Media Representations of Pregnancy and Childbirth: An Analysis of Reality Television Programs in the United States

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ABSTRACT: Background: *Reality-based birth television programs in the United States warrant close analysis because many women watch these shows to learn about birth. The purpose of this study was to understand how reproduction and birth are portrayed in these shows. We hypothesized that women's bodies are displayed as inferior and in need of surveillance and that this inferiority of the female body is solved through technology and a medical approach to birth.* **Methods:** *We performed a content analysis of 85 reality-based birth television shows, depicting 123 births, aired in the United States on Discovery Health and The Learning Channel in November 2007.* **Results:** *The study hypotheses were largely supported. Women's bodies were typically displayed as incapable of birthing a baby without medical intervention. The shows also lacked diversity in the representations of birthing women and, in particular, overrepresented married women and heterosexual women.* **Conclusions:** *This research suggests that reality-based birth television programs do not give women an accurate portrayal of how women typically experience birth in the United States, nor are the shows consistent with evidence-based maternity practices. (BIRTH 37:2 June 2010)*

Key words: *birth, labor, maternity experiences, media representations*

Many women in the United States learn about childbirth by watching reality-based television programs, and an analysis of these shows allows one to study the popular construction of cultural expectations of birth (1). Reality television is a developing genre of television that ''includes a wide range of entertainment programmes about real people . . . [and] is located in border territories, between information and entertainment, documentary and drama'' (2). These programs present real people in live but often manufactured situations. They expanded during the 1990s and through the early 2000s, attracting a large audience with their dramatic and often taboo subject matter (2). With ratings in mind, producers of these shows seek out experiences that are sure to entertain daytime audiences (3).

Pregnant women share a fascination with reality television. *Listening to Mothers II*, a national survey conducted in the United States of women who gave birth in 2005, found that 68 percent of pregnant women in the United States watch reality-based programs on pregnancy and birth regularly (4), and of women who watch these shows, 72 percent of women pregnant for the first time and 34 percent of women who have been pregnant at least once before indicated that the shows ''help me understand what it would be like to give birth'' (4). Furthermore, these media representations are likely the only opportunity most women have to watch an actual birth. The purpose of this study was to understand how reproduction and birth are portrayed in reality television programs.

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We drew on theoretical ideas presented by West and Zimmerman to suggest that gender norms, that is, how men ''should'' act and how women ''should'' act, are constructed by individuals as they interact through experiences, such as pregnancy and birth (5). Individuals draw on the norms of attitude and behavior that are presented in institutional arenas, for example, the media, to inform these interactions. In short, ''appropriate'' gender interactions are constructed by culture, and culture is anchored in institutional arenas. Thus, media representations of pregnancy and birth offer a way to understand the conventionalized behavior of women during pregnancy and birth.

We also suggest that media representations of women and their bodies reflect power relations in society. In keeping with Davis, we propose that the body is a text on which the cultural understandings of gender are expressed (6). Davis asserts that American women are embedded in cultural discourses that tend to devalue the female body and define it as inferior and ''in need of constant surveillance'' (6). Thus, the discipline and control of the female body are exaggerated and normalized through media representations.

We hypothesized that the media images of birth would define the female body as inferior and in need of surveillance, with an overwhelming focus on technological birth, allowing physicians and the medical establishment to overcome women's inferior bodies and the inherent ''danger'' of the birthing process. We expected high intervention rates of electronic fetal monitoring, induction, and augmentation, and also cesarean births, as birth by cesarean section is the ultimate way to control the bodies of women during birth. Because media both reflects and reinforces dominant ideologies in society, we also expected that nonmedicalized representations of pregnancy and birth would be largely absent and marginalized when they were presented, thereby being hidden from, or distorted, in public discourse. Furthermore, consistent with feminist theory, we expected that the media would involve images that perpetuate themes of heterosexism and racism.

Methods

To examine reality television programs' constructions of pregnancy and birth, we conducted a content analysis of *A Baby Story* and *Birth Day*, the two reality television programs focusing on pregnancy and birth that are watched most often by pregnant women in the United States (4). These shows claim to represent a range of births, whereas other shows not selected for analysis focus on problems in birth (e.g., *Babies: Special Delivery* and *Maternity Ward*) or nonmedicalized birth practices (e.g., *House of Babies*). We used results from the *Listening to Mothers II* survey to gauge the accuracy of these media representations (4). It should be noted that the shows we analyzed may not be available to women in other countries; hence, this paper applies only to the study of American media and American women's reproductive experiences.

We analyzed episodes of these shows aired on The Learning Channel and Discovery Health over a period of 3 weeks, beginning November 5, 2007, and ending November 23, 2007. Analyzing a snapshot of shows in a 3-week time period is, we suggest, the most appropriate way to capture what women are seeing because each week these networks repeat shows that were originally aired days, weeks, months, or even years earlier. Thus, analyzing a season of shows (i.e., shows that aired for the first time during a given year), which can be purchased online, does not capture what women are watching on television. We compiled the list of 100 episodes of *Birth Day* and *Baby Story* scheduled to air during this 3-week time period. We recorded and analyzed 41 episodes of *Birth Day* and 44 episodes of *A Baby* Story (n = 85 episodes). Fifteen episodes were deleted from the sample owing to network schedule changes and technical difficulties of recording, although, because no visible patterns for deleting shows occurred, our analysis should not be affected. Episodes of *Birth Day* typically featured more than one birth, which permitted analysis of a total of 123 births.

Results

Inferiority and Surveillance of Women's Bodies

Although the shows we analyzed are not marketed as focusing on problems occurring in pregnancy and birth, the episodes still presented birth as unpredictable and potentially dangerous and women's bodies as inferior and unreliable. Many episodes of *Birth Day* focused on what can go wrong during pregnancy and childbirth, as though these problems are typical. Examples of topics included abnormal birth positions, hypertension and postpartum bleeding, labor and delivery triage, cervical cancer, bicornuate uterus, mothers in preterm labor, and diabetes. These topics were in the episode titles, included in the advertisement of the episodes, and were reinforced throughout the specific episode. Such presentations can be viewed as ''disease mongering'' because they suggest that such complications are prevalent, when they are not.

The portrayed inferiority of women's bodies is evident when women are shown to lack control in the birth process, and the programs are filled with such examples. Women are almost always shown in hospital gowns, a

routine that hospitals use to enforce the patient status of women in labor (7). A woman is commonly called a ''good girl,'' often during directed pushing, a seemingly innocuous but patronizing comment that reinforces inferior status. Almost always (85%), the women are shown pushing while lying on their backs. Interestingly, this back-lying position is used by only 57 percent of women in the national sample (4). In addition, women are discouraged from vocalizing during the pushing stage of labor, as for example in *A Baby Story: Baby Moskowitz*, when the physician says, ''Let's have a baby in a nice *civilized* way. No screaming. No yelling.''

The standardization of the birth process also emphasizes women's lack of control, power, and autonomy. Laboring women are typically expected to conform to the standard time line of labor (1 cm/hr dilation) and pushing time. Time was a constant focus in most shows. Cameras often flashed to clocks, and some *Baby Story* episodes transitioned between segments of the show and between the show and commercials by flashing a digital clock across the screen. If women's labors did not conform to standard expectations of progress, they were given Pitocin to augment their labors. In our sample, 40 percent of the women who birthed vaginally were given Pitocin at some time during their labors. This percentage may have been a conservative estimate, because other women's intravenous drips may have contained Pitocin. Fifty-seven percent of women in the *Listening to Mothers II* survey reported receiving Pitocin to induce and/or speed up labor (4). The use of Pitocin to augment labor was also normalized in these shows. For instance, in *Birth Day: Anesthesia* a physician noted in an interview,

> [The] Pitocin that we're giving her is a synthetic hormone. It's actually physiologically made in her body in one form, and we have an *exact copy* of it that we give her in the IV. . . . It causes the strength of the contraction to increase so that we can get them to what we call adequate.

In contrast, women were rewarded for quick labors, as when a physician in *Birth Day: Pain Medications* exalted, ''You did go quick. We're very proud of you.''

Women were rarely shown spontaneously pushing, a key way women can control the birth process. Typically, women lay on their backs surrounded by nurses and family members, who held the woman's legs and loudly counted out times for her to push. Directed pushing was justified by physicians (e.g., *Birth Day: 20 Years of Birthing*), ''Coaching helps bring more out of you,'' and by show narrators (e.g., *Birth Day: Birth Plans Change*), ''Counting through a contraction helps to establish a rhythm and is a focus for mom to get through the pain.'' The show's narrators were seemingly ''neutral'' observers of the births. They were not pictured, and we assumed they were employees of the shows' production companies. However, their comments almost always justified a medicalized approach to birth.

The pace of pushing was also controlled. Sometimes women were encouraged to push the baby out quickly, and other times they were encouraged to delay the baby's delivery until a physician arrived. Nine women, or 11 percent of women who delivered vaginally, were instructed not to push, usually by a nurse or a resident. Some of the presentations are dramatic, such as an episode of *Birth Day: Amniotic Fluid*, in which a woman attempting to give vaginal birth to twins was rushed to the operating room to deliver, where a nurse told her not to push but rather to breathe through her contractions. In the background the physician shouted, ''Would you find Dr. Ross and tell him to get in here already, please!'' The physician puts on gloves while the laboring woman screamed in the background. The nurse told her, ''Gain some control! Take a breath in. Don't let it out. No noises. No noises.'' Once the physicians were finally ready, the woman quickly delivered both twins vaginally.

As this example showed, women were at times treated like young children. They were also sometimes blamed for problems they may have experienced in pregnancy and birth, suggesting a punitive surveillance approach to care. Perhaps the most disturbing instance of this management appeared in *Birth Day: Baton Rouge Babies*. One of the women portrayed had renal failure, diabetes, and high blood pressure. Viewers were told that she was having a cesarean delivery because of her health problems and also because she had a previous cesarean. The doctors talked about the woman during the operation as though she was not there, openly questioned her decision to become pregnant again, and discussed the complications she faced owing to her health problems.

Many episodes also represented surveillance in interviews with caregivers conducted outside the woman's room. These discussions were often used to question the woman's decisions. In *A Baby Story: Baby Rivera*, the woman wanted to labor without pain medications. Although the physician seemed supportive, he stepped outside her room to speak with an anonymous interviewer and said, ''She's doing very well with her pain management right now. And initially she didn't want [an] epidural right away, but *I think she'll give up*, so she should have an epidural anyway.'' In this example, the woman did not ''give up'' and delivered vaginally with no pain medications.

Another key way women can control birth is by choosing to consent to medical procedures only after receiving full information on their benefits and risks. However, informed consent for medical procedures was almost never shown in the programs. It is not possible to know whether consent was not caught on tape or whether it was omitted, but it appeared that women had no say in whether they would undergo

interventions or not. Interestingly, we saw consent forms only twice (*A Baby Story: Baby Moran* and *A Baby Story: Baby Romash*), once for a cesarean birth and second for a vaginal birth. Both times the consent forms were presented by the same midwife and in the same hospital.

Technology Solved Problems of Inferior Bodies

The trauma of birth and the inferiority of women's bodies were managed through the use of medical technology. Many episodes of *Birth Day* focused on complications of pregnancy and birth, and on their technological solutions, including the topics of pain medication, anesthesia, inductions, and cesarean sections. For example, the medical model of childbirth was glorified in *Birth Day: 250 Years of Birthing*. After discussing the historical movement of birth from home to hospitals and from midwife to physician control in the United States, the narrator summarized, ''All these years of medical evolution come down to one thing: welcoming new lives into the world safely.''

The use of technology was rampant in the shows. Of the women who give birth vaginally and were identified as being monitored, 82 percent were continuously monitored with an electronic fetal monitor, which is slightly lower than the 90 percent occurrence of this practice in most hospitals (4). Fetal heart monitors were represented as infallible and cameras often flashed to the monitors.

Interventions were represented as ''natural'' or ''normal,'' implicitly in most programs, for example, when standard procedures were not questioned, and explicitly in others by comments from the narrators or caregivers. In *Birth Day: Cervical Cancer* the message, ''IV fluids are given to laboring mothers to keep them hydrated'' flashed across the screen, and the narrator later said, ''Breaking the water helps establish an even contraction pattern and speeds up labor.'' Another clear example of the normalization of interventions occurred in *Birth Day: Boy or Girl?* when the narrator observed, ''[The doctor] has determined that Colleen's water is not going to break *without his help*.''

Technological control is also portrayed by the practice of inducing labor. In the shows, 43 percent of women who attempted a vaginal birth had their labors induced—slightly more than the actual percentage of women who are induced in U.S. hospitals, which is approximately 40 percent (4). Negative consequences of induction were not discussed; rather, induction was portrayed as a natural way to begin the labor process. For example, in *Birth Day: Inductions III*, the narrator opened the episode by stating, ''The past ten years have brought dramatic improvements in obstetrics. Doctors now have an increased ability to manage the onset of labor and delivery. As a result inductions of labor happen more systematically with more successful outcomes.''

Pain Medication Is the Way to Deal with Pain

The programs also represented birth as painful and pain medication as the only effective way to deal with it. *Birth Day: Pain Medications* opened with the narrator stating, ''Labor hurts—there is no doubt about it—from the first contractions, to the birth, and even after delivery.'' A nurse then described labor pains, ''If you ever had food poisoning, you know ate something that upset your stomach and you had cramps so bad *you thought you wanted to die*, that would be it.'' Forty-four percent of the women who delivered vaginally received epidural analgesia to manage labor pain—most likely an underestimate of the practice because we only coded women as having an epidural if it was specifically mentioned. The *Listening to Mothers II* survey reported that 71 percent of women with vaginal births received an epidural or spinal analgesia (4). The common depiction of women having an epidural placed normalized the use of medication to cope with labor pain. As the narrator said in *Birth Day: Anesthesia*, ''Pain relief through anesthetics medicine has revolutionized the birth experience for women.''

Birth was also portrayed as being easy and fun with pain medication, for instance, by a physician in *A Baby Story: Baby Acquaviva,* who said in an interview, ''When you have nice pain control like she's having, you know, it can be such a wonderful experience. You know, it can be a fun experience, which is nice.'' The idea of a positive experience being linked to anesthesia was also present during discussion of the ''perfect birth'' concept in the episodes. In *Birth Day: Pain Medications*, the physician summarized a vaginal birth experience, ''This labor and delivery went absolutely perfect[ly]! I couldn't ask for it to be any better . . . She had a great epidural . . . She was able to not suffer . . . .''

In fact, women without pain medication were often represented not only as suffering through labor, but also as being ''out of control.'' In *A Baby Story: Baby Gardner*, a woman attempting a medication-free birth screamed, ''I can't do it. I must have medication.'' Likewise, in *Birth Day: Unexpected Deliveries* a laboring woman was shown in a birth center, confined to bed, pushing on her back. The camera showed a close-up image of the woman's bulging eyes several times. Both of these women delivered vaginally without pain medication, but their births were represented as painful, and the women as unruly. This out-of-control view of unmedicated women was also portrayed in several

episodes of seemingly hysterical women as they rode in the car to the hospital.

Surgical Birth Is Common

Cesarean delivery was also common, with 35.8 percent of the women portrayed as having the procedure. By comparison, the rate of cesarean delivery in the United States in 2007 was 31.8 percent (8). The discussion of risks of cesarean surgery to women was not only largely absent in these episodes, but sometimes even misrepresented. For example in *Birth Day: Breech Deliveries* a woman is scheduled for a cesarean section because her baby is presenting in a breech position, but the baby turns to a head-down position a few days before the scheduled surgery. Nevertheless, the physicians encouraged the woman to go ahead with the cesarean because they feared the baby was too big for her to deliver vaginally and because she had already ''accepted'' the idea of a surgical birth. The narrator explained, ''To minimize the risk *for her* and her baby, Angelique agreed to a c-section,'' and surgery was the ''only option.'' Shortly later, a healthy *7 lb 9.5 oz* baby was delivered by cesarean section.

In these shows, only 13 women (11%) have had a previous cesarean section. Of these 13 women, 3 women attempted a vaginal delivery, and all were successful (*A Baby Story: Baby McBride; A Baby Story: Baby Oseguera;* and *Birth Day: Alternative Birth*), although in one episode vaginal birth after cesarean section (VBAC) was not discussed and it only became clear after the birth that the woman had a previous cesarean section (*A Baby Story: Baby McBride*). All portrayals of women with a previous cesarean, except for this episode, represented VBAC as inherently dangerous, even the episodes that featured successful VBACs. A telling example of this attitude occurred in *Birth Day: Baton Rouge Babies*, when a physician said, ''Because of a previous section, we're going [to do] whatever is most reasonable and allow[s] us to make the best decisions. So, we're doing a repeat section.''

These episodes made it seem as though women chose to have repeat cesarean sections, which is at odds with *Listening to Mothers II* survey data, which suggest that nearly half of all women with a previous cesarean section would have liked the option of a VBAC, but could not attempt one because of an unwilling care provider (45%) or an unwilling hospital (23%) (4). However, careful analysis of the episodes showed that many women who had a repeat cesarean section asked for a VBAC. For example, in *Birth Day: Amniotic Fluid,* a woman was scheduled for a repeat cesarean section. Before the surgery, her physician mentioned in an interview that the woman was *choosing* to have a repeat cesarean section. Later, however, the woman said,

> I had the first baby c-section, and *they said* that there would be a lot of problems, difficulties [with a VBAC], and one of them [was] that your uterus could bust. And we may want to have future children.

Cesarean section was also shown as the safest way to deliver breech-presenting babies. Breech position was referred to as dangerous, hazardous, risky, and as a medical malfunction, and cesarean section was universally discussed as the safest method of delivery. In *Birth Day: Breech Deliveries* the narrator told the viewers that the baby was in a frank breech position, ''making a vaginal delivery nearly impossible. A c-section is her *only option*.'' Interestingly, the occurrence of breech birth was overrepresented, with approximately 14 percent of births involving babies in breech position, whereas the actual occurrence at full term is 3–4 percent (9). Two vaginal breech births were depicted, but they were of the same dramatic ''emergency'' birth in which the woman presented at the hospital too late for a cesarean section to be performed (*Birth Day: Breech Deliveries* and *Birth Day: Celebrating Birth*). These two births led to an 18 percent vaginal breech delivery rate in these episodes, slightly higher than the actual 15 percent rate in the United States (9).

Happy Endings and Warm Feelings

Revealingly, the complications featured on the shows never resulted in actual serious injury to the women or babies but were used to create suspense and an ultimate happy ending. Even premature babies who were taken to the neonatal intensive care unit, which was particularly common in the shows with multiple births, were shown as healthy, and they all eventually went home. No fetal birth defects or deaths were shown. In an episode of *Birth Day* that focuses on a serious birth defect, *Birth Day: Cystocele and Tetralogy of Fallot*, the viewers learned at the end of the program that although the fetus was diagnosed with this heart defect in utero, the baby was free of the defect at birth. As is typical of ''good'' television, the shows slanted the reality of the situations to create happy endings and warm feelings.

Nonmedical Approaches to Birth

The almost complete lack of representation of certain practices, such as physiologic birth with no interventions, VBAC, or planned vaginal breech delivery, was significant. In analyzing media portrayals of

reproduction by what the programs neglected to show, we found that only 18.1 percent of births in hospitals had ''natural methods,'' for example, a doula, labor off the bed during any part of labor, use of massage, a birth ball, breathing practices, hypnosis, and/or meditation. We found that 100 percent of women attended by midwives used natural methods compared with 9.7 percent of women attended by physicians. However, many of the midwife-attended births were medicalized in other ways. For example, 54.5 percent of these women pushed on their backs, 27.3 percent were induced, and 30 percent were given Pitocin.

Seven (5.7%) of the births depicted were out-of-hospital (two home births and five birth center births), which is higher than the United States' 1 percent average of out-of-hospital births (10). It was clear that women who had out-of-hospital births experienced more control over the birth, and the comments by the narrators and caregivers were less supportive of medicalized birth. For example, in *Birth Day: Birth Centers II* a midwife said, ''As a culture we've lost the concept there's normalcy in birth, that it's inherently a normal process, and it's inherently a process that's very successful with wonderful outcomes.'' However, these births were also marginalized by being presented in episodes titled ''Alternative Practitioners,'' ''Alternative Birth,'' ''Birth Centers,'' and ''Unexpected Deliveries,'' making them seem like the ''other'' way to give birth. Furthermore, because only 5.7 percent of births in these episodes took place outside the hospital, the odds of a woman seeing one of these births on the shows were slim.

Diversity in Racial and Sexual Orientation

The shows were balanced in terms of the women's race. Black women were slightly overrepresented (17.2%), whereas Asian (4.1%), Hispanic (13.9%), and white women (64.8%) were slightly underrepresented compared with national demographic representations of women who give birth in the United States (10). In terms of marital status only 10.6 percent of the women shown were identified as single. Although white and Asian women were almost always married (94.7 and 100%, respectively), black and Hispanic women were single in 26.3 and 26.7 percent of births, respectively. This depiction of marital status clearly *underrepresented* the occurrence of births to single women across all races, but the contrast of portrayal of single black and Hispanic women to married white and Asian women was striking. In reality, 38.5 percent of all births in the United States were to single women in 2006, and 26 percent of births to whites, 70.7 percent of births to blacks, and 49.9 percent of births to Hispanics were to single women (10). Furthermore, the shows featured no openly lesbian women, which is consistent with the general invisibility of gays and lesbians in the media when such images challenge notions of heterosexuality, as lesbian and gay parents do (11).

Discussion

The reality-based birth television shows that we analyzed made pregnancy and childbirth much more dramatic and perilous than they are in reality. Perhaps this lens on childbirth helps to explain why nearly one-third of women pregnant for the first time who watch these shows reported that they felt more worried about giving birth *after* watching one of these shows (4). Above all, the primary goal of show creators is to try to entertain. Various complications arose in nearly all the shows and were worked out by a team of nurses and doctors to produce happy endings. An illustration of this theme is the overrepresentation of breech presentation, which was likely because of the ''entertainment value'' of these births. Doctors easily ''solved'' the problem of breech presentation through cesarean delivery, ''saving'' women and babies with their skills and technology.

Our analysis also suggests that practices common in these shows are not consistent with evidence-based maternity practices. For example, continuous electronic fetal monitors are almost always used and are represented as infallible even though evidence is lacking that their use leads to better fetal outcomes (12). In addition, neither the very slight risk of uterine rupture (<1%) associated with trial of labor after a previous cesarean section (13) nor the risks of labor induction, labor augmentation, or cesarean section were a focus of discussion. Furthermore, the notion of ''choice'' of repeat cesarean section was clearly constrained for women by information that was incomplete, inaccurate, or both, because women with a previous cesarean section sometimes indicated a misunderstanding of the risks of future reproductive consequences owing to repeat cesarean section versus the risks of uterine rupture in a VBAC attempt. The lack of informed consent in these shows is also consistent with literature suggesting that informed consent processes are inadequate or lacking in maternity care (4,14–17).

Our analysis of reality-based television program supports Vicki Elson's intriguing documentary film, *Laboring Under an Illusion,* which examined a spectrum of reality and fictional media. Elison found that births were medicalized; those that were not medicalized were marginalized or presented as exotic (18). Our findings also support the theoretical expectations we derived from West and Zimmerman (5) and Davis (6), and reinforce the notion of women's inferior status in American society (19).

Future research should extend this research in two ways. In his book, *Claims to Fame*, Gamson discusses three stages of media processes: (a) the making of shows, (b) the actual media depictions in shows, and (c) the influences of media depictions in shows on everyday life (20). Our study examined the second stage of media processes, the actual media depictions in reality-based birth television programs. Future research should examine the first stage of media processes—how reality-based birth television programs are made. A midwife friend of one of the authors was involved in *A Baby Story* episode a few years ago. The film crew arrived at the hospital too late to film the birth. Undeterred, the film crew had the new mother simulate the birth of the baby, lying flat on her back with the midwife poised at the bottom of the bed (the baby was being cuddled by her grandmother out of view of the cameras). In fact, the woman had given birth to the baby while squatting. In addition, the third stage of media processes, the influence of representations from reality-based birth television programs on the actual experiences and attitudes of pregnant women and practitioners, is a ripe area for study.

Conclusions

We suggest that these reality television programs help to understand how American women come to think about and understand pregnancy and childbirth. ''Reality'' shows depict women as powerless, physicians in control, and technology as the saving grace for women's imperfect bodies. Understanding the content of these depictions is critical because women's attitudes and behavior during pregnancy and birth are guided by gendered norms of expression, which are often taken from institutions such as the media.

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