

Fearless Birth: A cyber-ethnographic examination of the online exchanges of linguistically positive and empowering birth narratives to reduce socialized childbirth fear in the United States

By

Juliana Hathaway Buccino

Thesis

Submitted to the Faculty of the
Graduate School of Vanderbilt University
in partial fulfillment of the requirements

for the degree of

MASTER OF ARTS

in

Medicine, Health, and Society

May, 2016

Nashville, Tennessee

Approved:

Tara McKay, Ph.D.

Dominique Béhague, Ph.D.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS.....	iii
INTRODUCTION.....	1
LITERATURE REVIEW.....	3
METHODS.....	14
RESULTS.....	16
DISCUSSION.....	31
CONCLUSION.....	39
APPENDIX	
A. Codebook.....	40
B. Birth Without Fear Blog Post List.....	42
REFERENCES.....	48

ACKNOWLEDGEMENTS

I would like to express my gratitude for all those who supported me throughout this process. I would like to thank my thesis advisor, Tara McKay, for providing me with guidance, revisions, and reassurance throughout the crafting and writing of this project. Furthermore, I would like to thank the staff and faculty at the Center for Medicine, Health, and Society who provided me with comments, suggestions, and support. A special thank you to Sophie Bjork-James for introducing me to my research topic and providing a space in which to explore my many thoughts on childbirth in the United States. Finally, thank you to my loved ones who have supported and reassured me throughout this process, by both allowing me to bounce ideas off them and helping me find solace and harmony in this journey. I am forever grateful for your love, support, and encouragement.

INTRODUCTION

For some women, giving birth is a positive and empowering experience. For others, giving birth can be a terrifying and isolating event. In response to the growing desires of American women to reclaim childbirth from the pathologized grips of Western medicine, an organization, Birth Without Fear, formed in 2010 and has since amassed a following of over 100,000 individuals online as social media based organization. Birth Without Fear seeks to help women have more positive birth experiences by encouraging empowerment, increased knowledge of birth options, and by developing a safe online community in which women may share their birth stories with one another without judgment. Birth Without Fear aims to reduce fear of childbirth and increase empowerment by helping women understand and see the power of their bodies to give birth and to increase agency during the birth process. An interesting objective of the organization also includes embracing every birth experience, from a vaginal birth without intervention to an intervention based cesarean delivery. Removing stigma and negativity, Birth Without Fear strives to create a safe, supportive, empowering, and encouraging online community where women may share their birth narratives and read about others' experiences. In order to understand the origins of childbirth fear and how Birth Without Fear seeks to reduce fear of childbirth, it is necessary to explore current trends in childbirth, the history and development of childbirth fear, examine powerful sociocultural birth messages and models, and, finally, explore how women embody and learn about positive and negative birth messages. Overall, this study aims to gain insight into how the members of Birth Without Fear absorb and emulate positive birth messages when participating in the online exchange and consumption of positively framed birth narratives. In addition, this study also examines how the positive birth language

constructed in the narrative blog posts and comments sections delivers and reinforces messages of empowerment, self-efficacy, and agency in childbirth. The overarching objective of these aims is to develop an understanding of how an online exchange of positive and empowering narratives between Birth Without Fear community members challenges and reduces culturally socialized fear of childbirth in the United States.

LITERATURE REVIEW

Medicalized and technocratic childbirth: history and resulting fear of childbirth discourses

Understanding how fear of childbirth developed in women in the contemporary United States involves a multidimensional approach that explores the compounded effects of the history of the medicalization of childbirth, resulting fear of childbirth and embodiment of fear discourses, and powerful sociocultural birth messages. The shift to contemporary obstetrical care began in the early 1900s, when childbirth moved away from midwifery-attended homebirths to obstetrical hospital births. This locational shift indicated a budding transformation of childbirth as a natural bodily process to a medicalized and pathologized bodily event (Leavitt, 1983; Solinger, 2005). Before hospital births and antibiotics, childbirth complications contributed to maternal mortality and morbidity. As medical professionals specialized in newly designed obstetrics programs in medical schools, women began to transfer their deliveries from the home to the hospital where doctors of medicine specializing in obstetrics could care for them. In addition to specialized obstetricians, the discovery of antibiotics contributed to the decrease in childbirth complication related mortality in new mothers. Antibiotics and obstetrical interventions/techniques helped reduce common childbirth complications, such as infections and hemorrhaging. As surgery became safer, obstetricians came to the forefront of childbirth providers.

The shift to the hospital and to obstetrical care led to the development of hospital protocols dictating what “normal” childbirth looked like and what types of medical interventions providers should use while attending a birth. In Davis-Floyd’s (1992) book, *Birth As An American Rite of Passage*, Davis-Floyd discusses how hospital protocols and the normalization

of medical interventions ritualized childbirth and created the model of technocratic birth. Essentially, the technocratic model of childbirth employs the idea that a birthing woman's body is analogous to a malfunction-prone machine while an obstetrician acts as the machine's mechanic. This model supports contemporary medical ideas of childbirth as unnatural, prone to complications, and requiring medical interventions. The use of medical interventions and elective cesarean sections, as we have already seen, highlights fear of childbirth in cases where women rely heavily on these interventions. Davis-Floyd (1992) explains how women embody the technocratic model through the sequence of events presented to them during their hospital stay in the maternity ward. For example, Davis-Floyd explains how wheelchair usage, constant fetal monitoring, IV fluids, hospital gowns, hospital beds, food restrictions, epidurals, failure to progress during labor, and nonmedically indicated cesarean sections compound into pathologized birth messages that a birthing body needs constant medical intervention. The culmination of birth messages in the hospital environment impact not only how a contemporary American woman comes to understand "normal" childbirth but also ritualizes her to seek out and accept these interventions as the safest way to give birth.

**Escaping conceptual abstractions and physical manifestations of childbirth pain:
anesthesia, analgesics, cesarean deliveries, & Cartesian dualism**

Other historical, medical advancements contributing to contemporary ideas of pathologized childbirth included the development and normalization of anesthesia and analgesics to avoid childbirth pain starting as early as the 1900s. The case of scopolamine usage during childbirth serves as a prominent example of one of the first extreme childbirth pain management practices occurring in the 1910s and 1920s (Leavitt, 1980). Scopolamine erased the memory of the birth but, interestingly enough, did not minimize physiological pain; users' bodies still felt

the entire birth. These women usually had to be restrained during labor and delivery because their bodies could still feel painful contractions but their minds retained no memories of the birth, allowing them to “wake up” the next day unaffected (Leavitt, 1980). By the late 1920s, hospitals ended scopolamine use during childbirth. The profound case of scopolamine use to numb the mind and escape childbirth offers an interesting parallel to the use of spinal anesthesia, analgesics, and cesarean sections to avoid childbirth pain and fear by contemporary American women.

Contemporary use of anesthesia, analgesics, and elective surgery to escape childbirth pain may be understood by examining the theoretical frameworks that support the medicalization and pathologization of childbirth in Western medicine. In the United States, Western medicine understands the social world and its psychological constituents as extraneous to the disorder or disease being treated. In the case of childbirth, the female birthing body, thus, becomes pathologized and treatable. Spinal anesthesia, analgesics, and cesarean sections provide pathways through which the body can continue to undergo the biological process occurring, (i.e., childbirth), while the mind can retain distance. This idea of mind-body separation resulting from anesthesia and analgesia draws on the theory of Cartesian Dualism (Hawthorne, 2006). Scheper-Hughes et al. (1987) explains how Cartesian Dualism “separates mind from body, spirit from matter, and real (i.e., visible, palpable) from unreal.” The mind and body coexist as separate entities with the mind consisting of abstract conceptualizations and the body consisting of physical manifestations. The body, thus, may experience physical manifestations of these abstract conceptualizations. In terms of childbirth and fear of childbirth development, how events on the body and mind are viewed develops from expectations and assumptions made about the mind-body connection within a combination of theories from medical anthropology and Western

philosophy within the United States. Scheper-Hughes et al. (1987) would argue the mind and body exist as separate entities that ultimately work together within the discourse of Cartesian dualism. How a pregnant woman responds to and experiences childbirth depends on how she addresses the abstract conceptualizations of birth (i.e., fear of childbirth, uncertainty, anxiety, etc...) with physical manifestations of those symptoms (i.e., stalling labor, increased heart rate, childbirth pain, decreased fetal heart rate, longer labors, etc...). To escape the abstract concept of pain or fear of childbirth, and the resulting physical manifestations of those concepts (i.e., bodily labor pains), a woman might choose anesthesia, analgesia, or a cesarean section to avoid these mental and physical anguishes. Fear of childbirth and negative birth experiences (but not necessarily poor birth outcomes) arise from culturally learned birth messages shaped in part by Western medicine and Cartesian dualism.

Pain medication usage and anesthesia to protect the mind from experiencing the physical manifestations of labor highlight how Cartesian dualism trickles into the medicalization of childbirth and its technocratic elements in contemporary American society. The technocratic model objectifies the laboring women during childbirth. As an object being acted upon, a laboring body separates from the laboring mind. Technocratic objectification drives a wedge between the woman's laboring mind and her laboring body. Childbirth in the United States, thus, becomes a feared, pathologized, and unnatural event. Instead of actively participating in birth and experiencing empowerment during childbirth, the birthing mother, connected up to fetal heart monitoring systems, learns that she should act only as a series of medical outputs to be monitored and observed by medical professionals. Nilsson (2014) reveals how laboring women placed in delivery rooms, hooked up to IVs and monitors, becomes an "object of surveillance," which suggests a woman's passive role in her birth and, as a result, her alienation from the

birthing team. Nilsson's (2014) cohort of women believed "they were not important in the birth process and that other people were in charge of the birth, starting and finishing it." The environment created by the hospital distances a pregnant woman from her birth process as hospital personnel deem how she will labor and deliver the baby. In this case, the learned separation of mind and body during childbirth as well as ritualized expectations of what "normal" childbirth consists of may exacerbate fear of childbirth in pregnant women, especially for those prone to anxiety or neuroticism, during current or subsequent pregnancies (Handelzalts et al., 2015). Essentially, how and what a pregnant woman learns about birth through social and cultural exchanges contribute to how she experiences childbirth, mentally and physically.

Modern trends in childbirth and fear of childbirth indicators

Statistics in childbirth delivery methods and medical intervention usage highlight the medicalization of childbirth as well as the existence of fear and anxiety surrounding childbirth in the modern United States. In a report released in 2015, the Centers for Disease Control and Prevention (CDC) reported that about 4 million women living in the United States gave birth in the year 2013 (Martin et al., 2015). Of these 4 million births, 98.6% of occurred in hospital environments and 1.4% occurred in non-hospital settings, either at a home residence or in a freestanding birth center (Martin et al., 2015). Of the providers attending these births, 85.4% were doctors of medicine, 7.8% were certified nurse midwives, and 6.3% were doctors of osteopathy (Martin et al., 2015). Of these births, 32.7% were cesarean deliveries and 67.3% were vaginal deliveries (Martin et al., 2015). Compared to the World Health Organization's (WHO) recommendations for developed and developing countries to maintain a cesarean delivery rate of 10-15%, the percentage of cesarean deliveries in the United States remains high in comparison (WHO, 2015). Of note, the CDC and WHO do acknowledge the obstetrical community's

ongoing efforts to minimize the number of elective and nonmedically indicated cesarean deliveries before 39 weeks of gestation because elective or nonmedically unnecessary cesarean deliveries lack evidence indicating health benefits of these procedures for the mother and infant (Martin et al., 2015; WHO, 2015). Despite the lack of evidence to support nonmedically indicated cesareans and the obstetrical community's ongoing efforts to reduce these rates, research has shown that women choosing cesarean deliveries perceive vaginal birth as higher risk, are influenced by family members with previous cesarean deliveries, and experience fear of childbirth (Räsänen et al., 2014; Stoll et al., 2015).

The subjectivity of childbirth fear resulted in the development of the Wijma Delivery Expectancy/ Experience Questionnaire, which has become a widely accepted method to identify and quantify factors contributing to a woman's fear of childbirth. Garthus-Niegel et al. (2011) examined the questionnaire and revealed the following factors as contributing to fear of childbirth in their factor analytic study: "fear," "negative appraisal," "loneliness," "lack of self-efficacy," "lack of positive anticipation," and "concerns for the child." Fear of childbirth is not only limited to women choosing cesarean sections. Massachusetts General Hospital's (MGH) Center for Women's Mental Health released a statement that fear of childbirth in American women can be observed in cases with high rates of obstetrical medical interventions as well as cesarean deliveries (MGH Center for Women's Mental Health, 2015). The MGH Center for Women's Mental Health also referenced a previous study indicating that fear of childbirth increases the risk of a woman developing postpartum depression (MGH, 2015; Räsänen et al., 2014). In the United States, the CDC released a report in 2008 on medical interventions used by a cohort of women who had singleton births and vaginal deliveries. The report cited that 61% of the cohort of women received an epidural or spinal anesthesia during childbirth (Osterman et al.,

2011). Of the multiple reasons women chose or undergo medical interventions during childbirth, fear of perceived childbirth risks and complications results in epidurals, spinal anesthesia, analgesics, and cesarean sections.

Cultural embodiment and disembodiment of childbirth messages and fear of childbirth

The embodiment of birth messages and perceived dangers of childbirth must be situated within a cultural context in order to understand the meanings attached to birth and how fear of childbirth materializes as well as dematerializes. Embodiment and disembodiment of positive or negative childbirth messages determines how a woman experiences birth. Akrich et al. (2004) found women experienced embodiment of childbirth pain when obstetricians relayed birth messages about how and what laboring patients should experience during childbirth (i.e., the presence of contractions indicates the presence of the birthing woman's uterus physiologically enacting labor). Within the hospital environment, hospital protocols and personnel reinforce the idea of childbirth as a dangerous, painful, and abnormal process requiring obstetrical interventions to save the mother and baby when childbirth does not follow the strict timeline for a "normal" labor and delivery decreed by the policies. These discourses socialize a woman to fear childbirth and, as a result, embody the message of the laboring body's inability to birth without medical intervention (Haines et al., 2012). Embodiment in this sense means pregnant women understand the physiological occurrences experienced by their birthing bodies and Cartesian mind-body duality remained intact. In addition, Akrich et al. (2004) found that these women experienced disembodiment when obstetrical birth messages did not line up with what they physically felt during their labors and deliveries (i.e., feeling ambiguous pain but pain that does not indicate contractions or labor to the individual experiencing the sensation). Disembodiment, in this case, results in a split between the mind and body; the mind becomes a

separate and foreign entity to the body, which in turn could exacerbate the development of childbirth fear and anxiety. The woman does not understand ongoing bodily processes during birth. Understanding this framework of embodiment and disembodiment aids in revealing how women internalize birth messages and react to them during childbirth. Embodiment and disembodiment, however, do not necessarily infer negative childbirth experiences. Maintained agency during childbirth, for example, ensures a meaningful and satisfying birth experience, despite the mode of delivery or interventions used during childbirth (Akrich et al., 2004; Walsh, 2007).

Birth Without Fear: addressing fear of childbirth through agency, self-efficacy, and empowerment narratives

Agency and self-efficacy discourses within the realm of childbirth are crucial to understanding modern responses to socialized fear of childbirth in the United States. In response to control over female bodies in the hospital environment, health reform movements have existed since the 1980s that challenge the hospital's regulation of childbirth (Ernst, 1994). Recently, the organization, Birth Without Fear, formed in 2010 to address socialized fear of childbirth by not only teaching the group's followers that "normal" birth varies from woman to woman, but also by employing the following motto, "Options. Support. Respect," to show birthing women what they should demand for their childbirth experiences. Birth Without Fear embraces fearless childbirth and the online community has grown since 2010 to include about 148,000 Instagram followers, 309,072 Facebook followers, and 8,224 Twitter followers.¹ Birth Without Fear empowers women to take back control of their birth experiences by encouraging them to remove

¹ As retrieved at the time of this writing from the number of active followers on Birth Without Fear's public Instagram account: <https://www.instagram.com/birthwithoutfear/>; Twitter account <https://twitter.com/Birth Without Fearblog>; and Facebook account <https://www.facebook.com/birthwithoutfear>.

fear of childbirth by validating all birth experiences and remain active participants throughout their childbirth experiences. The group encourages mothers to embrace their birth experiences through mindfulness and empowered birth. Mindfulness-based prenatal education classes have previously been shown to reduce fear of childbirth in pregnant women by increasing women's self-efficacy and stress management techniques (Byrne et al., 2014; Fisher et al., 2012). Positive and consistent emotional and social support also remains vital to women having positive childbirth experiences because the support provides feelings of safety and reassurance for laboring mothers (Dunne, 2012; Tarkka & Paunonen, 1996).

Self-efficacy and agency discourses pertain especially to this research project. Based on Bandura's (1982) self-efficacy and agency frameworks, the level of an individual's self-efficacy and agency relating to childbirth determines whether that person experiences positive or negative emotions before and during childbirth. Overall, this framework may help explain how fear of childbirth develops through perceived self-inefficacy and potential diminished agency during pregnancy and childbirth. This framework would suggest the mechanism of fear, stemming from feelings of self-inefficacy and reduced agency, thus results in negative childbirth experiences. Since Birth Without Fear aims to reduce fear of childbirth and increase empowerment, the exchange of positively narrated birth stories among members constructs and propagates discourses of self-efficacy, empowerment, and agency to followers reading the birth stories. If diminished agency and self-inefficacy infers negative experiences, then reducing fear through self-efficacy, empowerment, and agency discourses, as delivered by the Birth Without Fear narratives, may result in creating more positive birth messages and empowered, fearless childbirth experiences.

Aims and objectives

How a woman learns about childbirth impacts the development of fear of childbirth. Stoll et al. (2013) discovered that women who either attended a birth or heard birth stories from family and friends experienced reduced fears of childbirth and had more positive attitudes towards birth. This suggests that when women learn about birth as an empowering event from trusted friends and family, the knowledge they acquire directly challenges socialized fear of childbirth and discourses of self-inefficacy. Pregnant women use social media discussion boards to seek out support and information regarding pregnancy and birth experiences from other pregnant and/or experienced mothers (Konheim-Kalkstein et al., 2015). Positive and empowering birth experiences result in diminished fear of childbirth, which suggests maternal education programs may help prevent and reduce fear of childbirth in subsequent pregnancies (Aksoy et al., 2015). Stoll et al. (2013) argue “descriptions of birth in the media do not provide conditions for empowering women, and may induce learned helplessness and external locus of control.” Studies have found that negative birth images in contemporary media contribute to fear of childbirth (Munro et al., 2009; Stoll et al., 2013). While a plethora of literature exists on the impacts of negative birth narratives and images of childbirth as painful and horrific, there has been little research conducted to determine how positive, self-efficacious, and affirmative language in childbirth narratives impact how childbearing women negotiate childbirth fear and process previous, current, or future childbirth experiences as positive experiences.

I would argue that Birth Without Fear, as an online media based support network, provides positive messages about birth and empowers women by sharing linguistically constructed positive birth stories and affirmations of empowerment. This study aims to gain

insight into how members of Birth Without Fear absorb and emulate positive birth messages when participating in the online exchange and consumption of positively framed birth narratives. In addition, this study also examines how the positive birth language constructed in the narrative blog posts and comments section delivers and reinforces messages of empowerment, self-efficacy, and agency in childbirth. The overarching objective of these aims is to develop an understanding of how an online exchange of positive birth messages and empowering narratives between Birth Without Fear community members challenges and reduces cultural and socialized fear of childbirth in childbearing women living in the United States.

METHODS

For this research study, I examined content posted on Birth Without Fear's official website and blog: <http://birthwithoutfearblog.com/>. All content posted to this website is publically available and individuals submit birth stories to the organization via email with the knowledge and consent that their stories and names are made publically available. Individuals who decide to post comments on public blog posts also do so with the knowledge and consent that their responses and names are also publically available. Narrative authors and commenters do have the option to submit narratives and comments anonymously or with a pseudonym. Since the website is publically available and Birth Without Fear does not limit its members to only Americans, those who post on the blogs and submit narratives can potentially be from a country other than the United States. In addition, Birth Without Fear attracts members of all genders, sexualities, races, and socioeconomic backgrounds. Due to the lack of demographic information and the semi-anonymous nature of content posted on a publically available blog, this content analysis will not take into consideration race or socioeconomic status. All blog posts examined in this content analysis may be accessed thru the links provided in Appendix B. The 72 blog posts published from February 1st, 2015 through February 12th, 2016 were included in this content analysis. Blog posts were examined for overall blog post content, total number of Facebook "likes" on blog post through Facebook widget, and the number and content of comments in the commentary section. The total number of Facebook "likes" was examined in order to determine approximately how many Birth Without Fear readers engaged and enjoyed the blog post material. Inclusion criteria for the blog posts included posts that included a birth story narrative.

Excluded blog posts consisted of content unrelated to childbirth narratives, such as product reviews. To determine whether or not a blog post met the inclusion criteria, I scrolled through all blog posts starting from February 12, 2016 and worked backwards to February 1, 2015 by using the “previous entries” button at the bottom of the screen. Blog posts and comments section were printed and overarching themes were coded in each post. A codebook consisting of the following overarching themes and subthemes was created in order to collect data from the blog posts: statements of empowerment, statements of influence, narrative connection, and quotes (Appendix A).

Each story was read closely and then broadly coded to determine the types of material and narrative presented in each blog post. Blog posts with comments were then separated from blog posts without comments. Comments were coded using the codebook to collect data on how Birth Without Fear members engaged with the published material in each eligible post. Once coded, comments with similar themes and subthemes were grouped together for an ethnographic styled content analysis under the following categories: “general positive impact of Birth Without Fear,” “enabling mothers to process their birth experiences,” “experienced support and validation of different types of delivery methods,” “options, support, respect,” “empowerment and solidarity,” “explicit statements of impact of Birth Without Fear narratives on fear of childbirth,” and “affirmations.”

RESULTS

This study examined 72 posts published on Birth Without Fear's public online blog between February 1st, 2015 and February 12th, 2016. Of these 72 posts, 10 blog posts were excluded from the study because they did not meet inclusion criteria and featured product reviews or topics other than childbirth, such as breastfeeding and postpartum depression. The remaining 62 posts contained the following results.

General Positive Impact of Birth Without Fear

The positive impact of Birth Without Fear's blog posts on addressing fears and anxieties toward childbirth appear superficially in comments made by individuals on the blog posts examined in this study. Many followers responded to birth stories on the blog with comments featuring gratitude and the hope that others who read the birth stories will be able to experience fearless childbirth; "Thank you for sharing your story and pictures so others can anticipate birth without fear" (Appendix B; "Anne," Birth Story #53). For some members, reading positive birth stories on the blog inspires them and instills confidence in their abilities to birth without fear or apprehension. Confidence, strength, and embracement of birth stories in the narratives instills this assurance:

This is such an inspiring story, I appreciate hearing birth stories from strong, confident women. This is truly inspiring and as a soon-to-be mom looking for some positivity in birth!...I think more women need to hear these inspiring stories. Thank you again for sharing all these amazing stories of strength, confidence, and the miracle of life!
(Appendix B; "Amanda," Birth Story #50).

In addition to instilling confidence, the published birth stories helped followers understand and process their own birth experiences. The impact on followers as they processed their own birth

experiences can be viewed in the comments on a birth story written by January Harshe, the founder of Birth Without Fear and main face of the organization:

I remember reading so many birth stories after being introduced to Birth Without Fear. [I]t helped me understand and process my baby's birth and our experience in a way that was healthy and positive. It was not what I thought it would be but it was perfect because we were both healthy and treated with respect. Thank you for all that you do for woman, babies and birth. I can't imagine my journey without you (Appendix B; "Jo-Ann," Birth Story #36).

[T]here is no way I could have made it through her pregnancy without having found you. Seriously, I looked for your posts every day, and it was always what I needed. Still do, in fact. And I am grateful to find such a beautiful soul, with a family almost as big as mine, whose heart echoes with my own ups and downs...So here's to you, January, for saving my sanity and being the best birth and postpartum support a girl without support could have had, and an all around astonishingly fantastic person (Appendix B; "Shelli," Birth Story #36).

It is nice to read such a positive story of a c-section and large family. I also wanted to let you know that you were with me in a manner while I was birthing my current youngest, without your facebook page and your blog I may not have had the confidence I did in myself, my family and my birth team that I did with my homebirthed [*sic*] daughter (Appendix B; "Amy Black Bear," Birth Story #36).

Birth Without Fear's followers credit the organization and the stories shared through the social media accounts as integral to their overall experiences of pregnancy, childbirth, and the postpartum period. Facilitating a sort of maternal bond, the blog content draws in followers through narratives consisting of linguistically positive and empowering birth experiences, and serves as a cyber support system through which mothers may relate to others and connect. Previous research has shown that pregnant women connect online and use social media discussion boards to connect with other moms in order to learn about pregnancy and childbirth (Konheim-Kalkstein et al., 2015). Participation in maternal education classes has also been proven to reduce childbirth fear (Aksoy et al., 2015). The research conducted by Aksoy et al. (2015) suggests that an organization like Birth Without Fear may positively impact followers by

helping them embrace their abilities to give birth fearlessly and by educating them on variations of childbirth experiences.

Enabling mothers to process their birth experiences

Some followers connected with Birth Without Fear narratives that were similar to their own birth experiences. This connection was especially prevalent in cases where mothers revealed personal struggles to process and accept birth experiences that did not go according to their birth plans, such as with “failed” vaginal births and unanticipated cesarean deliveries:

I needed to read this today! My 7th baby was a failed VBA2Cs. We needed the c-section, as my water had been broken almost 36 hours and we were showing signs of chorio... but I have yet to fully embrace it as the right thing to do. My baby girl is 5 months old. I am going to try to embrace her birth instead of cry every time I talk and think about it. Thank you! (Appendix B; “Shannon,” Birth Story #36).

For “Shannon,” she found comfort in reading about another Birth Without Fear member who ended up having a cesarean delivery and found peace with this birth experience. The birth story offered comfort to “Shannon,” allowing her to realize she, too, could welcome her cesarean delivery instead of feeling as though she failed at giving birth. Another commenter, “Amanda,” reacted in a similar way to a story after reading a birth story by a mother who needed medical interventions during childbirth:

Thank you and congratulations!!! Your birth sounds a lot like mine except I left my request for an Epidural too late and we ended up needing a caesarean as we both went into distress. Next time I will ask for one much earlier; particularly if they pump me full of Pitocin again...I am yet to find peace with my birth but have faith that next time may be a little bit better. It is not lost on me however how lucky me and my baby are to both be here together (Appendix B; “Amanda,” Birth Story #17).

Acknowledging her struggle to find peace with her previous negative birth experience, “Amanda” reveals her confidence in having a positive future childbirth experience after reading a positive birth story similar to her own. The birth story appears not only to help “Amanda” process her disappointments but also help her realize that future births “may be a little bit better”

even if she requires unplanned medical interventions. Many mothers discussed their fears and reservations about needing a cesarean delivery:

Thank you so much for posting this! You have no idea how much I have needed to read this. 32 weeks pregnant with our second baby now. And the gut feel thing is so so true. I had my son naturally with midwife care and for some reason this pregnancy I felt nervous and pulled towards a hospital birth and OB. Let's just say my gut instinct was right, and it looks as though a c-section is going to be the safest option for this baby and me... I'm still trying to get my head around it, but I have time. And your story has completely had me in tears <3 Beautiful! Birth is birth and it's beautiful (Appendix B; "Charlotte," Birth Story #36).

Mothers who posted comments similar to "Charlotte" found comfort reading birth stories by women who found peace in their babies' cesarean deliveries. Many mothers in Birth Without Fear discuss birth plans that include having a natural, vaginal delivery and discuss reservations about needing a cesarean section because they feel they have "failed" or struggled to accept that perhaps cesarean deliveries are the mode of delivery needed for their newborns. Birth stories directly addressing these situations comfort and support women working to process and accept unanticipated birth experiences.

Experienced support and validation of different types of delivery methods

As the birth stories show, childbirth can take on a variety of forms, from "natural," medication- & intervention-free vaginal births to a medicated cesarean delivery. Birth Without Fear preaches for women to have the best possible experience that is right for mom and baby, regardless of how they birth (vaginal or cesarean; medicated or not). The birth stories featured on the blog include a range of experiences and many mothers find support and validation in the type of birth they have experienced or are about to go through:

Thank you for sharing your story! I'm having a planned cesarean in May and it really helps to read positive cesarean stories (Appendix B; "Renee," Birth Story #36).

We hear so much about natural birth and I found it very validating to hear you saying that a cesarian [sic] is just as happy because it's a birthday!!!" (Appendix B; "Summer," Birth Story #36).

For mothers like "Renee" and "Summer," reading about positive cesarean delivery experiences validates their own cesarean births and helps them come to terms that cesarean birth is still birth and therefore just as legitimate as vaginal birth. In addition to birth stories addressing positive cesarean delivery experiences, other blog posts feature narratives about mothers' positive birth experiences while dealing with potentially life-threatening medical conditions, such as diabetes, during birth.

One birth story, "Natural Birth: *Conquered with Type 1 Diabetes, Polyhydramnios, Macrosomia, and Shoulder Dystocia*," features the experience of a mother with diabetes who manages to have a positive birth experience despite facing the challenges of giving birth as a diabetic (Appendix B; Birth Story #59). One Birth Without Fear follower responded to how this story will impact and support other diabetic, laboring mothers; "Your story is going to be the reason some diabetic mom somewhere has a birth that's incredible... 'If Shannon did it, I can too!'" (Appendix B; "Laura," Birth Story #59). In addition to narratives about cesarean deliveries and mothers who have certain medical conditions, another type of birth narrative that appeared to validate experiences were blog posts about successful vaginal, breech deliveries:

Congrats mom on a job well done and welcome to the world Everett! I would love to see breech deliveries available to all women! (Appendix B; "Robin," Birth Story # 28).

Wow, it's good to hear successful breech stories. Congrats, he's beautiful! (Appendix B; "Kathryn," Birth Story #28).

Birth stories featuring accounts of successful breech births or positive cesarean deliveries help validate and support other women who might face similar childbirth deliveries.

Options, Support, Respect

Birth Without Fear preaches for women to have options, support, and respect during pregnancy, childbirth, and the postpartum period. The organization's online merchandise store even includes sweatshirts and other clothing products bearing the label: "Options. Support. Respect." In addition to supporting all birth experiences in hopes of helping women be able to look back positively on their childbirths or anticipate positive birth experiences, Birth Without Fear includes birth stories to show women they have options when it comes to childbirth and have the agency to make choices about their birth experiences. Some commenters explained their gratitude for birth stories that demonstrate how women can choose what happens to them during birth:

Thank you for sharing your story and these amazing photos! What you shared, about the fact that you had a CHOICE is what makes the biggest difference between someone hating or loving their birth experience (regardless of the outcome). You're amazing mama. Enjoy your babymoon <3 (Appendix B; "Jen@PlusSizeBirth," Birth Story #6).

As "Jen@PlusSizeBirth" writes, the ability to choose what happens to one during childbirth and having decisions respected by medical professionals plays a large role in the overall experience of a birthing woman. Some mothers revealed their struggle to trust that doctors would respect the mothers' birth plans and ability to choose their birth:

You go, girl! You are amazing! I am so happy you found the strength to make the decisions that were best for your family. I too am trying to learn how to trust doctors again but at the same time stay informed about other truths out there." (Appendix B; "Anna," Birth Story #26).

Accepting professional advice from medical professionals while simultaneously protecting their birth plans and birth spaces proved to be a struggle for many readers commenting on the blog posts. Reading about a mother who was able to decide what birth best suited her as well as her family while navigating the demands of obstetrical medicine impacted "Anna" and inspired her

to admit that she also faces the similar obstacles.

In addition to weighing the medical professional's advice against what women feel is intuitively best for their families, the overall quality of care also appears to impact the childbirth experience of a mother, whether positively or negatively. Birth stories featuring positive experiences of good quality and respectful childbirth care inspired one reader:

I think your story is beautiful and inspirational all women should demand and deserve the same kind of care you did. This story brought me to tears because I have had two beautifully respectful births and one that I was just another number which is pretty normal for the area I live in. But you have a voice that is teaching women they have choices and they should know them and be involved in them. I am so grateful for all the positive and beautiful energy and love you are trying to spread for women! Thank you! Xoxoxo!!! (Appendix B; "Ashley Hall," Birth Story #36).

Reading a birth story about a woman who experienced respect and the ability to choose the care she received positively impacted "Ashley Hall" in an emotional manner and helped her recognize the respect she received during her own childbirth experience. For pregnant readers, reading birth stories featuring mothers who received options, support, and respect during childbirth helped the readers fearlessly process their own options:

Thank you for sharing your story. I too had a c-section with my first and now I'm pregnant with our second child and I was considering a c-section again but now I'm thinking of a vbac. Hearing your story has really helped me with this decision. I am going to research it but I'm really considering it. Thank you (Appendix B; "Rebecca," Birth Story #19).

It's really nice to be able to read someone's birth story from this perspective, because I never have found a report in all my years telling me why exactly I needed to be in a hospital if my cub had indeed had that lovely extra chromosome. Thank you, a million times. You have no idea how much this calms me. Beautiful birth story. I especially love the "Um No." over interventions. Blessings to you and yours. (Appendix B; "Cheri," Birth Story #5).

For "Rebecca," reading about a woman who had a successful VBAC (vaginal birth after a previous cesarean delivery) after considering another cesarean delivery helped her discover that she also has the power to consider her childbirth options and determine her birth plan. In

“Cheri’s” case, she finds peace and calmness knowing another mother received options, support, and respect while delivering a Down syndrome baby. Through the birth narratives posted on Birth Without Fear’s blog, mothers find peace and calmness with their birth experiences knowing other mothers with similar birth experiences also have options, support, and respect during childbirth.

Empowerment and Solidarity

In addition to positive responses about mothers having options, support, and respect during childbirth, Birth Without Fear commenters also addressed the impact of empowering birth stories on their own childbirth experiences. Moved by narratives featuring positively framed language to describe successful and transformative birth experiences, followers, such as “Malinda,” made comments about empowerment:

Your story is completely empowering! To empower women to have the birth of their child they are going to have. None of us can control how our children come into this world, they all a[sic] have their own plans. However, we can control the way we respond, what we share, what we learn and how we love ourselves, our partners, and our amazing little bundles of joy before, during, and after birth. Your story is beautiful and empowering. Thank you! (Appendix B; “Malinda,” Birth Story #55).

“Malinda’s” response addresses the empowerment of the narrative’s author while also expanding on her comment to include the Birth Without Fear community and women, in general. Using the universal, “we,” “Malinda” acknowledges the sisterhood of women making up the Birth Without Fear network and the solidarity that develops within this system. “Malinda” explains how empowering birth stories remind women they can have a positive childbirth experience without fear by “control[ling] the way we respond, what we share, what we learn and how we love ourselves, our partners, and our amazing little bundles of joy before, during, and after birth” (Appendix B; “Malinda,” Birth Story #55).

Intuitive and empowering birth plays a large role in addressing childbirth fear because by

listening to intuition, mothers can identify and respect the birth options best suited for them and give birth fearlessly; “Love this courage. Love that you’re giving other mamas new courage to trust their intuition!” (Appendix B; “Lee Anne Roquemore,” Birth Story #6). As one Birth Without Fear commented, mothers gain courage from listening to their intuition to have a positive, fearless birth experience regardless of how they give birth. By supporting one another, encouraging mothers to listen to their intuition, and sharing positive birth experiences, Birth Without Fear members come together for solidarity and strength; “Thank you, my first labor was much like this. You made me feel strong!” (Appendix B; “Tricia,” Birth Story #31). Exchanging birth stories not only makes members feel strong and empowered but also helps women feel less alone in their birth experiences:

Thank you so much for sharing your story. I am 12 months postpartum and I have never come across anybody else who has had the same – or at least very similar – experience to myself. It is somehow comforting to know that I am not alone, although obviously I am so sorry you had to experience. You are indeed strong...I thought my experience was so rare that I was alone so I am so grateful you shared your story. I am so sorry you had to go through what you did. I really can relate and just want to say a big thank you and send you a big hug (Appendix B; “Rebecca Wood,” Birth Story #30).

The solidarity of Birth Without Fear allows, encourages, and facilitates feelings of empowerment and strength among mothers to give birth by reminding them that since others have birthed fearlessly and intuitively, so can they.

Explicit statements of impact of Birth Without Fear narratives on fear of childbirth

Fear of childbirth takes on a variety of forms in the narratives and reactions of Birth Without Fear members. Fear can be explicitly stated or implied through the descriptions of experiences, birth plans, and/or mentalities toward childbirth. This paragraph examines instances where Birth Without Fear members directly commented on their childbirth fears and how reading birth narratives helped them cope with birth related fears or anxieties. Some mothers felt

reassurance when reading positive birth narratives, especially in cases where mothers revealed their associations of cesarean deliveries with childbirth failure:

I, as well as so many others, have been waiting to read this so thank you thank you for posting it!! I know a birth story is extremely personal so seriously thank you!! You all ready were but after reading this you are absolutely my hero. I have had 1 csection [sic] and 1 vbac [sic]. We are currently trying for our third and final baby and SO many thoughts are already in my head. What if it's a c section [sic], what if I "fail" and set myself back into ppd [sic], can I be ok with only one more baby?? It's so awesome to see you acknowledge a lot of those same feelings and know that no matter what happens I'm not alone and it's ok. You rock and happy birthday to your beautiful, sweet girl (Appendix B; "Jackie Burrington," Birth Story #36).

For "Jackie," she associates cesarean deliveries and medical interventions with failure, which fuels her fear that she might not be able to give birth naturally and develop "ppd" (postpartum depression) as a result. Knowing other Birth Without Fear members experience those same fears and anxieties brings comfort to "Jackie" because she does not have to face her anxieties alone. Fear of childbirth and failure surfaced in other comments, especially in one mother's comment regarding her anxieties:

This is so encouraging! Me and my husband [sic] are 37+5 today with our first and we are so excited for her to get here! I'm nervous about labor but I feel like I'm prepared for it as much as I can be and I know I will be asking for an epidural,I'm [sic] planning to go as far as I can and as far as they will let me go without it so I know it will last through to the end but I'm so ready to hold our little girl for the first time! Congratulations on your baby! She is beautiful! That picture is so sweet! God bless you and your family!" (Appendix B; "Sara," Birth Story #17).

Fear of labor and dealing with the pain causes fear and anxiety in some pregnant women. However, "Sara" found encouragement in a birth story written by a mother who found peace in using an epidural for labor pain management. Many comments revealed that mothers experiencing fear and anxiety toward childbirth found birth narratives that addressed fear of childbirth to be empowering and reassuring as the readers prepare for their own upcoming births:

I'm due soon and starting to get scared but these stories are empowering. Thank you for sharing (Appendix B; "Angela," Birth Story #60).

This is just what I needed to head/read/experience today! I'm due in a few weeks with my first and your experience really reassured me. Thank you [sic]!!! (Appendix B; Sarah Grace," Birth Story #60).

Thank you! Thank you! Thank you! I [sic] so appreciate you writing your story. I had no idea how much fear i [sic] was holding until I read your story. It [sic] made me cry tears of joy and hope! Congratulations! [sic] and [sic] YOU GO GIRL! (Appendix B; "Grammy Tammy," Birth Story #41).

Reading birth narratives not only provided these women with the confidence to address their childbirth fears but also reassured them that they can have positive childbirth experiences.

One of the most significant interactions between Birth Without Fear members that surfaced in this content analysis was an interaction between two members: "Kathryn" and "Courtney," both commenters on an "I Am Strong" themed blog post about a mother's peace and acceptance with using medical interventions. For one mother, "Kathryn," she responded to a birth story written by a mother who discussed her experiences with epidurals and the challenge of feeling judged by other moms if one does not have an intervention-free childbirth:

Thank you for this article! I am 30 weeks pregnant, expecting my first child in August, and I only seem to hear about epidural horror stories... not unlike your first birth experience. It seems like a lot of people judge mothers who end up using pain medication to manage. I too would like to have an all natural birth – but still have some fear of "what if I can't do it!?" No one is given a 1st place ribbon for suffering through birth and I appreciate you reminding me of this (Appendix B; "Kathryn," Birth Story #17).

"Kathryn's" fear of childbirth stems from a combination of hearing "epidural horror stories" and her fear that she cannot give birth naturally without pain medication. She struggles with the idea of using pain medication, despite her fear of "what if I can't do it [birth]!?" because she believes natural birth advocates will judge her. This birth story, "{I Am Strong} Making Peace with the Epidural," helped the reader, "Kathryn," identify and reduce her fear by reminding her that "No one is given a 1st place ribbon for suffering through birth" and that she does not have to suffer just to adhere to the expectation that childbirth should strictly be all-natural. As Birth Without

Fear advocates, birth is birth and no matter how a woman gives birth what matters most is that a birthing mother has options, support, and respect in order to birth fearlessly and achieve a positive birthing experience.

The dynamic support system at the heart of Birth Without Fear and the interactions between members to reduce fear and support one another can be seen clearly in comments responding to other blog post comments. One Birth Without Fear member, “Courtney,” directly responded to “Kathryn’s” statements of fear and anxieties toward upcoming childbirth by not only sharing words of encouragement and support but also by sharing her own positive childbirth experience:

Kathryn, read my comment above. Epidural SAVED my birth experience. I found it to be freeing and empowering. It’s not even a matter of can or can’t (of course you can, your body is made for it!), it’s a matter of “what’s good for ME and my family right at this moment in time.” If you are there, focused, relaxed, feeling good... then you are in an awesome place to do it med-free! And if you are scared, feeling out of sorts, unable to focus, feeling hopeless... then you are in really, really good company. Don’t feel bad about the choices you make for you or your baby. Sending well wishes for a happy, healthy labor and baby! Congratulations! (Appendix B; “Courtney,” Birth Story #17).

By offering her own experience through positive language, “Courtney” provides support and encouragement to “Kathryn” in her response. For “Courtney,” a medical intervention she chose to have “SAVED” her birth experience and was “freeing and empowering.” She addresses that female, laboring bodies are capable giving birth but that there is no universal birth experience; everyone has a different experience with childbirth. The way to reduce fear, in “Courtney’s” words, is to do “what’s good for ME and my family right at this moment in time” (Appendix B; “Courtney,” Birth Story #17). She supports “Kathryn” by telling her it is ok to give birth with or without pain medication and that “Kathryn” is in the “really, really good company” of Birth Without Fear in case she feels “scared, feeling out of sorts, unable to focus, feeling hopeless” (Appendix B; “Courtney,” Birth Story #17). Overall, “Courtney’s” response to “Kathryn’s” fear

demonstrates the impact of the exchange of positive birth stories on reducing fear of childbirth, empowering women using encouraging words, and building a support system consisting of solidarity and strength.

Affirmations

Similar to childbirth empowerment in narratives, statements of affirmations surfaced in variety of different ways in Birth Without Fear’s readers’ comments. A solid example of childbirth affirmation surfaces in the blog post, “Medication-Free Hospital Birth:”

The contractions continued to come with crazy intensity...I wanted to feel this; feel my body, and trust that my body knew what it was doing. I wanted to trust that my baby would do what he was supposed to. A friend of mine had given me the affirmations for birth, and I kept repeating one to myself – one that you all will recognize: “Vaginas do open, babies do come out.” I knew I could do this, but man did I underestimate the pain (Appendix B; Birth Story #12).

The affirmation quoted in this birth story is one directly pulled from one of multiple affirmations presented to followers by Birth Without Fear. Childbirth affirmations aim to increase confidence in women and reduce fear of labor pain by giving birthing women a mantra of sorts as they go thru contractions to help manage the intense physical feelings associated with labor contractions, typically described as pain or extreme pressure. In response to the “Medication-Free Hospital Birth,” one Birth Without Fear member wrote about affirmations she used during her labor to help her get through contractions and labor pain:

What a beautiful story — I just LOVE the ‘babies DO come out’ affirmation. I had some printed out on posters that I stuck up in my labour room – one said ‘cervix open, baby down, baby turn’ and the nurse was amused that I was giving my baby orders before he was even born but[sic] it worked for positive focus! (Appendix B; “Sarah,” Birth Story #12).

“Sarah,” like many other commenters, identified with the mother’s experiences of trying to address labor pain through birth affirmations. While it appears “Sarah,” had a more positive experience using birth affirmations to help her work through her contractions, “Sarah’s”

response demonstrates the intention of birth affirmations to help women feel powerful and capable of doing what their female bodies are physiologically built to do: give birth.

Birth affirmations take on another form in the narratives and responses provided by Birth Without Fear members. In this content analysis, affirmative birth comments consisted of statements that relayed ideas about the capability of a woman's body to birth and validated the trust placed in maternal, birthing intuition to allow the body to birth fearlessly in the manner best suited for mother and baby:

Your description of the inner control and grace you manifested during your pregnancy and birth is what I hope every woman experiences! It is NOT about labeling birth; it is about honoring your inner voice and common sense. Good for you! You kept your approach balanced and reasonable, doing what was best for YOUR baby and YOU! (Appendix B; "Cynthia," Birth Story #36).

Trust in one's body places a vital role for these women when they work to birth fearlessly and take back control of their birth experiences. Some commenters complimented the author's for trusting their bodies to give birth, affirming the author's experiences and capabilities, and disclosed the trust the readers' have in their own bodies to address pain and overcome fear of childbirth pain:

Thank you for this story! I, too, have been considering freebirthing [*sic*] as an alternative to the regimented, one-size-fits-all birth support offered by my midwife. I trust myself to deal with pain and spiritual transition only alone. Good job trusting yourself and your body (Appendix B; "B," Birth Story #2).

Some Birth Without Fear members also found themselves in awe of the strength of their minds and bodies when giving birth, a divulgence that ultimately endorses their own abilities to birth fearlessly:

I had a very similar experience with my two children, first born at hospital with drugs, second born at home without and I felt the same way afterward. Like I couldn't believe my body/mind was so strong to be able to birth a baby. Again thank you for sharing. It is so great to read such a positive homebirth experience (Appendix B; "Sabrina," Birth Story #9).

Finally, statements of affirmation directed from commenters toward authors' materialized in an interesting way when the blog post writers presented themselves as disempowered or incapable of birthing fearlessly. One commenter, "Yva," responded to a blog post author by telling her, "I don't usually comment, but I just had to. You might not feel empowered, but it seems to me that you are. You found your voice. You are strong as a wife, and as a mom. Your story is beautiful!" (Appendix B; "Yva," Birth Story # 55). Affirming and reassuring mothers of their empowerment and birth giving capabilities contribute to the support and kinship system in place among Birth Without Fear members. By encouraging and reassuring mothers' of their abilities to birth fearlessly and by validating mothers' experiences, Birth Without Fear members create affirmative and empowering discourse that a birthing woman's body can birth fearlessly.

DISCUSSION

The positive responses and interactions between Birth Without Fear members enlightens the power of positively framed childbirth discourses of empowerment, strength, self-efficacy, and solidarity to reduce childbirth fear, anxieties, or reservations. The network of individuals identifying as Birth Without Fear members come together to support, connect, and empower one another and address childbirth fear factors by intimately sharing their unique and individual childbirth experiences through social media. Previous research provides evidence that when women attend a birth or learn about trusted family and friends' birth stories, they experience reduced childbirth fear and more positive attitudes toward birth (Stoll et al., 2013). This research suggests a similar dynamic between individuals seeking out support and validation within Birth Without Fear. Pregnant and postpartum women use social media to seek out support and information regarding pregnancy, childbirth, and the postpartum period from peers and professionals, whether experienced or first time mothers (Konheim-Kalkstein et al., 2015; McDaniel et al., 2012; Weatherspoon et al., 2015). The online social support system created by Birth Without Fear contributes to creating positive and empowering spaces in which mothers can discuss and process birth experiences, fears, or anticipations. The role of Birth Without Fear as a social support network reflects research conducted by Tarkka & Paunonen (1996) on the importance of a social support system, consisting of close family members, friends, and familiar providers (midwives, nurses, etc...), to provide emotional support during birth in order to ensure positive birth experiences. Birth Without Fear simultaneously acts as a type of maternal education program intended to empower women to birth fearlessly while also creating a safe and supportive cyber kinship network where women can freely exchange, share, and process their

birth experiences without judgment. The success of Birth Without Fear at reducing fear and empowering women to have positive birth experiences reflects existing research that maternal education programs and mindfulness-based childbirth classes not only help prevent and reduce fear of childbirth but also help create feelings of empowerment and membership in a supportive childbirth community (Aksoy et al., 2015; Fisher et al., 2012). Feelings of safety, reassurance, encouragement, and confidence developed through the online exchange of positive narratives reflect the importance of social support systems as integral to developing positive birth experiences during labor and delivery (Dunne, 2012). Research conducted by Fisher et al. (2012) supports the implications of Birth Without Fear's roles in empowering women as capable of birthing and reducing fears of childbirth through its online support system and exchange of positive birth narratives. Fisher et al. (2012) concluded that mindfulness-based childbirth classes helped participants not only connect with and find support from other participants but also empower birthing women to remain active players during childbirth.

As outlined by Garthus-Niegel (2011), fear of childbirth can include factors such as fear of labor and delivery pain, negative appraisal of birth choices, feelings of loneliness before and during childbirth, self-inefficacy, negative anticipation of birth outcomes, and anxieties about the infant's wellbeing during birth. Comments made during the social media exchange of birth experiences in this cyber-ethnography not only relay encouragement, support, affirmations, and relief that one is not alone in her childbirth experience but also highlights how Birth Without Fear members help reduce and overcome some of the fear factors highlighted by Garthus-Niegel et al. (2011). Addressing fear factors and sharing birth stories teaches Birth Without Fear women that they can have empowering and positive birth experiences. Haines et al. (2012) presented the idea that negative birth discourses in the United States socialize a woman to fear childbirth and,

as a result, embody paternalistic and technocratic birth messages about a female body's incapability to birth without medical intervention. The results of empowerment, affirmations, and support revealed by this study suggest the idea that if negative birth discourses can socialize women to fear childbirth and feel self-inefficacious during labor and delivery, then, perhaps the opposite might be true. Positive and empowering birth discourses, constructed by online communities like Birth Without Fear, might be able to socialize women to view birth as something their bodies are capable of performing, with or without medical intervention; a notion especially important in a day and age when society interacts and find meaningful relationships online. Additionally, these positive birth discourses might also socialize women to birth fearlessly and develop feelings of self-efficacy, agency, and empowerment, regardless of the type of medical interventions or deliveries experienced.

As supported by studies done by Akrich et al. (2004) and Walsh (2007), women who maintained agency throughout childbirth, by deciding how to emotionally and physically experience childbirth using predetermined birth plans, have more meaningful and satisfying birth experiences, regardless of the mode of delivery or medical interventions utilized. Birth Without Fear members embodied and supported the maintenance of agency and maternal, birthing intuition through their comments by validating mothers as they processed previous or upcoming births. Discourses of empowerment and solidarity in the comments encouraged Birth Without Fear members to embrace their birth decisions and intuition as the best option for each person individually. The espousal of birth experiences as positive, powerful, and validated moments in members' lives parallels evidence that mindfulness practice can lead to more empowered and fearless birth. This can especially be seen in existing evidence where mindfulness-based prenatal education classes, which consist of a small community of individuals coming together to access

knowledge, support, and encouragement, have previously shown that increasing pregnant women's self-efficacy and stress management techniques reduces childbirth fear and anxieties (Byrne et al., 2014; Fisher et al., 2012). The results of these studies fit into Bandura's (1982) self-efficacy and agency frameworks. The exchange of linguistically positive birth stories between Birth Without Fear members constructs and propagates discourses of self-efficacy, empowerment, and agency to the members reading the birth stories. If diminished agency and self-inefficacy infers negative experiences and childbirth fear or anxiety, then the positive responses and encouraging comments toward the Birth Without Fear childbirth narratives suggest that discourses on self-efficacy, empowerment, and agency may help reduce feelings of childbirth fear, anxiety, and self-inefficacy.

There are several limitations to this research study. Since the data collected for this study consisted of publically available and semi-anonymous blog posts from a website, the analysis of the blog content and interactions between posted material and commenters consisted of a surface level investigation. Lack of identifying information prevented me from reaching out to individuals who commented or wrote the birth narratives. This prevented me from engaging with community members to have them elaborate on their comments or stories. Due to this limitation, this study could not directly examine participating community member's individual childbirth experiences, childbirth beliefs, or measure existing levels of childbirth fear. The semi-anonymous state of individuals who posted comments in the public spaces also limited me from collecting demographic information and birth histories that may have contributed to a further understanding of how Birth Without Fear messages might impact individuals. Since this study did not include semi-formal or formal interviews with participants and consisted of a surface level content analysis, future studies might include participant interviews to investigate how

Birth Without Fear has quantitatively reduced childbirth fear and anxieties. Pregnant participants could be recruited for a longitudinal, quantitative study that could measure changes in childbirth views and childbirth fear during pregnancy, labor and delivery, and, finally, during the postpartum period. Future studies might also examine the differences between the effects of Birth Without Fear's messages and support system on nulliparous and multiparous women's pregnancy, childbirth, and postpartum experiences. Since demographic factors were not investigated in this project, future studies may explore how Birth Without Fear has impacted women of varying racial and/or socioeconomic differences on their childbirth perspectives and experiences during pregnancy, childbirth, and the postpartum period.

Beyond Birth Without Fear, the results of this research study suggest future studies might explore how other childbirth organizations and groups are impacting women in the United States. Multiple groups, organizations, and projects have popped up throughout the United States and around the world, both through social media and through grass-roots organizations, to address childbirth experiences, empower women, reduce childbirth fear, and normalize the variations of childbirth experiences in order to validate experiences in the hopes of helping women find peace, calmness, and positivity in their transformative, childbirth experiences. Some childbirth advocates and childbirth groups have also begun to address how negative birth experiences and fear of childbirth contributes to the development of postpartum depression. Acknowledging modern movements in childbirth empowerment and normalization, especially in the United States, will be crucial to developing future qualitative and quantitative research studies to explore the impact these groups and movements are having on birth experiences. The transformative experience of childbirth and modern movements to empower women by working towards fearless birth warrants further research because all women deserve, as Birth Without Fear puts it,

“Options, Support, and Respect” and positive birth experiences when it comes to their birthing bodies and childbirth.

Despite the good intentions of Birth Without Fear, tensions exist between childbirth choices, birth plans, and the success of a birthing woman to defend that plan. Birth Without Fear welcomes a variety of birth experiences in order to normalize the spectrum of childbirth outcomes to ultimately reduce fear and empower women to defend their birth spaces and choices. However, a tension exists between the messages Birth Without Fear sends out: to remain flexible and adaptable during childbirth while also fiercely defending birth choices and plans in order to have the best possible childbirth experience. From the narratives provided through the comments section, Birth Without Fear members’ commentary reveals these women come into the conversation with an existing hierarchy of valued birth experiences that determine what the best type of “normal” birth consists of: typically empowered, natural, maternalistic, intuition-driven, and non-medicalized childbirth. Within Birth Without Fear narratives, variations of this type of childbirth (i.e., analgesic usage or other technocratic elements) remain acceptable albeit lower in the hierarchy of the best childbirth experience. By writing this, I do not mean to demonize the organization’s intentions or diminish women’s childbirth experiences. I seek only to highlight the contentious nature of empowering women to remain steadfast but also flexible with their birth plans and choices in order to have the best and most positive birth experience possible.

The narratives and commentary revealed by Birth Without Fear raise questions about how birthing women can balance embodied discourses of empowerment, agency, and self-efficacy involved in active childbirth participation and decision making while simultaneously remaining adaptable to the series of events that unfold during an actual childbirth experience?

The contentious nature of Birth Without Fear's childbirth messages suggests a multiplicity of mechanisms at work to produce positive childbirth experiences. Fear reduction, self-efficacy, agency, and empowerment do not solely account for positive childbirth experiences. While Birth Without Fear may provide women with support and encouragement during pregnancy, childbirth, and the postpartum interim with the goal of reducing childbirth fear and empowering women, we must take into account that the multiplicity of mechanisms at work during pregnancy and childbirth extends beyond simply logging into a social network and participating in a social and cyber exchange of birth narratives. Broader social processes, cultural birth messages, hospital policies, and the law contribute to the technocratic and medicalized nature of childbirth options and experiences indoctrinated into the American women's healthcare system. The narratives may empower women, from a superficial analysis, but larger mechanisms, such as the hospital system's paternalistic policies and standard procedures, work against efforts to maintain agency and empowerment during childbirth. Laws, hospital policies, and insurance companies contribute to the medicalization of childbirth and work to pacify birthing women into accepting the technocratic nature of childbirth through the enforcement of strict hospital policies and maintenance of the medical doctor's authority. This raises the question of how successful can Birth Without Fear actually be then at improving birth experiences and reducing childbirth fear in the United States?

Birth Without Fear's use of social media to address broader social processes also highlights the importance of online community engagement in modern society as a form of activism. In order to address hospital norms, demands, and the paternalistic and technocratic authority over women's birthing bodies, Birth Without Fear has attracted thousands of like-minded individuals, who generally appear to be proponents of the natural birth movement, to

mobilize, albeit online, and reclaim childbirth as natural and fearless. The response from participants and their online participation through Birth Without Fear's social media platforms also begs the question of what does this organization achieve for the women participating in it? What are these mothers not receiving in regards to childbirth education and support offline? What are the broader social processes making this group relevant to childbearing women? These questions warrant further research on what childbearing women gain or lose from participating in social media-based childbirth support networks.

CONCLUSION

Birth Without Fear, as an online media based support network, provides positive messages about birth and empowers women by sharing positive birth stories and affirmations of empowerment. Members of Birth Without Fear absorb and emulate positive birth messages when reading and responding to the online exchange and consumption of positively framed birth narratives. The positive birth language constructed in the comments section not only reflects the progressive birth messages relayed through birth stories but also affirms messages of empowerment, self-efficacy, and agency in childbirth. By understanding how the Birth Without Fear community engages with one another in an online exchange of linguistically positive and empowering birth narratives, scholars, policy makers, and key medical personnel can begin to unravel how systems of meaning, ritualization, and beliefs about childbirth are constructed, challenged, and transformed through meaningful social and cultural interactions, especially in contemporary, online social networks where women actively seek out support and knowledge. By understanding the mechanisms of childbirth fear reduction and childbirth empowerment at work in Birth Without Fear, key stakeholders in the realm of childbirth politics and practice will be able not only to work together to create safe and nurturing childbirth spaces that meet the needs and demands of childbearing women but also ensures the propagation of positive birth experiences among birthing women in the United States.

APPENDIX

Appendix A. Codebook

Statements of Empowerment

This code was broadly used to identify empowered language used by both the author of the birth narrative and the Birth Without Fear member who commented. For this code, empowerment was further broken down into subcategories that included empowerment in the form of statements of affirmation, self-efficacy, strength of self, and agency in either the blog post or in the comments. Affirmation and self-efficacy examples included statements made by the mother or by a commenter about a woman's ability to give birth: my body can give birth and I am not afraid; you can give birth; your body was made to birth. Examples of strength of self included supportive statements such as: you are strong; I am strong; we are strong. Agency examples included statements made by the mother or commenter about the capability of a birthing woman to make her own decisions regarding childbirth: next time, I am going to call the shots at my child's birth; I know what my body and baby need; next time, I will decide.

Statements of Influence

This code was used to identify instances where birth narrative content influenced commenters and was further broken down into two subcategories. These subcategories included statements of gratitude and inspiration directed by the commenters at the birth narrative author. Examples of statements of gratitude include: thank you for sharing your birth story; I appreciate you sharing your birth story. Examples of inspiration included: you have inspired me to give birth the way I want to; I am looking forward to my own

upcoming birth because of your story.

Narrative Connection

This code was used to identify instances where commenters directly connected a birth story with their own personal experiences of pregnancy, labor, and/or delivery. Examples of narrative connection included comments that started off with statements such as the following: your story is exactly like mine; our stories sound so similar; I had a similar experience to yours. Narrative connection examples were further identified by identifying the personal pregnancy, labor, and/or delivery stories conveyed by the commenter in direct response to the blog post content following the initial statements of narrative connection as listed earlier.

Quotes

This code was used to identify key lines of text to be quoted in the results section. Based on the coded blog posts and comments, this code was used to determine good textual evidence for each of the subcategories of empowerment: affirmation, self-efficacy, strength of self, and agency. This code was used to determine good examples of influence the blog post had on a commenter and of the subcategories of influence: gratitude, and inspiration. Finally, this code was also used to identify poignant narrative connection that would not only show how commenters connected with the blog post content but also the range of ways that commenters found meaning from the blog post material.

Appendix B. Birth Without Fear Blog Post List

Birth Story #	Blog Post Source
1	<p>“Audrey Lands Earthside,” by Shary Lopez http://birthwithoutfearblog.com/2015/04/29/audrey-lands-earthside/</p>
2	<p>"A Decision to Birth Unassisted," by Shary Lopez http://birthwithoutfearblog.com/2015/08/27/a-decision-to-birth-unassisted/</p>
3	<p>"I Am Strong {Emily Weber}," by Shelby Williams http://birthwithoutfearblog.com/2015/12/15/i-am-strong-emily-weber/</p>
4	<p>"Natural Birth In Our RV," by MRS. BWF Homehttp://birthwithoutfearblog.com/2015/12/29/natural-birth-in-our-rv-home/</p>
5	<p>"Accidental Unassisted Birth, Down Syndrome, Mom Catches Baby Born En Caul," by Shary Lopez http://birthwithoutfearblog.com/2015/12/03/accidental-unassisted-birth-mom-catches-baby-born-en-caul/</p>
6	<p>"Cesarean Without Fear {Beard Baby}," by MRS. BWF http://birthwithoutfearblog.com/2015/02/05/cesarean-without-fear-beard-babu/</p>
7	<p>"Chaos. Life. Birth. {A Pretty Pushers Mama}," by MRS. BWF http://birthwithoutfearblog.com/2015/02/17/chaos-life-birth-a-pretty-pushers-mama/</p>
8	<p>"Natural VBAC Without Fear," by Sandy Jorgenson http://birthwithoutfearblog.com/2015/02/19/natural-vbac-without-fear/</p>
9	<p>"The Empowering Homebirth of my Second Child," by Aubree Asbill http://birthwithoutfearblog.com/2015/02/20/the-empowering-homebirth-of-my-second-child/</p>
10	<p>"Birth Without Fear Is Wording It Perfectly," by MRS. BWF http://birthwithoutfearblog.com/2015/07/16/birth-without-fear-is-wording-it-perfectly/</p>

11	"Infertility, Twins And A Healing, Compassionate Cesarean Birth Photographed in OR," by MRS. BWF http://birthwithoutfearblog.com/2015/07/20/infertility-twins-and-a-healing-compassionate-cesarean-birth-photographed-in-or/
12	"Medication-Free Hospital Birth," by Sandy Jorgenson http://birthwithoutfearblog.com/2015/07/27/medication-free-hospital-birth/
13	"She is Love: Ellie's Birth Story," by Shary Lopez http://birthwithoutfearblog.com/2015/07/05/she-is-love-ellies-birth-story/
14	"The Proudest Moment of My Existence!" by Shary Lopez http://birthwithoutfearblog.com/2015/07/05/the-proudest-moment-of-my-existence/
15	"I Thank God Every Day!" by Aubree Asbill http://birthwithoutfearblog.com/2015/06/02/i-thank-god-every-day/
16	"The Birth of Mason," by Jessica Heksem http://birthwithoutfearblog.com/2015/06/02/the-birth-of-mason/
17	"{I Am Strong} Making Peace with the Epidural," by Shary Lopez http://birthwithoutfearblog.com/2015/06/02/i-am-strong-making-peace-with-the-epidural/
18	"Empowering VBAC from Dad's POV," by Sandy Jorgenson http://birthwithoutfearblog.com/2015/06/08/empowering-vbac-from-dads-pov/
19	"Empowering VBAC from Mom's POV," by Sandy Jorgenson http://birthwithoutfearblog.com/2015/06/08/empowering-vbac-from-moms-pov/
20	"Practicing Fearless Motherhood {in Brazil}," by MRS. BWF http://birthwithoutfearblog.com/2015/03/27/practicing-fearless-motherhood-in-brazil/

21	"My Breech Twin Vaginal Birth After Three Miscarriages," by Deana Ruston http://birthwithoutfearblog.com/2015/03/03/my-breech-twin-vaginal-birth-after-three-miscarriages/
22	"A Healing Surgical Birth," by Shary Lopez http://birthwithoutfearblog.com/2015/11/21/a-healing-surgical-birth/
23	"I Am Strong – I Continued to Live," by MRS. BWF http://birthwithoutfearblog.com/2015/10/19/i-am-strong-i-continued-to-live/
24	"Willamena's Birth," by Sandy Jorgenson http://birthwithoutfearblog.com/2015/10/22/willamenas-birth/#comments
25	"From the Grocery Story to Unassisted Home Birth in 15 Minutes," by Aubree Asbill http://birthwithoutfearblog.com/2015/09/14/from-the-grocery-story-to-unassisted-home-birth-in-15-minutes/
26	"I Am Strong Because I Am FREE!!," by Aubree Asbill http://birthwithoutfearblog.com/2015/09/14/i-am-strong-because-i-am-free/
27	"Ladies & Gentlemen, Husbands & Wives, Mothers & Fathers: We Are Strong," by Aubree Asbill http://birthwithoutfearblog.com/2015/09/14/ladies-gentlemen-husbands-wives-mothers-fathers-we-are-strong/
28	"One Woman's Successful Frank Breech Vaginal Hospital Birth," by Emmy Harmon http://birthwithoutfearblog.com/2015/09/14/one-womans-successful-frank-breech-vaginal-hospital-birth/
29	"There We Were... A Family – The Birth of Sequoia," by Jessica Heksem http://birthwithoutfearblog.com/2015/09/14/there-we-were-a-family-the-birth-of-sequoia/
30	"I Am Strong {SPD and Gallbladder}," by MRS. BWF http://birthwithoutfearblog.com/2015/09/20/i-am-strong-spd-and-gallbladder/

31	"I Am Strong – Enduring 30-Plus Hours of Full Blown Labor," by Aubree Asbill http://birthwithoutfearblog.com/2015/09/28/i-am-strong-enduring-30-plus-hours-of-full-blown-labor/
32	"Next Time I Will Call the Shots – VBAC Home Water Birth {With Pictures}," by Alyssa Simoncic-Falkenstein http://birthwithoutfearblog.com/2015/09/28/next-time-i-will-call-the-shots-vbac-home-water-birth-with-pictures/
33	"I Am Strong – Becoming a Mom at 15," by Deana Ruston http://birthwithoutfearblog.com/2015/09/29/i-am-strong-becoming-a-mom-at-15/
34	"I Am Strong – Overcoming Abuse and Addiction for Motherhood," by Jessica Heksem http://birthwithoutfearblog.com/2015/09/29/i-am-strong-overcoming-abuse-and-addiction-for-motherhood/
35	"Quinlan’s Birth Story," by Laura A. Lord http://birthwithoutfearblog.com/2016/02/01/quinlans-birth-story/
36	"The Birth Story of BeardBaby," by MRS. BWF blog post: http://birthwithoutfearblog.com/2016/02/01/the-birth-story-of-beardbaby/
37	"The Birth Story of Pippa Saoirse," by Laura A. Lord http://birthwithoutfearblog.com/2016/02/10/the-birth-story-of-pippa-saoirse/
38	"Henry’s Incredible Birth: Written by Dad," by Laura A. Lord http://birthwithoutfearblog.com/2016/02/11/henrys-incredible-birth-written-by-dad/
39	"All On My Own: An Accidental, Unassisted Home Birth," by Laura A. Lord http://birthwithoutfearblog.com/2016/02/12/all-on-my-own-an-accidental-unassisted-home-birth/
40	"A Healing Home Birth After a Fourth Degree Tear: Part One," by Laura A. Lord http://birthwithoutfearblog.com/2016/02/02/a-healing-home-birth-after-a-fourth-degree-tear-part-one/

41	"A Healing Home Birth After a Fourth Degree Tear: Part Two," by Laura A. Lord http://birthwithoutfearblog.com/2016/02/03/a-healing-home-birth-after-a-fourth-degree-tear-part-two/
42	"A 45 Minute Home Water Birth," by Laura A. Lord http://birthwithoutfearblog.com/2016/02/04/a-45-minute-home-water-birth/
43	"Third Time's the Charm: A Successful HBA2C," by Laura A. Lord http://birthwithoutfearblog.com/2016/02/05/third-times-the-charm-a-successful-hba2c/
44	"Olive's Home Birth," by Laura A. Lord http://birthwithoutfearblog.com/2016/02/08/olives-home-birth/
45	"A Fast, Natural Birth Hospital Story," by Laura A. Lord http://birthwithoutfearblog.com/2016/02/09/a-fast-natural-birth-hospital-story/
46	"Sweet Baby Jane: A Birth Story," by Laura A. Lord http://birthwithoutfearblog.com/2016/01/11/sweet-baby-jane-a-birth-story/
47	"A Birth Story, with photos," by Laura A. Lord http://birthwithoutfearblog.com/2016/01/13/a-birth-story-with-photos/
48	"The Read Family's Birth Story," by Laura A. Lord http://birthwithoutfearblog.com/2016/01/14/the-read-familys-birth-story/
49	"Our Home Birth, Turned Hospital," by Laura A. Lord http://birthwithoutfearblog.com/2016/01/15/our-home-birth-turned-hospital/
50	"The Birth of Luna Pearl: A VBAC Story from Home to Hospital," by Laura A. Lord http://birthwithoutfearblog.com/2016/01/18/the-birth-of-luna-pearl-a-vbac-story-from-home-to-hospital/
51	"The Birth of Ellis: A Planned Homebirth, Unplanned Unassisted," by Laura A. Lord http://birthwithoutfearblog.com/2016/01/19/the-birth-of-ellis-a-planned-unassisted-homebirth/

52	"The Homebirth of Benno," by Laura A. Lord http://birthwithoutfearblog.com/2016/01/20/the-homebirth-of-benno/
53	"Choosing to Have a Happy Birth," by Laura A. Lord http://birthwithoutfearblog.com/2016/01/21/choosing-to-have-a-happy-birth/
54	"Homebirth of EllieMae," by Laura A. Lord http://birthwithoutfearblog.com/2016/01/22/homebirth-of-elliemae/
55	"A Baby Who Cried: Birthing Without a Plan," by Laura A. Lord http://birthwithoutfearblog.com/2016/01/25/a-baby-who-cried-birthing-without-a-plan/
56	"This is Aubree: A Disabled Daughter Story," by Laura A. Lord http://birthwithoutfearblog.com/2016/01/26/this-is-aubree-a-disabled-daughter-story/
57	"The Story of Aurora," by Laura A. Lord http://birthwithoutfearblog.com/2016/01/27/the-story-of-aurora/
58	"A Wilde Birth Story, from NYC," by Laura A. Lord http://birthwithoutfearblog.com/2016/01/28/a-wilde-birth-story-from-nyc/
59	"Natural Birth: Conquered with Type 1 Diabetes, Polyhydramnios, Macrosomia, and Shoulder Dystocia," by Laura A. Lord http://birthwithoutfearblog.com/2016/01/29/natural-birth-conquered-with-type-1-diabetes-polyhydramnios-macrosomia-and-shoulder-dystocia/
60	"Rueger's Birth: Learning to Give Into the Power of a Woman's Body," by Laura A. Lord http://birthwithoutfearblog.com/2016/01/06/ruegars-birth-learning-to-give-into-the-power-of-a-womans-body/
61	"Peregrine's Birth Story: From Home to Hospital," by Laura A. Lord http://birthwithoutfearblog.com/2016/01/07/peregrines-birth-story-from-home-to-hospital/
62	"Dear Raegan, A Birth Story Letter," by Laura A. Lord http://birthwithoutfearblog.com/2016/01/08/dear-raegan-a-birth-story-letter/

REFERENCES

- Akrich, M., & Pasveer, B. (2004). Embodiment and Disembodiment in Childbirth Narratives. *Body & Society, 10*(2-3), 63-84.
- Aksoy, A.N., Ozkan, H., & Gundogdu, G. (2015). Fear of childbirth in women with normal pregnancy evolution. *Clinical and Experimental Obstetrics & Gynecology, 42*(2), 179-183.
- Bandura, A. (1982). Self-Efficacy Mechanism in Human Agency. *American Psychologist, 37*(2), 122-147.
- Byrne, J., Hauck, Y., Fisher, C., Bayes, S., & Schutze, R. (2014). Effectiveness of a Mindfulness-Based Childbirth Education Pilot Study on Maternal Self-Efficacy and Fear of childbirth. *Journal of Midwifery & Women's Health, 59*(2), 192-197.
- Davis-Floyd, R. (1992). *Birth As An American Rite of Passage*. Berkeley: University of California Press. 424 pp.
- Dunne, C.L. "A mixed-method study to investigate the relationship between the number of social support people present during labour, women's perceptions and birth outcomes." PhD thesis, Queensland University of Technology, 2012.
- Ernst, E.K.M. (1994). Health Care Reform as an Ongoing Process. *Clinical Issues, 23*(2), 129-138.
- Fisher, C., Hauck, Y., Bayes, S., & Byrne, J. (2012). Participant experiences of mindfulness-based childbirth education: a qualitative study. *BMC Pregnancy and Childbirth, 12*(1), 1–10.
- Haines, H., Rubertsson, C., Pallant, J.F., & Hildingsson, I. (2012). The influence of women's fear, attitudes and beliefs of childbirth on mode and experience of birth. *BMC Pregnancy and Childbirth, 12*(55), 1-14.
- Handelzalts, J.E., Becker, G., Ahren, M.P., Lurie, S., Raz, N., Tamir, Z., & Sadan, O. (2015). Personality, fear of childbirth and birth outcomes in nulliparous women. *Arch Gynecol Obstet, 291*, 1055–1062.
- Hawthorne, John. *Cartesian Dualism*. Peter van Inwagen & Dean Zimmerman. 16 Aug. 2006. <http://www.philosophy.ox.ac.uk/__data/assets/pdf_file/0013/1156/Cartesian.pdf>.
- Garthus-Niegel, S., Storksen, H.T., Torgersen, L., Von Soest, T., & Eberhard-Gran, M. (2011). The Wijma Delivery Expectancy/Experience Questionnaire: a factor analytic study. *Journal of Psychosomatic Obstetrics and Gynaecology, 32*(3), 160-163.

- Konheim-Kalkstein, Y.L., Whyte, R., Miron-Shatz, T., & Stellmack, M.A. (2015). What are VBAC Women Seeking and Sharing? A Content Analysis of Online Discussion Boards. *BIRTH*, 42(3), 277-282.
- Leavitt, J.W. (1980). Birthing and Anesthesia: The Debate over Twilight Sleep. *Signs*, 6(1), 147-164.
- Leavitt, J.W. (1983). "Science" Enters the Birthing Room: Obstetrics in America since the Eighteenth Century. *The Journal of American History*, 70(2), 281-304
- Martin, J.A., Hamilton, B.E., Osterman, M.J.K., Curtin, S.C., & Mathews, T.J. (2015). Births: Final Data for 2013. *National Vital Statistics Reports*, 64(1), 1-68.
- MGH Center for Women's Mental Health. (2015, November 9). *Fear of childbirth: How Common is It? And What Should We Do?* Retrieved from <https://womensmentalhealth.org/posts/fear-of-childbirth-how-common-is-it-and-what-should-we-do/>
- McDaniel, B.T., Coyne, S.M., & Holmes, E.K. (2012). New Mothers and Media Use: Associations Between Blogging, Social Networking, and Maternal Well-being. *Matern Child Health J*, 16, 1509-1517.
- Munro, S., Kornelsen, J., & Hutton, E. (2009). Decision Making in Patient Initiated Elective Cesarean Delivery: The Influence of Birth Stories. *Journal of Midwifery & Women's Health*, 54(5), 373-379.
- Nilsson, C. (2014). The delivery room: Is it a safe place? A hermeneutic analysis of women's negative birth experiences. *Sexual & Reproductive Healthcare*, 5, 199-204.
- Osterman, M.J.K. and Martin, J.A. (2008). Epidural and Spinal Anesthesia Use During Labor: 27-state Reporting Area. *National Vital Statistics Reports*, 59(5), 1-16. Retrieved from the Centers for Disease Control website: http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_05.pdf
- Räsänen, S., Lehto, S.M., Nielsen, H.S., Gissler, M., Kramer, M.R., & Heinonen, S. (2014). Fear of childbirth in nulliparous and multiparous women: a population-based analysis of all singleton births in Finland in 1997–2010. *BJOG*, 121, 965-970.
- Scheper-Hughes, N. & Lock, M. M. (1987). The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology. *Medical Anthropology Quarterly*, 1, 6–41.
- Solinger, R. (2005). *Pregnancy and Power: A Short History of Reproductive Politics in America*, New York: NYU Press: 312 pp.
- Stoll, K., Edmonds, J.K., & Hall, W.A. (2015). Fear of childbirth and Preference for Cesarean Delivery Among Young American Women Before Childbirth: A Survey Study. *BIRTH*, 42(3), 270-276.

Stoll, K. & Hall, W. (2013). Vicarious Birth Experiences and Childbirth Fear: Does It Matter How Young Canadian Women Learn About Birth? *The Journal of Perinatal Education*, 22(4), 226–233.

Tarkka, M.T. & Paunonen, M. (1996). Social support and its impact on mothers' experiences of childbirth. *Journal of Advanced Nursing*, 23(1), 70–75.

Walsh, D.J. (2007). A birth centre's encounters with discourses of childbirth: how resistance led to innovation. *Sociology of Health & Illness*, 29(2), 216-232.

Weatherspoon, D., Weatherspoon, C., & Ristau, C. (2015). Speaking Their Language: Integrating Social Media into Childbirth Education Practice. *International Journal of Childbirth Education*, 30(3), 21-24.

World Health Organization. (2015). WHO statement on caesarean section rates: Executive summary. Retrieved from the World Health Organization website:
http://www.who.int/reproductivehealth/publications/maternal_perinatal_health/cs-statement/en/