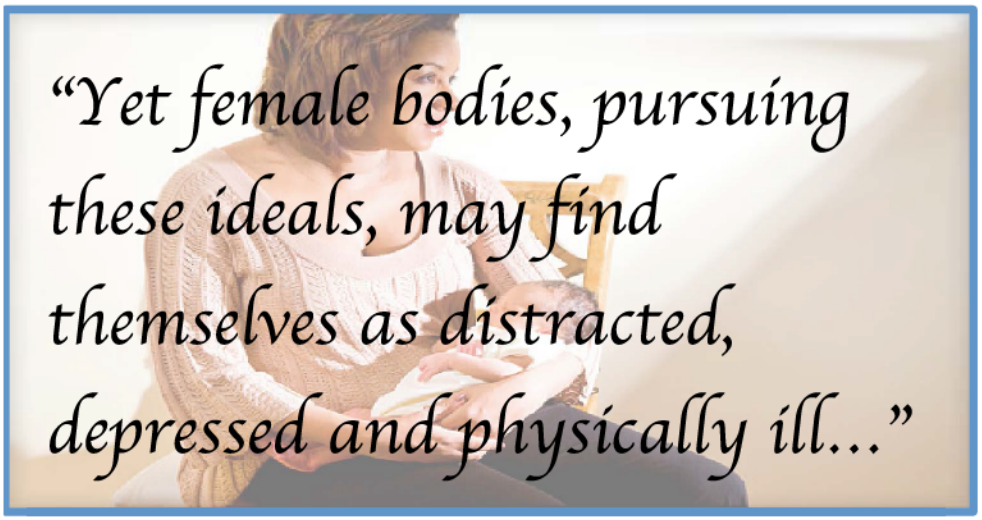
[4] Liz Szabo, "Women Seek Progress in Treating Postpartum Depression," USA Today, February 16, 2014, http://www.usatoday.com/story/news/nation/2014/02/16/lack-of-progress-on-postpartum-depression/4775603/

[5] Joan C. Chrisler and Ingrid Johnston-Robledo, "Raging Hormones? Feminist Perspectives on Premenstrual Syndrome and Postpartum Depression," 176.

[6] Ibid.

[7] Laura S. Abrams and Laura Curran, "'And You're Telling Me Not to Stress?' A Grounded Theory Study of Postpartum Depression Symptoms Among Low-Income mothers," Psychology of Women Quarterly, 33, (2009): 359.

[8] Joan C. Chrisler and Ingrid Johnston-Robledo, "Raging Hormones? Feminist Perspectives on Premenstrual Syndrome and Postpartum Depression," 182.



This insistence on biological explanations for PPD, as well as other female disorders like PMDD and PMS, is demonstrative of the over medicalization of women's bodies. As Ussher suggests in her book, *The Madness of Women*, blaming the reproductive body for "women's madness" reinforces stereotypes about women's emotional and mental instability in comparison to men's.[9] Mothers' experiences of PPD are better grounded in unrealistic expectations of motherhood accepted by society and the social circumstances of individual women.

In "Self-labeling and Women's Mental Health" Taylor points out that our society holds an unfair expectation of "maternal instinct" and "maternal infant bonding, holding that there are emotional and psychological processes that commit a mother to her newborn infant in the first few moments following the baby's birth."[10] Taylor questions the validity behind this assumption about maternity. Instead, one of the most common feelings expressed by women with PPD is guilt and shame due to a failure "to experience immediate and intense bonding with the newborn child."[11] It is no surprise that a woman might experience extreme guilt if she is unable to live up to this central expectation about motherhood, given the intense scrutiny mothers endure.

In "Maternal Thinking," Ruddick addresses this intense scrutiny of mothers and reframes motherhood as a job, similar to many others. She suggests a new way to talk about the virtues of motherhood, not as characteristics of the individual mother but as "the strengths required by their ongoing commitments to protect, nurture, and train."[12] In contrast to the cultural norms about mothers, Ruddick claims that "mothers are not any more wonderful than other people — they are not especially sensible or foolish, noble or ignoble, courageous or cowardly."[13] Thus, she takes the emphasis of the character of mothers.

Seen in this light, it is arguable that PPD stems from our society's idealization of women and mothers and not from the individuals themselves. Though all mothers deserve adequate help in facing the manifestations of PPD that they experience, we cannot bypass addressing the role that society plays through its creation of ideals. As Bordo explains, society today may have more empowering ideals about women, "yet female bodies, pursuing these ideals, may find themselves as distracted, depressed and physically ill, as female bodies in the nineteenth century were made when pursuing a feminine ideal of dependency, domesticity and delicacy."[14] Hence, internalized ideals, regardless of content, may be at fault for PPD.

By: Petra Jans

[9] Jane M. Ussher, "The Daughter of Hysteria: Depression as a Woman's Problem?" The Madness of Women: Myth and Experience. (New York: Routledge, 2011), 30.
[10] Verta Taylor, "Self-Labeling and Women's Mental Health: Postpartum Illness and the Reconstruction of Motherhood," Sociological Focus, 28, no. 1, (1995): 30.
[11] Ibid.
[12] Sara Ruddick, "From Maternal Thinking," in Feminist Theory: A Reader, ed. Wendy K. Kolmar and Frances Bartkowski (New York: McGraw-Hill Companies Inc., 2013), 36.
[13] Ibid.
[14] Susan Bordo, "The Body and the Reproduction of Femininity" in Feminist Theory: A Reader, ed. Wendy K. Kolmar and Frances Bartkowski (New York: McGraw-Hill Companies Inc., 2013), 466.

We Can Do Anything!

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Photo By Paige Clark

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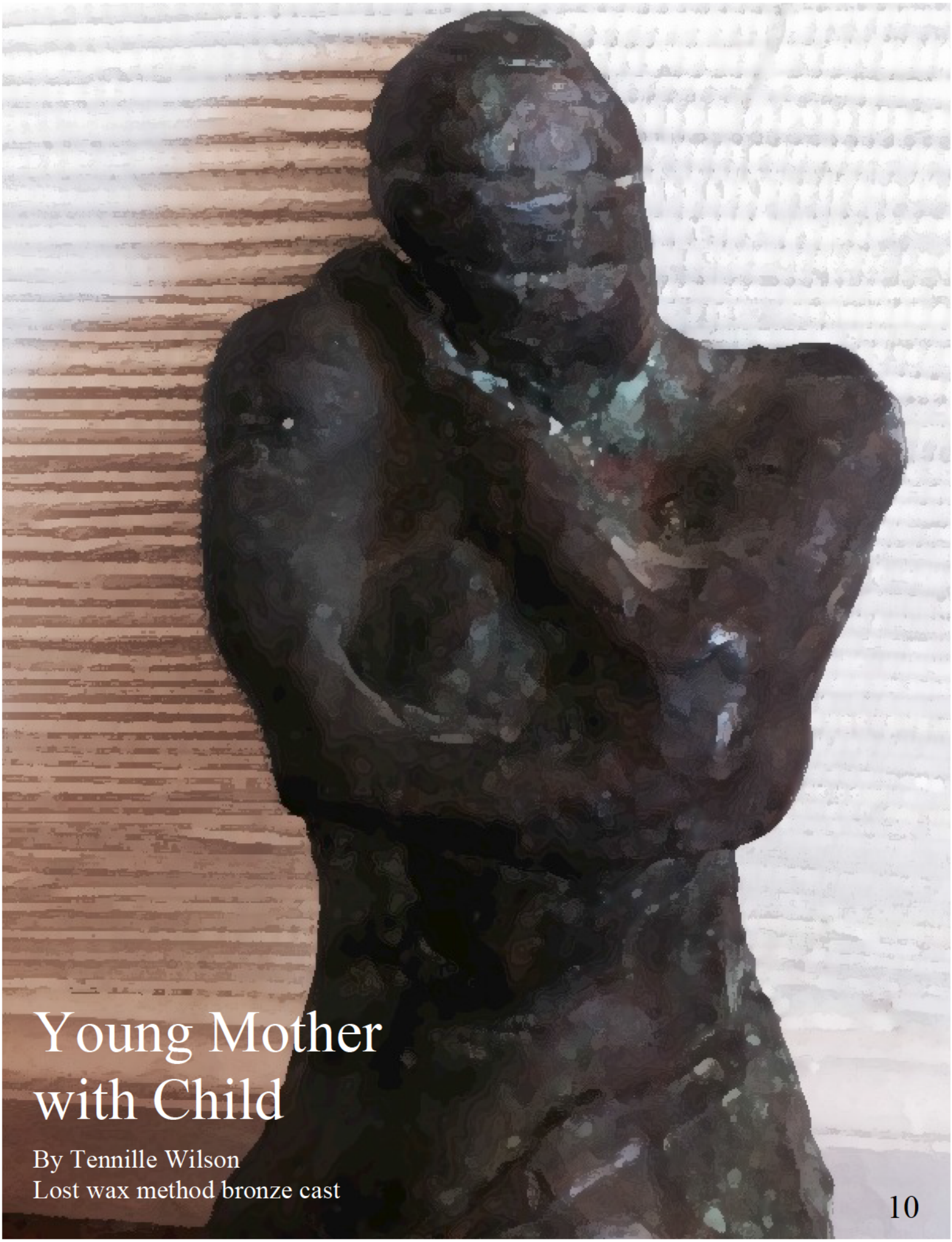
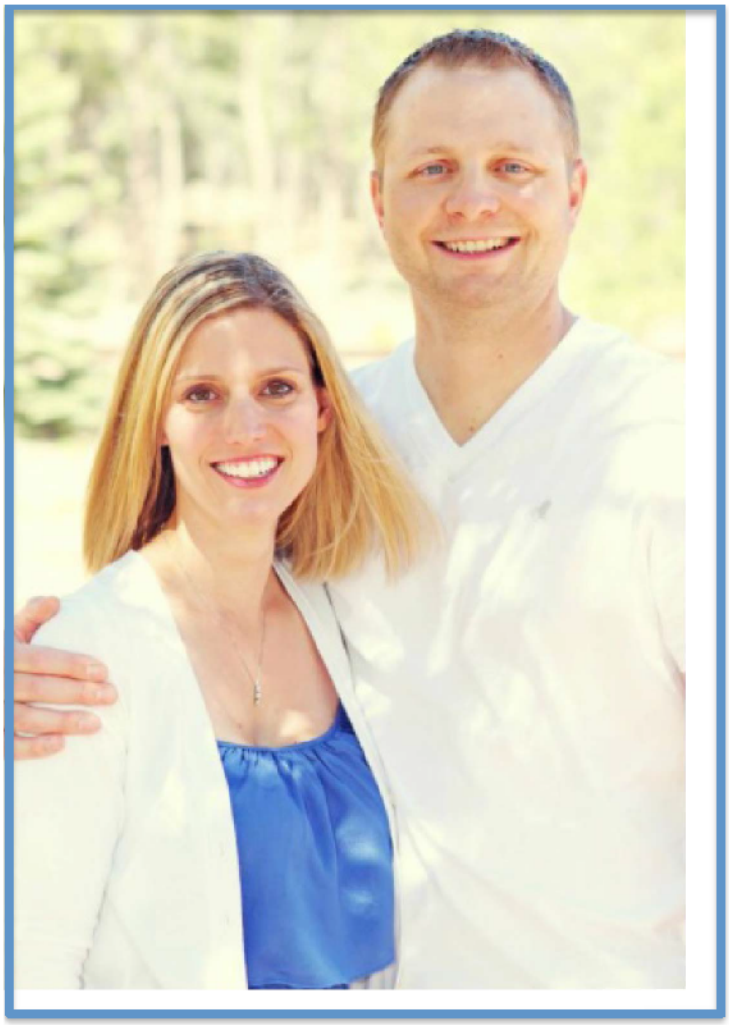


Young Mother with Child

By Tennille Wilson
Lost wax method bronze cast



Interview With Christine Young On Childbirth and Vaccines

Written by Paige Clark

Expecting mothers often have to face difficult decisions when it comes to the birthing process and immunizations. Pregnancy is a delicate process, and many mothers try and take precautions to make sure everything goes as smoothly as possible to avoid any complications. Unfortunately, birth complications can arise even when an expecting mother has an easy pregnancy and takes every possible precaution to try and avoid any issues.

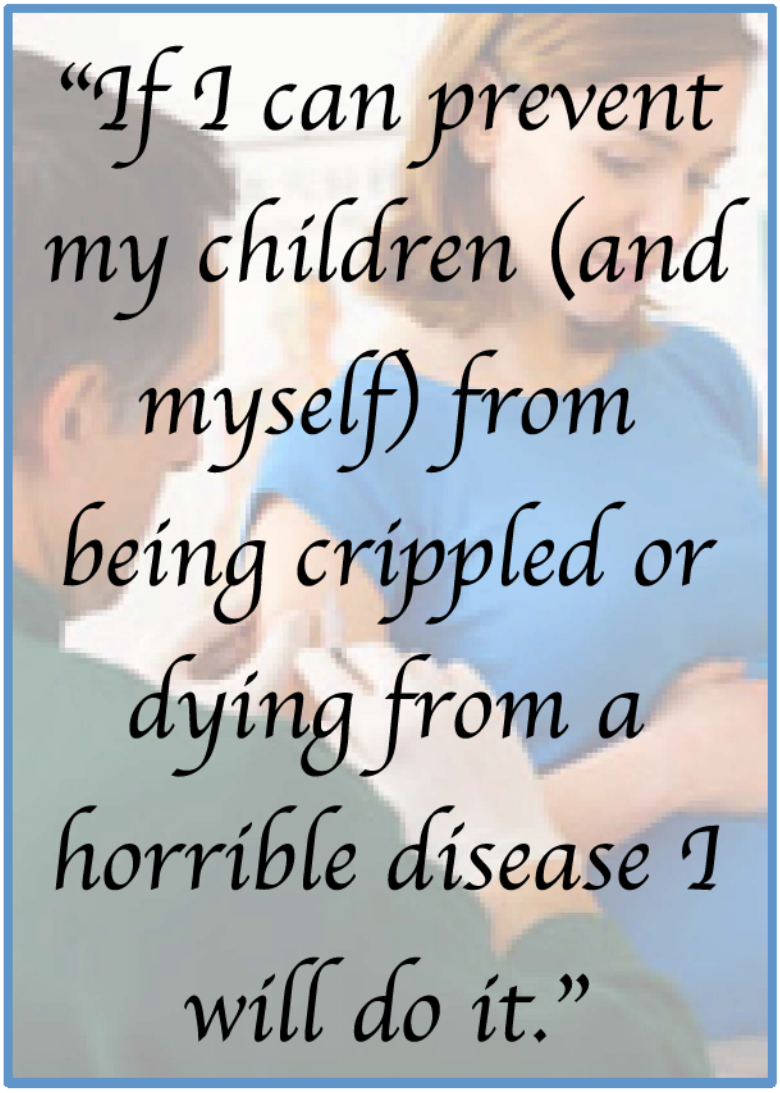
Christine Young is a mother of three and is very opinionated about childbirth and vaccinations. She works in the Neonatal Intensive Care Unit at Memorial Hospital here in Colorado Springs and has experience working with premature infants and newborns with birth complications. According to Children's Hospital Colorado's website, this NICU is the only Level III NICU in Southern Colorado.[1] Their unit has over sixty beds for high-risk newborn infants born as premature as twenty-three weeks. They provide care "in a developmentally supportive environment" with over 130 professionals, including Christine.

Christine spends all of her time either with her own three young children (ages three, six, and nine) or with very ill or premature babies who are fighting to live. She works tirelessly to save the lives of these infants and to help their families make difficult decisions on a daily basis. She is intensely passionate about ensuring that all children are given a fighting chance at life, and spends lots of time coaching nurses and mothers on how to best avoid birth complications. She firmly advocates best practice when it comes to childbirth, but respects a mother's choice to find the birth methods best for her (to a certain extent). Her insight into common birth complications and her medical standpoint on vaccines can be of much value for expecting mothers and their families trying to navigate the complicated, beautiful, and sometimes frightening world of pregnancy and childbirth.

[1]"Neonatal Intensive Care Unite (NICU)," Children's Hospital Colorado at Memorial Hospital, accessed March 8, 2014, http://www.mhchildren.com/wps/wcm/connect/mhs/ch/site/our+services/neonatal+intensive+care+unit+(nicu)

What do you do?
I'm a Clinical Coordinator in the Neonatal Intensive Care Unit (NICU) at the Children's Hospital of Colorado at Memorial Hospital.

What's your stance on the push towards more natural and homeopathic pregnancies?



I am supportive of women who choose to have a natural labor in a hospital setting. I've heard great success stories of women using acupuncture and meditation during childbirth to ease pain and discomfort.

What's your stance on homebirths?
I am 100% opposed to women giving birth at home. These families usually use the excuse that women have been doing this for thousands of years. But do they consider that many of those infants and mothers die in the act of childbirth due to complications? Our NICU admits, on average, one infant per month for complications from a failed homebirth. But, the Labor and Delivery unit has an even higher number of mother's admitted from failed homebirths. Fortunately, we don't see every one of those infants. I have personally seen devastating outcomes for infants resulting in severe neurological deficits or death. Almost every one could have been prevented if immediate medical attention had been provided. In one example, the obstetrician told a mother that her uterus was so thin from carrying her fourth child that if she hadn't come into the hospital when her labor failed to progress at home that her uterus could have ruptured and she would have hemorrhaged- killing her and the baby.

What do you think about public backlash against immunizations?
I am pro-vaccines. I vaccinated all of my children per the guideline set by the American Academy of Pediatrics and the CDC. Extensive research has gone into the development of these vaccines and has been proven safe for the general public. If I can prevent my children (and myself) from being crippled or dying from a horrible disease I will do it. It's a shame the doctor that fabricated the results on his "research study" has influenced so many parents to not vaccinate their children. At one time, polio was almost eradicated and pertussis was uncommon. Now, children are dying from pertussis on a weekly basis and the virus is mutating so everyone is at risk, regardless if they've had the vaccine series or not.

What's the most common and preventable issue with births that you see?
Prematurity is the most common issue we see in the NICU. However, even with the years of research that has been done, it is generally unknown why it happens. There are medications and bed rest to help prevent it but it's not a guarantee. Another serious and common occurrence are infants born to mothers abusing drugs. Infants withdrawing from narcotics, amphetamines, and methamphetamine have to be placed on methadone and weaned off. Otherwise, they could have seizures or die. It is still unknown the long-term outcome of infants born with drug addictions. These infants require a lot of patience and care because they are very irritable and are difficult to console. Parents in the NICU will see the nurses frequently walking around our unit with drug withdrawal infants to help quiet them.

Do you have any advice for pregnant women to avoid birth complications?
Good prenatal care. But sometimes, you can have the perfect pregnancy, be the perfect patient, and bad things still happen. Also, don't have a birth plan. Infant's of mother's with strict birth plans (nurses can't touch the mom, they can't touch the baby, don't give it a bath, etc.) usually end up in the NICU.

Christine says her perspective is not uncommon among the medical community she works with or with many of the moms she knows, but there are critics of this viewpoint. These days, it is not uncommon for mothers to be chastised for vaccinating their children, not vaccinating their children, having homebirths, not having homebirths, or making the decision to accept or not accept pain

medication during childbirth. In Maternal Thinking, Sarah Ruddick explains how mothers are part of larger social groups where acceptability is a demand imposed on them both by themselves and those larger groups. Mothers are then "governed by an especially stringent form of acceptability that nonmothers in the group may not necessarily adhere to." [2] This can place a large amount of stress on the mother when the group demands what it would consider to be acceptable behavior, and this demand "contradicts her children's need for protection and nurturance."[3] In other words, an expecting mother may belong to a group that sees homebirths as the only acceptable way to have a child, but the mother might see that as counterproductive to the protection of her child. Alternatively, a mother might belong to a group that condemns homebirths, but that expecting mother might see a natural birth in her home as her only logical option to protect her baby in the birth process. Both of these mothers have then encountered a very painful and taxing scenario in the process of meeting the demands that constitute maternal practice.

What Sarah Ruddick tells us is that our society needs to stop criticizing these decisions. Those doing maternal work have the exclusive right to criticize the practice. Only mothers and medical professionals can decide what is best for each pregnancy and birth.

By: Paige Clark

[2] Sara Ruddick, "From Maternal Thinking," in Feminist Theory: A Reader, ed. Wendy K. Kolmar and Frances Bartkowski (New York: McGraw-Hill Companies Inc., 2013), 35.
[3] Ibid, 35

"It seems that we as a nation are failing to support our families in the work force."

Maternity Leave In America

Written by Paige Clark

The United States is the only industrialized nation that does not offer paid maternity leave to its citizens. 178 countries around the world guarantee up to twelve weeks paid time off for new mothers.[1] It seems that we as a nation are failing to support our families in the work force. The U.S. has some minimally protective provisions in place, but they are not doing enough. As per the Pregnancy Discrimination Act of 1973, employers cannot legally discriminate based on childbirth, pregnancy or pregnancy related conditions, and pregnant women may obtain disability benefits, but the act does not offer any form of leave. Fast-forward another twenty years, and Congress passes the Family Medical Leave Act of 1993 (FMLA). FMLA offers twelve weeks of unpaid job-protected leave— a progressive move for the U.S., though the leave still is not paid. However, the Act only covers firms with a minimum of fifty employees, and only those employees who have been employed for at least one year prior to the anticipated leave date. This requirement only allows about half of U.S. workers to qualify since many low-income workers experience a lack of job stability.[2] Additionally, a Department of Labor survey found that many of those who do qualify still don't take the leave guaranteed to them under FMLA because they simply cannot afford the time off.[3] Mothers in the working class then experience even greater oppression —not only do they not get paid time off for childbirth childcare, or pregnancy, they do not get that time off for themselves or their families in the first place.

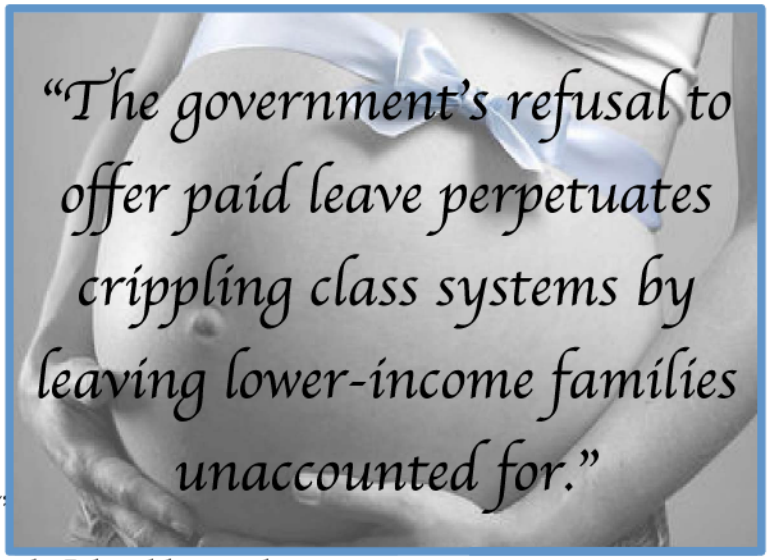
Under our current system, it is entirely up to employers to determine whether they want to offer paid leave, and it is much more common for professional workers to have access to paid leave than for low-wage hourly workers to have that access. Professional, higher paid workers are also more likely to have access to paid sick days and vacation time, which are commonly used in tandem with their paid maternity leave. Low-income workers are far less likely to have access to those types of benefits as well, which distorts the distribution of paid leave resources even further.

[1] "The American Opportunity Agenda: Expand Paid Family and Medial Leave" Kirsten Gillibrand: United States Senator for New York, accessed March 8, 2014, http://www.gillibrand.senate.gov/issues/paid-family-medical-leave

[2] Marci Ybarra, "Implications of Paid Family Leave for Welfare Participants," Social Work Research 37, no. 4 (2013): 375 http://web.a.ebscohost.com/ehost/pdfviewer/pdfviewer?sid=9cea567f-5630-4ab0-ad06-572241313a10%40sessionmgr4003&vid=4&hid=4212

[3] K. J. Dell'Antonia, "New Act Proposes National Paid Family Leave Policy," The New York Times, (2013) http://parenting.blogs.nytimes.com/2013/12/11/new-act-proposes-national-

In 2001, the U.S. Department of Labor found that 88% of salaried workers received payment during leave, but only 55% of hourly workers could report the same.[4] Not offering paid leave to women and families in the workplace is discrimination, and low-income families experience even further discrimination by being denied the same opportunities for leave as higher income families. The government's refusal to offer paid leave perpetuates crippling class systems by leaving lower-income families unaccounted for.



Some states have taken it upon themselves to offer paid family leave. California led the charge in 2002 and New Jersey and Washington State have followed California's example. Five states, California, New Jersey, New York, Hawaii, and Rhode Island have also created temporary disability insurance programs to provide resources during time off from work, childbirth included, instead of allotting resources specifically for time off during caregiving. Marci Ybarra's work has demonstrated that these paid family leave programs can "garner benefits in increased employment and earnings in the long run" because paid leave is associated with returning to work, increased income over time, and improved labor market attachment. Paid leave has also been shown to have a positive effect on health and developmental outcome.[5] The benefits of paid leave affect our workforce, our economy, our children, and our families.

Fortunately, Senator Elizabeth Gillibrand (D-NY) and Representative Rosa DeLauro (D-CT) have recently introduced the Family and Medical Insurance Leave Act. The bill proposes to provide paid family leave for any and every employee — private, public, self-employed, full-time and part-time. The aid would come through coverage administered through the Social Security Administration, so it would not put significant new pressures on the federal budget or employers since it fits into these existing structures. The suggested benefits range from $580-$4,000 a month for a maximum of twelve weeks in a one year period. Vicki Shabo, the director of work and family programs at the National Partnership for Women & Families says that this law "will make our culture in general more accepting of workers who have work-family demands in the same way that the Family Medical Leave Act changed culture around caregiving and normalized unpaid time off" and this culture shift could not be more necessary.

Now is the time for the shift. Nancy Fraser identifies this time in history as the beginning of another "great transformation"; this time is the form of post-neoliberalism. Right now, capitalism is at a great "critical crossroads" and women can reclaim and valorize carework.[6] Women are the only ones capable of making this push because "men's position in patriarchy and capitalism prevents them from recognizing both human needs for nurturance, sharing, and growth, and the potential for meeting those needs in a nonhierarchical, nonpatriarchal society" as a general rule. Women are central to the solution because systems of relations between men and women exist in capitalism and, unlike women, "men have more to lose

[4] [1] Jody Heymann, The Widening Gap: Why America's Working Families are in Jeopardy and What Can Be Done About It, (New York: Basic Books, 2000), 126.
[5] Marci Ybarra, "Implications of Paid Family Leave for Welfare Participants," 385.
[6] Nancy Fraser, "Feminism, Capitalism and the Cunning of History," in Feminist Theory: A Reader, ed. Wendy K. Kolmar and Frances Bartkowski (New York: McGraw-Hill Companies Inc., 2013), 558.

"In 178 countries around the world, paid time off for new mothers is guaranteed for up to 12 weeks."

Source: "Children's Chances: How Countries Can Move From Surviving to Thriving" by Jody Heymann With Kristen McNeill

than their chains" so women have to be the primary instigators of these shifts. Women must insist on a society that pays expecting mothers to take time off work. Nurturance needs to be recognized by society as universal and valuable, not as shameful and burdensome.[7]

Women are now more capable than ever of truly integrating themselves into participatory democracy and redressing injustices.[8] Hopefully, our lack of paid maternity leave will not persist in America. The Family and Medical Insurance Leave Act has a promising future. As women in America, we need to stake our claim in participatory democracy and continue toward justice for working families, just as Gillibrand is doing in the Senate. The lack of mandatory paid leave is not only contrary to common sense, it is discriminatory and a human rights violation.[9] It is time to modernize the workplace.

By: Paige Clark

[7] Heidi Hartmann, "The Unhappy Marriage of Marxism and Feminism Towards a More Progressive Union," in Feminist Theory: A Reader, ed. Wendy K. Kolmar and Frances Bartkowski (New York: McGraw-Hill Companies Inc., 2013), 315.
[8] Nancy Fraser, "Feminism, Capitalism and the Cunning of History," 559.
[9] K. J. Dell'Antonia, "New Act Proposes National Paid Family Leave Policy."

Pain Management Through Epidurals:

Who's Really in Control?

Written By Petra Jans

Handling the pain of giving birth contributes largely to expecting mothers' anxiety. Mothers often say that childbirth is "the most pain you'll ever experience," and given how women and girls are socialized to be less "tough" that men and boys, it makes sense that the anticipation of the pain of childbirth would elicit anxiety. At the same time, mothers are rightfully becoming more insistent about taking back full control of their birthing process, and managing pain is an important part of the equation. Taking control of the physiological experience of birth is a more difficult task than it may seem when pregnancy is conceptualized as "a pathological condition, for which technological interventions, such as episiotomy, pain medication, and fetal monitoring are standard procedures at delivery."[1] Just as our culture attempts to control nature in countless ways, the medical world maintains a large amount of control over a woman's experience of childbirth.

Given that humanity and culture, according to Sherry B. Ortner, "transcends the givens of natural existence, bend them to its purposes, [and] controls them in its interest" it is no surprise that the act of giving birth, which most closely ties women to nature is under tight control by society.[2] Ortner's realization that society's control over women links inextricably to its control over nature paved the way for the ecofeminism movement. Ecofeminism, as described by Ynestra King, brings together the ecological movement against man's destruction of nature and the feminist movement, for "the hatred of women and the hatred of nature are intimately connected and mutually reinforcing."[3] An ecofeminist stance would thus be in favor of the return of reproductive control to the woman and the end of this pathologizing of the experience of childbirth.

In their study of the childbirth experiences of Dallas women, Sargent and Stark identified two types of control desired by expecting mothers: management of the self and management of the environment.[4] Management of the self can, in a sense, be equated with maintaining control over one's body through managing anxiety, fear, pain etc. while management of the environment requires maintaining control over the "decision making and interactions with medical personnel".[5] I find it interesting that 78% of the women studied identified management of the self as their primary concern, while only 22% identified management of the environment as their primary concern.[6] To me, this ideal of mind over body and the need to maintain control over our bodies through technology is a manifestation of the nature vs. culture dichotomy that ecofeminism tries to combat. It shows that we remain unfazed by the powerful control that technology has over our lives. At least in the sample of women examined in this

[1] Carolyn Sargent and Nancy Stark, "Childbirth education and childbirth models: Parental perspectives on control, anesthesia, and technological intervention in the birth process," Medical Anthropology Quarterly 3, no. 1 (1989): 37, doi: 10.1525/maq.1989.3.1.02a00030.
[2] Sherry B. Ortner, "Is Feminism to Male as Nature Is to Culture?" in Feminist Theory: A Reader, ed. Wendy K. Kolmar and Frances Bartkowski (New York: McGraw-Hill Companies Inc., 2013), 213.
[3] Ynestra King, "The Ecology of Feminism and the Feminism of Ecology," in Feminist Theory: A Reader, ed. Wendy K. Kolmar and Frances Bartkowski (New York: McGraw-Hill Companies Inc., 2013), 411.
[4] Carolyn Sargent and Nancy Stark, "Childbirth education and childbirth models: Parental perspectives on control, anesthesia, and technological intervention in the birth process," 46.
[5] Ibid.
[6] Ibid.

study, few seriously questioned the power of medical personnel over their bodies.

I am not arguing that pregnant women should avoid technologies such as epidurals to manage their pain during birth, but rather, they should be critical of the technology and the environment in which it is presented to them. Feminist discourse about childbirth argues for the mother's active participation in the birth process. Sargent and Stark recognize the paradox where "for some women the ultimate definition of control in delivery becomes the elimination of feeling by means of epidural anesthesia."[7] One of the first editions of the book *Our Bodies, Ourselves,*

which has hugely expanded and is now in it's ninth edition, strongly encourages women to be wary of the widely accepted medical technologies used during birth, claiming, "every drug, every method of anesthesia, and every instrument used in childbirth has possible risks or side effects for ourselves and our babies."[8] Though it seems that this book may have taken the stance that natural is better, I fear that outright rejection of medical technology used in childbirth may be a similarly dangerous oversimplification of women's bodies as an outright acceptance of the technologies.

A study by Dillaway and Brubaker adds another dimension to the use of epidurals as it reveals striking differences between perceptions held by a sample of Mid-Atlantic, middle class, mostly white mothers and southern, Black, teenage mothers. The Mid-Atlantic women were largely accepting of the epidural technology and more worried about experiencing pain and maintaining composure than the risks of the procedure. On the other hand, the Southern teens expressed a lot of fear about the side effects and the procedure itself as it pertained to their health. Interestingly, both of the groups perceived the use of the epidural as the key difference between a "natural" and "unnatural" birth. As the authors explain, "the choice for or against the epidural seems to take on great importance in both groups' experiences, for their decision about this procedure will define (for them and others) what type of birth they really had."[9] Not only does this study suggest that there are many more factors than initially thought which contribute to the shaping of women's perceptions of the epidural, but it also reveals the troubling fact that women's perceived control over their childbirth experience comes down to only one choice.

Childbirth is a defining moment in a woman's life, thus it is crucial for women to control their experiences and not simply feel in control as a result of medicalized childbirth. There are many more decisions to make during childbirth than whether or not to receive an epidural, and as nursing professor Rebecca Dekker argues in her blog "Evidence Based Birth," there is a dire need for "patient centered maternity care," which puts "the patient and the provider on the same level." In essence, "the patient and the provider are team players. They have different skills and different sets of expertise, but they are equals, nonetheless."[10] Accordingly, an expecting mother should seek out "patient centered maternity care" in order to retain control over her childbirth experience.

[7] Ibid, 49.
[8] The Boston Women's Health Book Collective, "Our Bodies, Ourselves," (New York: Touchstone, 2005), 278.
[9] Heather Dillaway and Sarah Jane Burbaker, "Intersectionality and Childbirth: How Women from Different Social Locations Discuss Epidural Use," Race, Gender & Class 13, no. 3/4 (2006): 33.
[10] Rebecca Dekker, "What is Patient-Centered Maternity Care?," Evidence Based Birth, last modified 2012. http://evidencebasedbirth.com/what-is-patient-

Reader Submitted Comic

For the mothers who really want their partners to share the parenting duties…

Illustrated by Liana Hudson
And Petra Jans

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