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Shaping the Birth Experience Through Language

Introduction

Would you believe me if I told you that the United States is ranked 26th for mortality rate of birthing mothers compared to all developed countries? “Every year in the United States, 700 to 900 women die from pregnancy or childbirth-related causes, and some 65,000 nearly die” (Martin and Montagne). Sixty percent of these cases are preventable. The mortality rate in the United States can be considered an epidemic. As advanced of a nation as we are, why are we struggling with keeping our mothers alive and well? After decades of being under the assumption that we have conquered this issue, the U.S has placed all their efforts on the infant’s well-being. “The Title V federal-state program supporting maternal and child health, devoted about 6 percent of block grants in 2016 to programs for mothers, compared to 78 percent for infants and special-needs children.” (Martin and Montagne). It is clear that mothers must take back the support they most desperately need and must take charge of their birthing experience.

Enhanced education in the different practices of birth can help expected mothers. Educated mothers have an increased ability to be their own advocates. They must also surround themselves with individuals whom uplift their philosophies. Currently the United States communication surrounding the birthing process is medical. It is recognized, however, that

stepping out of the right brain mindset and perceiving birth as just as mindful and spiritual, as it is physical, is beneficial for both mom and baby. My research shows that U. S's recognized birth language has the opportunity to stimulate unhealthy outcomes. However, a slight change in language and experience, such as non-threatening and mind/spirit centered, can uplift a mother and help her connect with her body and baby.

Literature Review

Language shapes thought. Over the course of decades' researchers have found a relationship between the way individuals speak and their perceptions on the world. Lera Borodistky, in her article, "How Language Shapes Thought", she examines the effect of language after being intrigued by the famous Sapir-Whorf hypothesis. She found that language affects dimensions of the human experience; in relation to: space, time, causality, and relationships with others. One example that is found to be prominent is the effect of when cultures discuss space in reference to direction (north, south, east, west). In American English, it may be odd to say; "my water bottle is southeast of the computer." However, in many cultures this way of communicating adapts their innate abilities to know where they are without needing a map. Boroditsky claims that humans are adaptable and through this adaptability they can reinvent their concepts of the world to correlate with their changing lives (5).

In knowing the effect of language and our perceptions; language in the birth world has a greater impact than even medical professionals construe. Caregivers must be conscientious of the words that they are using when communicating with a birthing mother (Simkin, 156). Considering their high stress levels and unfamiliarity of their current bodily state, mothers are in

survival mode during the birthing experience. “Laboring women are vulnerable to the suggestion that something is wrong” when being communicated to (Simkin, 156). If a caregiver remembers to phrase his/her communication in a way that is honest, but non-threatening, this can be all the difference in easing a mother towards a successful birth. “Language can bind us together, the right word or phrase, used at the right time, can be transformative” (Stewart, 158). In the United States, the communication of birth is highly medicalized and transformed through fear.

Fear is a “psychogenic factor” that “originates in the mind and affects the body through involuntary physical responses”; fear triggers pain. The pioneer that brought this concept into the birthing world was Grantly Dick-Read, a British obstetrician and a leading advocate for natural childbirth. His “fear-tension-pain theory” describes the possible reasoning behind the pain women feel in birth. His theory explains how the “uterine muscles of a laboring mother work in relation to her mind” (Arms, 133). A fearful mother enters the state of being known as “fight or flight” and in this state her body decides where her energy will go. The lower part of the uterus, instead of relaxing while the cervix opens, works to stop the birth until fear and danger have subsided. Simultaneously, the uterine muscles that are further up the uterus continue to contract because they are not affected by her inducing processes. These muscles end up working against each other and cause immense physical pain. The troublesome aspect of this experience is that it is a cycle; fear induces pain, pain triggers tension, tension causes more pain and more fear. A more terrifying consequence of this cycle, other than pain, is a condition where all the blood of a mother’s womb is directed out to her extremities; a “white uterus.” This occurrence, instead of nurturing the child through the birth, starves the infant of oxygen (Arms, 133). This is one of the many complications a mother could go through if she enters birth in fear. To combat our

society's fear inducing structure, Dick-Read writes that "effective prenatal care must be largely instructional and only partly medical." Care providers, child-birth educators, and birth companions must remind mothers of their natural birthing abilities.

HypnoBirthing: The Mongan Method by Marie Mongan is an instructional tool for mothers to reclaim their birthing experiences. This educational book approaches birth in a natural, instinctive, and comfortable way. Many topics are highlighted in this book to help expecting mothers have a positive birthing experience. I will draw from Mongan's writings in my research of the current birthing climate in Madison, WI. I will compare and contrast the discourse she uses in birth communication in relation to Madison's hospitals, St. Mary's and Meriter, birth plan templates, as well as a hypnobirthing template I received from a professor at Edgewood College, who also does work as a doula. This research will explore some of the influences that are on the mothers of Madison's birthing education, communication, and experience. Questions to be answered: Which discourse advocates for the mother? Which discourse is likely to induce fear? Which discourse is medicalized versus which is holistic?

In this research, I will connect the findings of how language shapes thought. It will examine how hospitals communicate to birthing mothers, while also examining how mothers learn to communicate about birth themselves. My expectation is that the medicalized language will have a stronger connection to pain and possibly fear, what Grantly Dick-Read advised against, whereas, hypnobirthing communication will place stronger attention on mother advocacy, education, and a calming nature. This research is based off of resources that can be

easily utilized by the mothers of Madison. I have hopes to reaffirm that communication in birth can be centered around the mother and can benefit the birth experience for both mom and baby.

Method

For this paper, I will define terms used in hypnobirthing and medicalized language surrounding birth. I will then discuss the influence that the defined terms have on shaping the thoughts of mothers, birth providers, and birth companions. Next, I will examine the terms used in three birth templates (Meriter, St. Mary's, and Hypnobirthing). Lastly, I will explore uncomfortable language usage in the birth experience that contrasts with language that is focused on the listener.

Research

Terms Defined

Hypnobirthing Language

Surge or Wave: a sudden powerful forward or upward movement. Water curling in an arch form.

(Birth) Companion: 1) a person with whom one spends a lot of time with. 2) One of a pair of things intended to complement or match each other.

Pressure: continuous physical force

(Special) Circumstance: a fact or condition connected with an event or action

Birth: the emergence of a baby or other young from the body of its mother; the start of life as a physically separate being.

Medicalized Language

Contraction: 1) the process of becoming smaller. 2) The process in which a muscle becomes or is made shorter and tighter. 3) A shortening of the uterine muscles occurring at intervals before and during child birth.

Coach: 1) train or instruct. 2) Prompt or urge with instructions

Pain: physical suffering or discomfort caused by illness or injury

Complication: 1) an involved or confused condition or state. 2) A secondary disease or condition aggravating an already existing one.

Deliver: 1) bring or hand over. 2) Launch or aim. 3) Assist in the birth of or give birth to

KEY

Reference to injury or illness

Reference to birth

Language shaping thought

Meriter Birth Preferences Language-

Relaxation

Comfort

Prefer/would like

Delivery

Break my water

Pain (in regards to pain management) (such as: epidural, nitrous oxide, other medications)

Cesarean birth

St. Mary's Birth Plan Language-

Breaking the bag of water

Would like/prefer

Interventions for pain

Delivery

Cesarean birth

Hypnobirthing Birth Preferences Language-

Request

Comfort

Gentle encouragement

“Receive” the baby

Birth companion

Natural

Fully apprised and consulted

Immediate/allow/no

Stripping of membranes

<u>Uncomfortable language in Birth</u>

“Water Breaking”

Mucus Plug

Bloody Show

<u>Listener Focused Language in Birth</u>

Membranes Release

Uterine Seal

Birth Show

Analysis

I began my research by defining commonly used terms in medicalized rhetoric surrounding birth, as well as terms used in hypnobirthing rhetoric. After defining the common terms, I noticed key areas of focus that I wanted to depict. In the definitions, I highlighted:

references to injury or illness (in grey), references to birth (in green), and language that shapes our thought (in yellow). Unlike the medicalized language, the hypnobirthing language had no reference to injury or illness. This distinction is important in the hypnobirthing method because its focus is on reminding mothers of their natural ability to birth. Using this methodology, pregnancy is not an illness or injury, and is heightened as just as important spiritually and emotionally, as it is physically. Both of the defined sections had reference to birth. It should be noticed that the Hypnobirthing language uses birth as a major term. While, medicalized language surrounding the birth experience has reference to birth in the definitions of their terms. This is a point to draw on because in our common dictionary the medicalized language is now the actual defined language of our culture. When we see this English term, we think of its birth connection. The downside to this connection is that these terms have other definitions that we reference when we read the term. This is one of the ways that our language shapes our thought.

Contraction, for example, is a commonly used word to describe a mother's uterine muscles working in birth. Other definitions of contraction are "the process of becoming smaller" and "the process in which a muscle becomes short or tighter." The word contract brings about thoughts of becoming smaller or tensing up. This language is not conducive to a mother's need to relax while letting her body do the laboring of birth. Instead of the word contraction, hypnobirthing language uses the word surge or wave to describe a mother's uterine muscles in work during labor. Using this language has the ability to help a mother envision a powerful force that comes in like an arch (the rising and falling of energy). Hypnobirthing rhetoric steers away from describing the birth experience as painful. Drawing from Dick-Read, the method feels that using the word pain will only indict fear. Instead, the term pressure is used for describing the

physical force in which a mother feels. They also ask questions of the mother based on her "comfort" level rather than "pain." Medicalized language uses questions based on pain, which could induce fear. This language also uses the term "complication" which could induce fear in a birthing mother. This term is negative rather than neutral and could be deemed confusing because of its multiple meanings. Other terms with multiple meanings that are used in medicalized birth language are "deliver" and "coach."

The next analysis that I did was an examination of the common words used in each of the birth plan templates (Meriter Hospital, St. Mary's Hospital, and Hypnobirthing). My primary findings were that the hospital templates used medicalized language more frequently and that the hypnobirthing template only used medicalized language when requesting which rhetoric a mother would like left out of her birthing experience. I also found that the hypnobirthing template placed the mother as a strong advocate for herself, using terms like "request", instead of the hospitals counterpart "prefer/would like." This difference in language has a clear shape of thought. To "request" is to formally ask for something. Whereas, to "prefer" is to submit for permission. The hypnobirthing birth plan template makes it apparent that the mother and her birth companions respect the provider, but also advocate strongly for her birth experience. The hospital templates are hesitant about how much control a mother should have. However, St. Mary's is the only template that uses the word "plan", whereas, the other templates use "preferences" in their titles. This could be explained because the writers do not want a mother to feel she can plan everything about her experience. Hypnobirthing methodologies want the mother to be a strong advocate, but do not preach that a mother can control her birthing

experience. They feel her experience can be savored by finding the right support system and her connection with her body (emotionally, spiritually, and physically).

In both of the hospital templates I found language that many find to be uncomfortable and it was intriguing for me to examine this language. “Breaking of the water” is a coined phrase in birthing language. Although, it is popular, is it really the correct terminology? If taken literally, a mother may feel that this experience should be when water comes flushing out of her. However, water is one of many fluids that release during this stage of labor. Also, during this stage her membranes can trickle for long periods of time through a puncture in her sack, rather than an entire break. For many mothers the “break of their water” can look very different. Hypnobirthing decides to use the terminology “membranes releasing” when discussing this experience because it is more descriptive. They also use the terms “uterine seal” and “birth show”, instead of the medical language “mucus plug” and “bloody show.” Although the medical language is descriptive, it can be very distressing. The utilization of the term “uterine seal” can provide a context for the mother’s recent experience. Yes, mucus has released from her body, but this substance that was now sealing her baby is now not. She may now feel that she has made progress in the birth of her child. Similar, “birth show” showcases progress for a mother, while not inducing fear with the term “bloody.” It is safe to say that the more listener focused the language usage is makes for a more comfortable mother and birthing experience.

Conclusion

“Every year in the United States, 700 to 900 women die from pregnancy or child-birth related causes, and 65,000 nearly die” (Martin and Montagne). The statics show there is progress

to be made in creating a healthy birth community for the U.S. We cannot be reliant solely on our medical successes to change the mortality rate of our mothers. We can, however, redirect our birth language in a way that shapes the advocacy for mothers and their birth experience. This study of birthing language suggests that current rhetoric in hospitals may influence the thoughts of mothers, birth providers, and companions in a destructive manner, as they experience the natural phenomena of giving birth. Hospitals and clinics must be encouraged to change their discourses to empower women, to remind them of their natural, innate ability to give birth and to allow them to advocate for themselves, their family members and their newborns. If hospitals truly are a service for their patients, women must maintain control of their own personal birthing experience whenever possible. Women know their bodies, they have choices, and giving birth allows for opportunities for many personal preferences. This empowerment and change in language facilitates positive environments and expectations. Obviously, “special circumstances” may occur and the medical professionals may need to step in if there is a concern. But again, treating difficulties during the delivery with careful language can reduce anxiety and fear. Words matter; and these words can either help or hinder the remarkable experience bringing forth new life.

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