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# In Search of Ritualistic Practice in Louisiana's Labor Rooms

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## Table of Contents

**Abstract.**

Exploring the medicalization of childbirth reveals how birthing is not regarded as a pivotal moment in human experience, for rituality is not invoked to encourage self-reflection, meaning making, and communal celebration of new life. This assessment is based upon a phenomenological approach to the absence of rituality in Louisiana's labor rooms. Using a nine-part questionnaire, I conducted a broad survey of Louisiana mothers in Shreveport, Bossier City, and Baton Rouge. Having collected narratives and personal reflections of mothers, my analysis of the primary data indicates the contemporary birth trends in Louisiana. Two foci drive this analysis. One, contemporary norms surrounding birth have evolved to accommodate medical interventions. Two, women surveyed within this study did not reflect upon their birth experiences as ritualistic.

**Introduction.**

The field of motherhood studies encompasses many realms of research and scholarly discourse. This is appropriate because in order to answer the question "what is mother?", one must address, define, and incorporate biological, psychological, political, personal, spiritual, social, and historical components. A mothering body is narrowly defined in biological terms. So closely is the female body linked to mothering within the biological lens that to view motherhood only through this lens would mean to allocate women into the role of "breeders." Such a definition takes meaning away from the lived experience of motherhood and excludes alternative forms of mothering beginning to emerge from shifting technological advancements and social constructs. Scholars are currently questioning how the biological definition of mother

shifts as in vitro fertilization, surrogacy, and globalized adoption become normalized options within the realm of human childbirth.

The psychological focus within motherhood studies concentrates on shifts within a female's psyche as she joins the population of women who identify as mothers. It is important to note that a woman need not have given birth in order to identify as a mother. Women who adopt or use a surrogate may take on the specific social status of a mothering figure without experiencing childbirth. Studies about various transitions into motherhood based upon age, economic status, and birth method (McMahon, M. 1995; Brunton G, Wiggins M, Oakley A 2011) have been conducted. These reports emphasize the importance of a mother's birth experience, personal expectations surrounding birth, and perceived social expectations of mothers on a woman's personal experience of motherhood.

A primary question within motherhood work is: Are there universals in the transition into motherhood? Beyond temporary physical changes and the event of birth, Sara Ruddick's work asserts there is a fundamental shift in a woman's perspective, life, status, and thought processes upon giving birth. Arguably one does not un-become a mother (Ruddick, S. 2002) so what is it that is switched on? Other scholars have looked through a similar lens at where and how maiden transitions to mother. (Bergum, V. 1997; Kinser, A. E. 2008; McMahon, M. 1995) Klassen's *Blessed Events* attributes declining involvement of rituality within Western women's transitions into motherhood to their wide use of medical intervention during childbirth. She declares American womens have ceased to perceive birth as a sacred event in the wake of epidurals and caesarian sections. Where pain, faith, and ritual have faded, commodity and medical intervention has stepped in.

R. E. Davis-Floyd (1998) asserts that childbirth as ritual is a pivotal moment within any society to reinforce, celebrate, and perpetuate cultural values. From a symbolic anthropological perspective, Davis-Floyd convincingly argues the shift towards hospitalized birth in the United States reflects Americans' cultural dependence on technology, science, and patriarchy.

> The intravenous drips commonly attached to the hands or arms of birthing women make a powerful symbolic statement: they are umbilical cords to the hospital. The cord connecting her body to the fluid-filled bottle places the woman in the same relation to the hospital as the baby in her womb is to her. By making her dependent on the institution for her life, the IV conveys to her one of the most profound messages of her initiation experience: in American society, we are all dependent on institutions for our lives. The message is even more compelling in her case, for she is the real giver of life. Society and its institutions cannot exist unless women give birth, yet the birthing woman in the hospital is shown, not that she gives life, but rather that the institution does. (1998)

She speaks of a cultural trajectory which gives rise to the worship of science and medicine as the perpetuators of life rather than a divine being. Responses to the survey support her view of trends in American childbirth as indicative of a secular medicalization of the human condition. However, I challenge her assertion that a new rituality has been established in the form of hospital protocol. Rather, I argue medical protocols, which leave little room for spontaneous performance during childbirth, prevent mothers from invoking rituality during child labor and thus stifle the potential for women to experience birth as a sacred event.

Cultures differ in the way women ritually transition into motherhood. Latin American cultures perform *Cuarentena* or quarantine. *Cuarentena* begins with childbirth and lasts forty

days. It is a time during which the new mother follows cultural prescriptions for clothing, food, and maternal activities. This family ritual allows specific space and time for a woman to integrate into her new role of motherhood (Niska, K., Snyder, M., & Lia-Hoagberg, B. 1998). Activities resembling Cuarentena are absent in the birth narratives collected here, but the potential exists for acknowledgement of the transformative power of childbirth to be integrated into Louisiana's birth culture.

Building upon the work of those who came before me, especially Davis-Floyd's I hope to contribute to the discourse surrounding birth, oral traditions, and ritual.

**Relevant Theories**

> Close and immediate contact between mother and child, starting at the moment of birth, is considered to be crucial for the optimal growth of attachment (Klaus and Kennell, 1976a. 1976b; Sosa et al., 1976) and the birth event can be managed in ways that foster or inhibit such contact. The birth event, then, intersects a number of important theoretical and practical concerns. (Fox, B., & Worts, D. 1999)

Within the quote above, notice the explanation does not include birth's impact on the mother's life and speaks only in terms of important theoretical and practical concerns. Existing literature on motherhood and childbirth abounds with elevated language describing optimal attachment or inhibited contact, as if science seems to capture better than narrative what is worthy of import. However, language used by mothers, in this study and others cited, does not include such jargon. Birth in this quote has been characterized as an event of academic observation and in practice has been molded into a medical procedure not always attuned to the needs of laboring women. Ina May Gaskin, a renowned midwife and birth advocate, attributes this to the West's fundamental understanding of childbirth as a life-threatening problem requiring medical interventions to ensure the safety of mother and child (2011). The following narratives offer a perspective that stands in contrast to earlier research.

Birth is a distinctly personal experience and unique to each woman. Therefore, control during the birth process is critical to mothers, but not to all. Past studies (Fox & Wort 1999, Brunton G, Wiggins M, Oakley A 2011) cite a laboring mother's amount of social support during birth and ongoing expected support in caring for her infant as key indicators of how a woman will approach birth. Mothers in both studies (Fox & Wort 1999, Oakley 1980) who had significant support from husband, friends, or family commented positively on their birthing experiences. These findings indicate a mother is less likely to supplement with medical support when faced with painful contractions if she has sufficient social support during labor.

Implementing a sociological approach, Entwisle and Doering (1980) conducted 120 interviews with couples after the birth of their first child and found a woman's experience of birth is enhanced by physical and mental awareness during labor. The implication here being, the fewer medical interventions interfering with or dulling a laboring woman's experience, the more satisfying an experience the new mother will have. Entwisle and Doering's work concluded that less medication allows for a laboring woman to feel more in control of her birth process and thus to have a more meaningful experience. It follows that the reverse effect can be considered true. When a laboring woman receives multiple medical interventions, she will lose degrees of awareness and thus will not feel she has control over the procedures being performed on her.

Interestingly, a critical review done in 1999, found work assessing pain during labor to be lacking if not absent in social-science literature. (Fox, B., & Worts, D., 1999) My contemporary review of childbirth studies revealed significant work has been done since. The literature now includes studies of how memory of labor pain impacts mothers, how contextual factors shape pain, the language mothers use to convey pain, pain's effect on a woman's satisfaction with childbirth (Niven, C. A., & Murphy-Black 2001; Hodnett, E. 2002; Whitburn, L. Y., Jones, L. E.,

Davey, M., & Small, R. 2017; Power, S., Bogossian, F. E., Sussex, R., & Strong, J. 2017). These studies collectively conclude birth environment largely influences the perspective a woman has on her pain. Also, they conclude effective coping is more likely if a laboring woman can interpret pain as purposeful and productive rather than overwhelming or threatening. Data suggests labor pain is largely influenced by the meaning woman ascribe to it. (Whitburn, L. Y., Jones, L. E., Davey, M., & Small, R. 2017). Similarly, Gaskin asserts that birthing mother's caregivers aid in supporting mom by affirming efforts and normalizing pain which help her to assign positive meaning to labor pain. (Gaskin, I. M. 2011) Emerging from this subset of research is an assertion that pain is less influential than attitudes and support techniques of caregivers on mother's reported satisfaction with her birth experience.

As reflected by women surveyed in this study, Western mothers do not shun medical interventions. In fact, "Although some women are alienated by their experience of medicalized birth, many women across social classes welcome medical intervention, if not management, and are quite satisfied with hospital deliveries" (Fox, B., & Worts, D., 1999). Childbirth is painful, thus epidurals, forceps births, and Caesarian sections are readily approved by birthing mothers and widely accepted as routine procedures. This seems to negate feminist critique of medicalized birth as an unnecessary intervention into a natural process. (Fox and Worts 1999) How then does a critique of medical intervention support itself if mother's experiences are positive even as they relinquish personal control to medical personnel and protocol? Fox and Worts (1999) call into question the immediate social context within which mothers are birthing. Their analysis of birthing mothers' agency within hospital settings concludes any support or service received in a hospital setting ends abruptly after birth. Thus, if a mother's need for support and not control is

the primary indicator of a positive birth experience, then highly medicalized birth procedures are not always conducive to personalized support during labor.

Past researchers have critiqued mothers' acceptance of medical intervention as cause for unpleasant, isolating birth experiences rather than contextualizing birth plans within normalized birthing practices. A woman whose mother gave birth in a hospital and whose grandmother gave birth in a hospital should not be critiqued for using the same method. It will likely be her mother and grandmother, women who have only given birth with the aid of medical interventions, who are supporting and advising her in her labor choices. Rather than condemning women who birth using interventions as endorsers of the medicalization of birth, I argue giving birth in a hospital setting is now a continuance of tradition.

Ina May Gaskin criticizes the global trend towards medicalized birth, particularly the rise in Caesarians, as a missed opportunity for women to explore the deepest parts of themselves, to experience and learn from, unaided, the power of birth. Gaskin's advocacy for less medicalized birth is nonreligious. She asserts birth can be one of the most empowering experiences of a woman's lifetime, "an event that shakes and shapes her to her innermost core" (2011, pg. 1). Gaskin interprets the rising number of medically aided births as a reflection of increasing lack of trust in the capabilities of the female body, a rising faith in technology caused by a desire to avoid pain, and a decline in communal support in the realms of childbirth and childcare. Gaskin stresses necessary interventions never be denied to laboring women, but she is firm in asserting many medical interventions are unnecessary and prevent women from experiencing the power of birth and the capability of their bodies to bring life into the world. She argues it is essential for any society that its mothers experience and grow from the transformative event of birth in a fully

conscious way. Gaskin's work is important, as it introduces the concept of birth as a natural, sacred act rather than a hazardous medical procedure performed in line with hospital protocols.

**Regional Influence and Caesarean Rates**

Statistical data reflecting infant mortality and Caesarian birth rates has been collected by the National Center for Health Statistics over several decades (Martin JA, Hamilton BE, Osterman MJK 2017; MacDorman MF, Hoyert DL, Mathews TJ 2013; Menacker F, Hamilton BE 2010; Osterman MJK, Martin JA 2013).

> In 2007, approximately 1.4 million women had a caesarean birth, representing 32% of all births, the highest rate ever recorded in the United States and higher than rates in most industrialized countries. From 1996 to 2007, caesarean rates increased for all women, regardless of age, race and Hispanic origin, or state of residence. In 2006, cesarean delivery was the most frequently performed surgical procedure in U.S. hospitals... In addition to clinical reasons, nonmedical factors suggested for the widespread and continuing rise of cesarean rate may include maternal demographic characteristics (e.g. older maternal age), physician practice patterns, maternal choice, more conservative practice guidelines, and legal pressures. (Menacker F, Hamilton BE 2010)

The data is unambiguous: medical interventions are on the rise throughout the United States. However, a summary of previously mentioned studies reflects Louisiana has a caesarian delivery rate of 33.8-38.2, compared to an approximate national average of 32% (Martin JA, Hamilton BE, Osterman MJK 2017). Indeed, in national ranking, Louisiana is second only to Mississippi in caesarean deliveries. Therefore, as my research was conducted in a state with especially high rates of childbirth interventions, it is entirely possible that birth narratives in this study reflect a disproportionally high rate of interventions to that of other regions in the United States.

My work can only speak to the demographic to which I distributed surveys. As a uniquely personal field of study, I do not want to over generalize the lived experiences of mothers with whom I worked. My findings only apply to those cities I surveyed. The method by which this survey was distributed prevented the participant population from being controlled, thus no conclusions specific to class, ethnicity, or age can be drawn.

**Research Population.**

Participating mothers ranged in age from twenty-nine to seventy-seven. Eighty-four percent of surveyed women fell within an age range 30-59. With a majority of those women falling between the ages of forty-seven and fifty-nine. Three women were above the age of sixty and one was below the age of thirty. Based upon answers to a section in the survey about occupation, most participants hold a minimum of a bachelor's degree. There was no section to list race or income level. Of the twenty-five participants, seven had given birth once, nine women had given birth twice, and nine had given birth three or more times. Women were encouraged to describe each birth if they had multiples and to describe any experienced changes or differences between their first childbirth and later labors. Participants older than sixty birthed along different medical protocols than women birthed more recently. Twenty women were contacted through a delivery nurse living in the Shreveport- Bossier City area and five were contacted through a doula working in Baton Rouge.

**Methods**

This study is based upon survey responses from twenty-five mothers describing forty-five births. Self-reflective surveys allowed for a phenomenological approach to motherhood. Due to the nature of the questions, mothers were given space to articulate, in detail, meaning they themselves created around their birthing experiences. The survey intentionally uses non-leading

questions so as to avoid influencing mothers' narratives. The goal was to question mothers about their experiences in a way which allowed them to emphasize personally meaningful elements within their narrative. Those details which were emphasized most frequently among surveyed women form the basis of this thesis.

In conducting this research, I distributed a nine-part survey to randomly selected mothers living in three of Louisiana's cities; Shreveport, Baton Rouge, and Bossier City. In the process of locating participants I contacted doulas and delivery nurses in hopes of connecting with mothers they had previously worked with. These were doulas and nurses I had previously established rapport with while working on another project. These contacts attained permission from mothers they knew and I then forwarded on a digital version of the survey used in this study. I did not meet face to face with the women who participated in this study, but rather communicated through email and Facebook. Participants themselves were encouraged to forward the survey to other women and thus the survey was distributed digitally through email chains. Each participant received the same survey, completed it, and then forwarded it back to me. Some women chose to handwrite their responses and mail their surveys.

Surveys were first categorized based upon what details were emphasized within their birth story. Some women's narratives begin before the actual act of labor and some include details after returning home. I noted the frequencies at which descriptions of family support, environmental influences, supportive medical personnel, pain, spiritual experiences, and medical interventions appeared within each description. Here, commonalties among the collected surveys emerged.

Surveys were categorized based upon what advice women reported receiving before giving birth and what advise they themselves would pass along having experienced childbirth.

Advice pertained to emotional aspects of mothering, functional tips, and birthing methods. I noted the frequency that women reported being advised on the act of child labor and focused on which advice women described as preparatory for laboring. The findings from this categorization are the basis for my assertions about oral traditions which contribute to the medicalization of birth.

All the collected narratives orientated around a progression of medical procedures. That is to say, each woman centered her birth narrative around the medical interventions she did, or in some cases, did not receive. A third categorization of the survey separated narratives based upon birthing method and which interventions were specifically mentioned. Categories of method and intervention included: vaginal birth with epidural, vaginal birth without interventions, vaginal birth, but unclear whether epidural was present, vaginal birth with other form of interventions, caesarean birth. A sample of the survey sent out can be seen in Appendix A.

The method of analysis used within this study is dependent upon the assumption that when asked to describe her experiences of childbirth, a woman will retell the components of her experience which she perceives to have strongly influenced her birth and those components to which she has attached the most meaning, as these are the details which come to mind even years after labor. Rituals occurring before and after childbirth such as baby showers, baptisms, and naming ceremonies are meaningful events, but this study focuses on the actual event of child labor. Questions included in this survey give space for mothers to convey self-assigned meaning without specifically inquiring about medical interventions, spiritual experiences, labor pains, or any other component of childbirth. My goal was to assess how women speak about birth and in turn how that speech influences the act of birth itself.

During the course of this research I participated in a 30-hour birth worker training. This experience was enlightening as it allowed me the opportunity to commune with thirty birth enthusiasts, some mothers themselves and some not. The purpose of the training is to acquire the skills to support a laboring woman in hospital of home settings. The experience of this training certainly influenced the way I have written about birth.

**Discussion and Findings**

Collecting narratives and personal reflections of mothers as primary sources, reflecting contemporary and recent birth trends in Louisiana, three observations have become clear: contemporary norms surrounding birth have evolved to accommodate medical interventions; women within my studied demographic did not reflect upon their birth experiences as ritualistic; the medicalization of childbirth leaves little room for rituality during the act of birth and thus misses an essential moment in human experience for self-reflection, meaning making, and communal celebration of new life. Anthropologist Victor Turner (1973) defines ritual as a stereotyped sequence of activities performed in a specific place in order to influence preternatural forces on behalf of the participants' goals. Turner asserts contingent rituals are performed at key life-events such as death and childbirth. The purpose being to acknowledge the passage from one phase in an individual's life-cycle to another. Using this definition of ritual, I assert that though the mothers surveyed in this study performed sequenced activities within the frame of medical protocol, their narratives do not reflect that these acts were performed with the intention of influencing preternatural forces. Rather, the prevalence of medical procedures within the collected birth narratives is a reflection of the centrality of interventions within contemporary and recent birth trends and discourse.

Another component of Turner's (1973) definition of ritual is liminality. Liminality is frequently likened to being in the womb; a symbolic position betwixt time and place. The birth of a child then marks the end of the infant's liminal stage before entering the world as well as the woman's liminal stage before motherhood. A woman's first experience of childbirth marks her entry into motherhood and thus serves as the rite of passage into maternal thinking (Ruddick 2002) and maternal social status. In order to preserve participants' anonymity, I use initials to indicate direct citations. The following quote from CW illustrates the transformative effect giving birth had on her perception of herself and the outside world:

> I grew up expecting to be a mother and didn't consider myself an adult until I had children… When I gave birth to my first child, I realized that my reason for existing was tied to this new baby. I began to take better care of my health because this baby needed me to care for him. On my first excursion after he was born, I looked around at all the people in the area and knew how precious each was. A woman had gone through the same process of birthing as I had for each of those people to exist.

Here, CW (Personal Communications, 02/14/2018) links her transition into adulthood to the act of giving birth. She does not consider herself to be a woman until she performed the rite of childbirth. CW's description of the connection she felt with humanity after birthing her first child is echoed within other women's narratives. This experience of connecting with humanity symbolizes CW's entry into the world of motherhood. Over half of the surveyed women describe experiences similar to CW's, illustrating the transformative power of motherhood. However, these experiences take place after mothers leave the hospital, not during the act of childbirth. Therefore, in the absence of rituality in labor rooms, motherhood not childbirth ends the liminal stage of pregnancy.

Medical interventions are perceived by American women to be necessary, mandatory, or inevitable in ensuring health of mother and baby (Davis-Floyd 1998). Thus, alternative birth practices and un-medicated childbirth have been *othered*. I label alternative options as *othered*

because only 3 of 25 moms sought to birth naturally and only 1 of 25 opted to birth at home. Interventions allow a certain degree of control over the process of childbirth which can be frightening as there is a lot of unknown evolved in the process. Inductions allow control over when labor will begin. Pitocin speeds the laboring process up and scheduled caesarian deliveries allow women to decided not to go through child labor. Feeling in control of procedures and one's body during labor may be contributing to the rise of medical interventions. When reflecting upon their birth experiences mothers describe medical interventions, punctuating their narratives with ultrasounds, timing of induction, administering of epidural, and in some cases progression to caesarian. Spiritual language is absent from these descriptions.

The experiences of mothers within my demographically-delimited study are opposite from those in Klassen's (2001) work. Klassen interviewed mothers who intentionally birthed at home in order to perform birth as a sacred event. Klassen's mothers did not use medical interventions unless an emergency arose. None of the mothers participating in this survey referred to childbirth as a sacred event. I argue that the use of technological interventions in the realm of maternal healthcare has led to faith in technology over faith in the abilities of the female body to birth and a divine source to deliver her safely through that birth.

The home has been replaced by the hospital as the normative location of birth. Contemporary practices surrounding birth now anticipate medical interventions. Birthing in a hospital has become an unquestioned norm for multiple generations and thus now serves as the West's dominant model of birth. I documented narratives from three generations of American women. Starting with the 1940s, all of them had the option to give birth in hospital settings. Thus, oral traditions, that provide guidance and shape expectations for women's first experiences of labor, now consist predominantly of narratives set in a hospital. I include only a few quotes

here to make my point, but each survey expressed a normalized attitude towards medical interventions.

I definitely had the expectation with my first that I would go into labor and once the pain started I would get an epidural and then have a vaginal birth - very " by the book" so to speak… My other three children were scheduled C-sections so their births were all pretty similar. I would check into the hospital 2 hours before the scheduled time, get prepped and then taken back to the operating room. (LZ, Personal Communications, 02/26/2018)

"I even remember telling my OB physician that I could sell epidurals for him, due to the difference it had made in my labor experience" (KE, Personal Communications, 02/18/2018).

"I was a PICU nurse at the time, so most of my co-workers got epidurals, so there was fear from them about birth, pain, and having a homebirth" (MEY, Personal Communications, 02/06/2018).

As expressed in the above quotes, oral tradition around birth stories and advice reflects language that encourages medical interventions during labor. Repeatedly mothers cited fear of pain as motivation to accept an epidural or other form of intervention. This fear was intensified by warnings received from other women, traumatizing birth stories, and affirming praise for epidurals. Prior to the hospitalization of birth, stories, advice, and knowledge shared among women would have consisted of home birth narratives. Mothers surveyed did not report receiving any knowledge or advice that encouraged them, let alone would have prepared them, to birth at home. This lack of discussion of alternative birthing methods highlights the growing division of knowledge between hospital personnel and lay women that I presume will grow as living memory of home birth disappears over time. Also highlighted is the dominance of medicalized birth as practice and tradition over natural birth. Not only has the location of birth shifted, oral traditions and events deemed noteworthy during labor (induction, use of Pitocin, administering of epidural, or scheduled C-section) have constructed a new tradition centering around hospitalized birth.

Religious Studies scholar Catherine Bell, states that ritual must be framed within past practice and current discourse. Therefore, oral traditions of storytelling and conveying of knowledge from one generation to the next are essential when discussing childbirth rituals. Interestingly, six of the surveyed women reported receiving little or no advice during a first pregnancy. Only three women specifically mentioned their own mothers' role as an advisor during labor. For the majority of women surveyed physicians, nurses, and midwives served as the primary sources of knowledge during labor. The following quote gives an example of maternal advice which encourages trust in physicians' knowledge, but provides little insight on the actual experience of childbirth.

> My mom told me always get the epidural, and listen to my Dr. I didn't get much other advice while pregnant with number one... I had no idea what birth was like, so I was scared and didn't really know what to expect except pain with my oldest. (L.C. Personal Communications, 02/07/2018)

Anthropologists Jack Goody and Ian Watt's definition of oral tradition provide the context within which I considered the implications of birth narratives as oral tradition. In their essay, "The Consequences of Literacy"(1963), Goody and Watt assert that customary behaviors are partially communicated by verbal means and partially passed along by direct imitation. However, "the most significant elements of any human culture are undoubtedly channeled through words, and reside in the particular range of meanings and attitudes which members of any society attach their verbal symbols. These habits effect what we habitually think of as customary behavior." Birth being a significant component of the human experience, it follows that stories told about birth can be used to observe social norms surrounding birth and birth trends because they simultaneously describe, influence, and perpetuate the trends themselves. Therefore, it can be assumed that the reoccurring theme of medical interventions within the narratives collected will be passed along to the next generation of mothers.

Though birth has formerly held ritualistic status (Davis-Floyd, 1998), the women I surveyed do not reflect upon their birthing experiences as such. The following quotes (some summarized) document 7 of 25 mothers surveyed in this study whose narratives contained religious discourse. The remaining eighteen women did not use spiritual language. Interesting to note, though faith was tied to purpose in life and personal fulfillment found through motherhood, religious language was absent when mothers described the actual act of childbirth. Bolded questions were formulated specifically for the purpose of this study by me.

**Do you identify as a mother? If yes, what does that mean to you?**
Yes, I identify as a mother. It means a gift from the Lord to raise up to be loving, caring, successful, and hardworking, God fearing
**Below, please share your birth story/stories. If you have multiple, by all means share them all!**
My 2nd and 3rd children were delivered with a midwife resulting in very helpful and peaceful delivery's as well as my epidurals working.
**Having given birth, do you see yourself differently? Do you see anything else in a substantially different way – What and Why?**
I have purpose now where before not so much.
**What advice would you give to a woman who is about to become a mother?**
It really does go by so quickly and they are only small for such a short period in time.
Put God first and ask his protection and guidance over your lives. (CR, Personal Communications, 02/23/2018)

**Below, please share your birth story/stories. If you have multiple, by all means share them all!**
The hospital's practice was not to give any medications unless there were complications during labor. That being said, my labor was very painful and lasted most of the day… My second child's labor and delivery was the opposite of my first experience with labor. Like the first time, I was sent home from the hospital with false labor, but returned later that day in active labor. I was given an epidural after dilating to 5 centimeters, so my labor pains were completely tolerable. … Different from the births of my first two children, this delivery was scheduled the day following my actual due date. I was a bit anxious about how long the labor phase would be if I had to be induced in the hospital, but it wasn't terribly long and once again, I was able to enjoy the laboring phase because of the epidural.
**Having given birth, do you see yourself differently? Do you see anything else in a substantially different way- What and Why?**
As a Christ-follower, my children's relationship with Jesus and their commitment to Him has always been very important to me and now that I have grandchildren, my desire and prayer for each of them is to know and trust Jesus in every aspect of their life

**What advice would you give to a woman who is about to become a mother?**
Motherhood is exhausting, rewarding, stressful, difficult, exhilarating… and the most wonderful gift from God this side of heaven. For anyone who is fortunate enough to be a mother, or a mother-figure to a child, you are blessed beyond measure and you have been given a big responsibility… as well a beautiful opportunity to experience unconditional love. (KE, Personal Communications, 02/18/2018)

**Do you identify as a mother? If yes, what does that mean to you?**
It is deep feelings that sometimes you cannot truly explain. It is the feelings you have deep inside your heart and body and mind that no one can ever feel or touch. Becoming a mother is the most rewarding accomplishment that I have ever achieved out of any other achievement I ever earned. All achievements are rewarding in its own way. To show or prove those achievements are usually made up of materialistic things that anyone can touch, feel, or see. To me being a mother is somewhat like a spiritual feeling which is absolutely nothing materialistic.
**Below, please share your birth story/stories. If you have multiple, by all means share them all!**
I had my oldest child, still in high school, living in a fairy tale, etc.… Most of the time we all know how that usually turns out. I have to say I really did not enjoy this pregnancy due to the situation however, when I went in to deliver her she was breech so I had to have a Cesarean… I had my second child when I was 35 and had a wonderful pregnancy without any complications. I had my third child when I was 39, had to have a cesarean with him only because he took in meconium while in womb so I agreed because I wanted my baby to be okay. (TK, Personal Communications, 02/12/2018)

**Below, please share your birth story/stories. If you have multiple, by all means share them all!**
I was in labor almost 24 hours with my first child. I did not understand the birthing process and was unprepared for the pain I felt. I was undedicated throughout my labor and then moments prior to the actual birth, a gas mask was placed over my face, rendering me unconscious. So, after feeling all the pain, I was deprived of the actual birth experience. I woke in the recovery room and was told that my baby was born. I also learned the sex of the baby. This happened for each of my three pregnancies.
**Having given birth, do you see yourself differently? Do you see anything else in a substantially different way – What and Why?**
When I gave birth to my first child, I realized that my reason for existing was tied to this new baby. I began to take better care of my health because this baby needed me to care for him. On my first excursion after he was born, I looked around at all the people in the area and knew how precious each was. A woman had gone through the same process of birthing as I had for each of those people to exist. It seemed miraculous and sacred. (CW, Personal Communications, 02/14/2018)

Although some mothers expressed religiosity or spirituality within their reflections, the act of

birth was not experienced as profoundly enlightening and only one out of twenty-five women

cited divine support during labor. Women referenced motherhood, rather than childbirth as a Godly or spiritual experience. The centralization of medical intervention within the surveyed mothers' narratives seems to indicate a shift away from rituality towards hospital protocols during labor. This is not to say the birthing experiences of the mothers surveyed were not profound and their duties of motherhood are not sacred. With the exception of one, all participants described motherhood as an enlightening experience. However, without the intentional participation of mother and her network in said ritual, the argument rests on theory and manipulations of definitions, not lived experience.

Combining the prior two arguments, I conclude hospitalization and thus medicalization of childbirth without incorporating forms of rituality misses an essential moment in human experience for self-reflection, meaning making, and communal celebration of life. I use the following quote as an example of how medical interventions with no ritual dimension produced an experience of little significance for one mother.

**Below, please share your birth story/stories. If you have multiple, by all means share them all!**
Labor was uneventful and fast. Once pushing started, pushed through a handful of contractions and done. Second one was even easier – I opted for the epidural off the bat that time! Once they had me "push once to test" they told me to stop immediately because baby was coming! Hah! They got doctor and I pushed through even less contractions than with the first.
**Having given birth, do you see yourself differently? Do you see anything else in a substantially different way- What and Why?**
As in the actual act of giving birth change my outlook of myself? No. Not really. I've had other very significant things I've handled myself that changed my outlook of myself (As in "I can handle anything now") more so than birth. (HG, Personal Communications, 3/19/18)

All mothers need not experience a profound shift in identity during childbirth, but I argue that H.G.'s use of medical interventions increased the likelihood that her numbed experience of childbirth would be uneventful physiologically and spiritually.

Medical interventions provide essential assistance which decrease mortality rates of both mothers and infants. Thus, my goal is not to dissuade their use, but rather to call attention to the decline of ritualistic practices within the dominant model of birth in Louisiana.

**Conclusion**

Rituality surrounding the act of childbirth has faded as medical interventions becomes more commonplace. Scheduled caesarian births leave little room for spontaneous performance and epidurals numb a laboring woman's lower body which prevents mobility and feeling. The experience of childbirth then becomes the experience of medical procedures. The frequency of medical interventions during childbirth is on the rise in the United States and thus I predict rituality will continue to fade from custom. However, narratives, as representations of social norms surrounding childbirth, collected here clearly denote motherhood as a sacred status and event. The act of mothering then becomes the rite of passage into motherhood rather than childbirth, as eliminating the pain of childbirth demoted it to a common place procedure. My analysis of these narratives concludes motherhood remains a sacred event, but in the wake of numbing medical interventions, childbirth has become uneventful.

**Limitations, Contributions, Avenues for Future Research.**

My conclusions are interpretations of others' lived experiences and thus are influenced by personal biases I bring to the analysis. Digital surveys allowed participating mothers adequate time to reflect upon their birth experiences and then to articulate self-assigned meaning. Therefore, I feel I have assessed themes without hypothesizing meaning. This survey was limited to the number of mothers reached through the available digital network. Because all participants live in cities, this study is not reflective of rural birth trends. A larger survey of

women, living in both rural and urban settings would allow for a more complete understanding of birth trends in Louisiana.

For the most part I am satisfied with the survey distributed to participants. Having completed my research, I feel more in-depth questions, follow-up surveys, or face-to-face interviews would have facilitated deeper understanding of surveyed mothers' experiences. An avenue for future research could expand upon the lack of rituality I have established by questioning further how natural birth is perceived in contemporary and recent America. Is natural birth a form of resistance to a culture which has become dependent upon technology, science, and patriarchy?

**Appendix A.**

Hello!

I want to start off by thanking you for willingly participating in this project. Below is a consent agreement that that you will need to sign in order to ensure transparency and professionalism.

The purpose of this survey is to record your personal experience surrounding motherhood. This voluntary interview is part of a larger project documenting the transitional stage from maiden to mother. This project may not directly benefit you, but you may gain clarity and insight through self-reflection from this opportunity to share your experience(s) and contribute to the collection of information that I will be gathering about this transformation in women's lives. Most likely this survey will take about 45 minutes or less of your time. Your information will be listed in the final project index, but will not be released to any researchers or professionals outside of myself, Carly Wayt. However, stories changed with appropriate pseudonyms, may be used for educational purposes and research by myself, Carly Wayt, and may be included in future publications. By consenting to this agreement, you grant ownership of the physical property of this survey to Carly Wayt.

I have read the consent agreement above and accept its terms:
Digital Signature_____ Date _____ EMAIL _____

Keep in mind, the more open and detailed your answers, the better, but please do not feel pressured to share something you do not wish to. Write as much or as little as you like. Write a small book if you like! You are telling your story here so there is no right or wrong, simply your experience. When you finish, please save the document as a PDF and send it to cwayt1@lsu.edu.

Name: _____ Date: _____ Number of Children: ____

DOB: _____ Occupation? _____

Name, sex, DOB of Children:

- 
- 
- 

Do you identify as a mother? If yes, what does that mean to you?

Below, please share your birth story/stories. If you have multiple, by all means share them all!

What advice did you receive from other women upon becoming pregnant or giving birth?

Did you have expectations or apprehensions about giving birth for the first time? Second, third, etc. times?

Was your first experience with birth significantly different from latter births? How so?

When did motherhood truly sink in for you? Be specific here, was it during pregnancy, labor, or after your birth experience(s)?

Having given birth, do you see yourself differently? Do you see anything else in a substantially different way – What and Why?

What has been the most enjoyable aspect of becoming a mother?

What advice would you give to a woman who is about to become a mother?

**Appendix B.** Archived Narratives List

A complete collection of surveys collected over the course of this study can be found in the drobox cited below.

"Archived Narratives" collected by Carly Wayt
https://paper.dropbox.com/doc/Archived-Narratives-8jkAVjxVk6rOCdu8Opugn

| Narrative # | Date Received | Initials of Participant |
|---|---|---|
| 1 | 02/08/2018 | PB |
| 2 | 02/07/2018 | LC |
| 3 | 02/14/2018 | DAE |
| 4 | 02/18/2018 | KE |
| 5 | 03/19/2018 | HG |
| 6 | 03/22/2018 | HK |
| 7 | 03/07/2018 | JK |
| 8 | 02/12/2018 | TK |
| 9 | 03/21/2018 | MMM |
| 10 | 02/18/2018 | RM |
| 11 | 03/08/2018 | SN |
| 12 | 02/13/2018 | KO |
| 13 | 02/22/2018 | KR |
| 14 | 02/09/2018 | PR |
| 15 | 02/23/2018 | CR |
| 16 | 02/26/2018 | BR |
| 17 | 02/14/2018 | AS |
| 18 | 02/22/2018 | LS |
| 19 | 03/27/2018 | MS |
| 20 | 02/14/2018 | CW |
| 21 | 02/20/2018 | VW |
| 22 | 02/12/2018 | LW |
| 23 | 02/06/2018 | MEY |
| 24 | 02/09/2018 | LY |
| 25 | 02/26/2018 | LZ |

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