Reading Log #3

DeNara Levin

T00529231

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This analysis is based on the three articles: “‘An Illness of Nine Months’ Duration’: Pregnancy and Thalidomide Use in Canada and the United States” written by Barbara Clow, “Exercising Caution: The Production of Medical Knowledge about Physical Exertion during Pregnancy” written by Shannon Jette, and “Gender Expectations: Natural Bodies and Natural Birth in the New Midwifery in Canada” written by Margaret MacDonald. These articles all focus on the difficulties of childbirth and pregnancy. The Clow articles main argument is that the medicalization of pregnancy and the social pressures to use thalidomide resulted in many life threatening complications to newborns. If mothers did not feel the pressure to take medication to ensure a ‘proper’ and ‘safe’ pregnancy, many of them would have had healthy, unharmed babies. The Jette articles focuses on how “the safe limits of maternal exercise were rooted in long standing anxieties surrounding the female reproductive body” 1. Lack of understanding for the female body was primarily due to inadequate research and social hearsay. The MacDonald article argues that “natural birth ...also carries important cultural messages- that posit women as persons and bodies as naturally competent and knowing.” 2 This is counter to the current view that childbirth should be done in hospitals.

The overall themes and arguments presented by these articles are related to femininity. A recurring topic is that women are weak and when it comes to childbirth they are no longer in control of themselves. The Clow article even states that “ pregnancy is an illness of nine months duration” 3 and pregnant women are given an unsettling message that “unborn babies are desperately vulnerable to harm or neglect.” 4 This left women scared of pregnancy and childbirth and reliant on experts and medications to help protect their unborn child. MacDonald even acknowledged that “ gender ideals of women as frail and dependent-and thus incapable of either giving or attending birth unaided by male experts” 5 Women have been told to be so scared of childbirth that “midwives work hard to naturalize the pain of labour even from the first minutes that a woman goes into labor.” 6 Midwives want to leave women with an understanding that pregnancy is a normal human event that brings life into the world and is not an illness or crisis that needs to be panicked over. 7

 Another major idea is that society controls people's perceptions of the truth and social stigma. An example of this can be found in the Jette article people still believed that physical activity was harmful to unborn children even with no evidence to support this, and counter evidence of pregnant olympic athletes giving birth to health babies. 8 Another social stigma is the use of drugs and alcohol. Pregnant women sometimes give up drinking alcohol to avoid the concerns of family members and strangers of their child developing fetal alcohol syndrome. 9 Doctors often tell women to keep smoking while pregnant because the stress of withdrawal may be more harmful to the baby than the effects of tobacco. This is more a social concern than a health one as doctors even express “greater concern about intercourse in the final weeks of pregnancy than about smoking, alcohol consumption, or the use of prescription drugs.” 10 Along with these stigmas are those of womanhood and mothering. If we define the definition of a natural birth it would mean that some women would fail to have a natural birth by definition. When this is taken to the extreme we end up shaming mothers for their birthing choices such as getting an epidural. One pregnant woman said that “she would feel ashamed in front of her classmates and her instructor if she ended up giving birth in hospital, and especially if she ended up with a C-section.” 11 This is taking the power away from mothers and leaving them to feel helpless and as though they are an inadequate caregiver. What needs to happen is to “put control of the process back in the hands of the women giving birth.” 12

After reading these articles I am curious to know how women who give birth in hospitals feel about their experience giving birth. Do they feel as though they are less of a woman/ mother. What about those who get epidurals or C-sections. I would also like to know at what level of physical activity females may risk their baby’s life as the Jette article was not clear on that stance. I would also like to know where the fears of pregnancy being dangerous come from as even I believe that I would probably be overly cautious when pregnant and would be scared to give birth anywhere but a hospital. The thing that interested me the most is the Midwife article as it touched upon the social stigma of woman giving birth and how midwives can help women get through that in a more positive way.

Notes

1 Jette, Shannon, “Exercising Caution: The Production of Medical Knowledge about Physical

Exertion during Pregnancy”, Canadian Bulletin of Medical History, 28, 2 (2011): 293.

2 MacDonald, Margaret, “Gender Expectations: Natural Bodies and Natural Birth in the New

Midwifery in Canada”, Medical Anthropology Quarterly, 20, 2 (2006): 235.

3 Clow, Barbara, “‘An Illness of Nine Months’ Duration’: Pregnancy and Thalidomide Use in

Canada and the United States,” in Feldberg, Ladd-Taylor, Li and McPherson, Women, Health, and Nation, Montreal” McGill-Queen’s University Press, 2003: 49.

4 Clow, Barbara, “‘An Illness of Nine Months’ Duration’: Pregnancy and Thalidomide Use in

Canada and the United States,” in Feldberg, Ladd-Taylor, Li and McPherson, Women, Health, and Nation, Montreal” McGill-Queen’s University Press, 2003: 49.

5 MacDonald, Margaret, “Gender Expectations: Natural Bodies and Natural Birth in the New

Midwifery in Canada”, Medical Anthropology Quarterly, 20, 2 (2006): 237.

6 MacDonald, Margaret, “Gender Expectations: Natural Bodies and Natural Birth in the New

Midwifery in Canada”, Medical Anthropology Quarterly, 20, 2 (2006): 245.

7 MacDonald, Margaret, “Gender Expectations: Natural Bodies and Natural Birth in the New

Midwifery in Canada”, Medical Anthropology Quarterly, 20, 2 (2006): 246.

8 Jette, Shannon, “Exercising Caution: The Production of Medical Knowledge about Physical

Exertion during Pregnancy”, Canadian Bulletin of Medical History, 28, 2 (2011): 296.

9 Clow, Barbara, “‘An Illness of Nine Months’ Duration’: Pregnancy and Thalidomide Use in

Canada and the United States,” in Feldberg, Ladd-Taylor, Li and McPherson, Women, Health, and Nation, Montreal” McGill-Queen’s University Press, 2003: 50.

10 Clow, Barbara, “‘An Illness of Nine Months’ Duration’: Pregnancy and Thalidomide Use in

Canada and the United States,” in Feldberg, Ladd-Taylor, Li and McPherson, Women, Health, and Nation, Montreal” McGill-Queen’s University Press, 2003: 51.

11 MacDonald, Margaret, “Gender Expectations: Natural Bodies and Natural Birth in the New

Midwifery in Canada”, Medical Anthropology Quarterly, 20, 2 (2006): 243.

12 MacDonald, Margaret, “Gender Expectations: Natural Bodies and Natural Birth in the New

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Exertion during Pregnancy”, Canadian Bulletin of Medical History, 28, 2 (2011): 293-313.

MacDonald, Margaret, “Gender Expectations: Natural Bodies and Natural Birth in the New

Midwifery in Canada”, Medical Anthropology Quarterly, 20, 2 (2006): 235-256.