

Changing the narrative around childbirth: whose responsibility is it?

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The authors are grateful to the midwives who gave their time to discuss this topic and share their experiences. The study was conducted without external funding, but with the assistance of internal funds from Bournemouth University to support the student research assistant.

Abstract

Background. There has been growing interest in all aspects of childbirth, which is reflected in social and traditional media. Stories often focus on dramatic, risky and mostly unrealistic events, misrepresenting childbirth and maternity care professionals. The question is whose responsibility is it to ensure accurate representations of childbirth?

Methods. Semi-structured in-depth interviews were conducted with ten midwives working in different UK settings: the NHS, higher education, and independent practice. Participants were purposively selected based on their place of practice, years of experience and views on the relationship between the media and midwifery/maternity care. Data were analysed using a thematic approach.

Findings. Four separate but inter-related themes arose from the interviews: ‘not my responsibility’; ‘fear of retribution’; ‘power balance’; and ‘social media’. The themes sat within two wider societal issues that reflect the current challenges for midwifery: (a) the ongoing battle between the social and the medical models of childbirth; and (b) the impact of gender.

Implications for practice. The finding that midwives fear the media resonates with experiences from a number of countries and professional groups. There is a need to change media discourse in fictional and factual representations of childbirth, and midwives have a critical role to play in this, but to do this they need to equip themselves with the skills necessary to engage with the media. Guidelines on responsible media reporting could ensure that media producers portray pregnancy, midwifery and maternity care as naturally as possible.

Key words: Childbirth, midwives, media engagement, social media, evidence-based midwifery

Introduction

The last decade has seen a growth in programmes portraying pregnancy and childbirth on television in several English-speaking countries – for example, *Call the Midwife* and *Sixteen and Pregnant*.

However, midwives and the media do not always agree about the way childbirth should be represented.

Midwives frequently blame the media, both fictional and factual, for inaccurate representations of birth that they suggest lead to rising rates of interventions such as caesarean section (Hundley et al, 2015). There is evidence that childbirth on television is shown in a dramatic and medicalised way, and that normal birth is missing in the popular media (Luce et al, 2016; Morris and McInerney, 2010). Similar representations have been found in newspapers, where stories tend to focus on dramatic and risky events, mostly unrealistic (MacLean, 2014). For example, the popular UK television show *One Born Every Minute* is argued to misrepresent the midwifery profession (Roberts et al, 2017).

The question is: whose responsibility is it to ensure accurate representations of childbirth and the professionals providing care at the time of birth?

One could argue that media and healthcare professionals

should share the responsibility, but healthcare professionals are the ones with the inside knowledge and experience. Thus media producers and journalists could be defended for not knowing about childbirth, other than what they learn through social exposure. In addition, journalists have a need to report in an interesting and engaging manner. As such, a dramatic angle often provides a hook on which to draw in the reader (Allan, 2010). There has been significant debate about whether health reporting requires a more balanced approach than other areas of the news (Hundley et al, 2014; Schwitzer et al, 2005). Guidelines have been drawn up to assist the media in reporting sensitive areas such as suicide, domestic violence and mental health (Tallon 2019; Zero Tolerance, 2018; WHO and IASP 2017) and it has been suggested that similar guidelines are needed in relation to birth (Hundley et al, 2014). However, in order to report responsibly, journalists need access to accurate information about the topic (Luce 2016, 2013) and it could be argued that health professionals have a duty to engage with the media in order to make this information available (Hundley et al, 2014).

Some maternity organisations are engaging with the media, for example, providing media kits that detail information about birth (American College of Nurse Midwives, 2019;

New Zealand College of Midwives, 2016), while others have media centres (The Royal College of Midwives, 2019). However, this could still be argued to be a form of passive interaction. Media advocacy is widely recognised in industry as a means of conveying a company's objectives or promoting a particular cause. However, in health such interactions have been limited to public health messaging (Wakefield et al, 2010) rather than being seen as a mechanism for changing the perceptions about health services or care. In a number of countries health professionals are generally discouraged from engaging with the media (The Royal College of Midwives, 2014), and there is evidence that hospitals (Laja, 2011) and regulatory bodies, such as US Boards of Nursing (Cronquist and Spector, 2011), have taken action against staff for improper use of social media, which further discourages engagement.

With this backdrop we set out to explore midwives' views and experiences of engaging with the media. Previous research has examined how midwives view the way that the media represents childbirth and the impact that they believe this has on women (Luce et al, 2017). This paper focuses specifically on midwives' views of responsibility for reporting and their views of engaging with the media.

Methods

This qualitative study used semi-structured in-depth interviews (Flick, 1998), conducted with ten midwives working in different UK settings across the NHS, higher education and independent practice.

Participants were purposively selected based on their place of practice, experience (ranging from one to 35 years) and views of the relationship between the media and midwifery/maternity care (for example, we selected two midwives who we knew engaged with Twitter and one who had participated in a radio interview). Participants' ages ranged from 28 to 63 (one participant chose not to disclose her age), with those working in higher education tending to be older and to have been qualified for longer. All participants were educated to graduate level, with a few educated to post-graduate levels.

Ethical approval was obtained from Bournemouth University's Science, Technology and Health Research Ethics Panel. Participants were provided with information about the study and consent was obtained.

Interviews were conducted one-to-one by Sophie Edlund, the student research assistant, who has a background in communication and media studies. None of the participants were known to her in advance of the interview. The interview schedule contained questions on the interviewees' demographics, their work experience as a midwife, their perception of the portrayal of childbirth in the media, and how they as midwives were affected by the media representations of midwifery. Follow-up questions and prompts were used as and when appropriate. Participants were offered a choice of location for the interview, most chose a quiet room on the university campus. Interviews were audio-recorded (with permission) and were transcribed (Bailey, 2008).

Data were analysed using a thematic approach (Forrest Keenan et al, 2005). All ten transcripts were read and

coded thematically, independently by all authors. Any discrepancies and difference of opinion regarding the coding were discussed and incorporated into the analysis. Quotes are used in the text below to illustrate the key themes. Unique identifiers are used to link quotes to particular interviewees (Pitchforth et al, 2005).

Findings

The qualitative analysis indicated that there were four separate but inter-related themes: 'not my responsibility', 'fear of retribution', 'power balance' and 'social media'. These themes reflected two wider societal issues, the so-called 'social/medical model of pregnancy and childbirth' and 'gender'.

Not my responsibility

Despite feeling that the media misrepresented birth and midwives, participants felt strongly that it was not their responsibility to correct these inaccuracies:

"If I wanted to go on telly [television] I would be an actress. I'm not craving that sort of attention." (Participant 2).

Others were very suspicious about the reasons why someone would engage with the media, suggesting there was usually an ulterior motive:

"The less I engage with them the better. I just think they're out for their own ends, whether that's politicians, and maybe you get used to that in your job, but it's [talking to the press] not a pressure that you should have, being a midwife." (Participant 7).

Participants tended to see media engagement as something that should be done by senior managers, for example:

"I think midwives of a certain level should... midwives, on a fairly senior position should really be thinking about those issues." (Participant 3).

Or, they suggested, it was a role for leaders in the Royal College of Midwives (RCM), the professional organisation for midwives in the UK:

"I don't think I want to do it. No, I think it's better to use people that are very good at it, like Cathy Warwick [RCM CEO of at the time of the interview], you know people from the RCM. They are very skilled in their communication, and we have elected [sic] her, so I'd like her to speak for me. It's a union so I think that's more appropriate. I mean, if someone's got talent for expressing themselves, great, I don't think that it's really me." (Participant 2).

Fear of retribution

Some midwives felt that they could be doing more but had reservations about being judged or getting 'into trouble' if they spoke out:

"Certainly midwives ought to be out there doing more media I think. I've always felt that really and putting the right message across. However, it's not politically acceptable." (Participant 8).

Some participants suggested that training would perhaps help to overcome the barriers of speaking to the media:

"I would like to talk to the media if I had training on it, but I don't have and I don't feel comfortable... I don't

want to say something that might get me into trouble.” (Participant 4).

Employers were frequently cited as controlling access to the media:

“We can’t ever bring our employer into disrepute. So, it would be risky to speak to a reporter, say, because they might twist what you say and we have to communicate through our communications department, which I think is fair enough.” (Participant 2).

Midwives were quick to mention occasions where others had got themselves into trouble with their employer:

“I know a midwife that talked out of turn a number of years ago and got into so much trouble. She was criticising the Trust [hospital organisation]... I’m sure that it’s written somewhere in the policies within the Trust about media and your involvement, that you just shouldn’t talk to them, you need to seek advice” (Participant 6).

The threat of the involvement of the regulatory body was raised by one midwife:

“You’d have to go in front of the Nursing Midwifery Council and justify that [your words]. I’m a little bit wary about saying what I really think, because I don’t want to be brought up before my Council to say, ‘Why did you say that?’ If I wasn’t working as a midwife I would be definitely saying a lot more things, for sure... maybe speaking to the media” (Participant 1).

Power balance

Only one participant expressed the opinion that midwives should be prepared to speak to the media:

“Yeah definitely. I think that if we don’t then we can’t really complain if the media puts out the wrong stuff, stuff which is incorrect or well largely incorrect, unless we are prepared to stand up to be counted and correct it.” (Participant 5).

A number of participants stated that midwives and midwifery in general were perceived by society as being weak and that made it easy for reporters to make negative comments:

“But it’s easy to pick on a midwife in the media, because we can’t speak back. I don’t think we are perceived as having power, because if you criticise the doctors I think it would have been a different matter.” (Participant 2).

“It’s [midwifery] a small, distinct profession. It’s not very strong... although we have a union that talks for us, it’s not as strong as the voice of nurses... that’s why our voice is not heard.” (Participant 1).

Not only was midwifery regarded as a weak profession in society, some midwives recognised that opponents of the profession were very influential:

“There’s very powerful voices out there that are talking against midwifery... then you get programmes that don’t show midwives in a positive way, or they don’t show midwives at all.” (Participant 1).

In order to establish better media engagement there is a need for a good working relationship. However, midwives expressed a significant distrust of journalists:

“I know some people engage with them well, but I

only ever see the engagement on the defensive. You know, something’s happened so let’s have the midwives now try to defend themselves.” (Participant 7).

There was a fear of being misquoted:

“It is the fear that what they [midwives] would say potentially would be taken out of context, and also you’ve got data protection, confidentiality.” (Participant 9).

Or the worry that what you would say as midwife could be taken out of context:

“Things you say could be taken out of context, or could be distorted. They can take out part of your sentence and make it relate to something else entirely.” (Participant 10).

More generally, participants thought that media reporting could be of dubious quality:

“I think there is just a mistrust of the media because they are not going to understand and they twist it to make it newsworthy.” (Participant 2).

Some were very negative in the way they expressed their feeling about the way the media operated:

“You should be able to get on and do your job, and not have to deal with all the crap that the media is throwing at you all the time.” (Participant 7).

Social media

Some midwives felt more comfortable addressing misrepresentations through social media:

“If I choose to engage with media it would be social media. Well I do... amazing what you can say in 140 characters if you choose your words carefully.” (Participant 8).

However, others expressed caution:

“For example, say I put something on Facebook, even if it was in a midwives group, if it’s negative, it’s not just that comment, it’s the way other people interpret and build, and that would be a disciplinary offence to do that. We have to be very careful with our use of social media, and I think that’s fair enough, that is a good part of our framework.” (Participant 2).

Particularly, the fear that there would be a permanent record of what was said on the internet:

“Be careful what you say online, because when it’s out there it’s out there. It’s very hard to retract those words.” (Participant 1).

Stories were often used to highlight the dangers:

“Some midwives haven’t understood the rules about social media and even have lost their registration due to what they have said or done there.” (Participant 9).

And a couple of the midwives felt very strongly that it was not something midwives should engage in:

“We always say to students that they should be wary about using Facebook, and that they shouldn’t write anything that has to do with their studies, or anything that has to do with any experiences of midwifery, because it can get them into trouble... qualified midwives could lose their jobs if they put up stuff on there, so it’s a bit of a battle isn’t it?” (Participant 4).

Knowing someone else who got into trouble at work through using social media appeared to be a strong disincentive:

“No. I make sure I have nothing to do with Facebook and Twitter. I have friends who using social media have actually come a cropper and almost lost their jobs... I don't need that, so I don't use it.” (Participant 7).

Discussion

Responsible media reporting is increasingly being discussed in relation to shaping how society perceives events such as domestic violence (Zero Tolerance, 2018), and as a means of preventing imitative effects – for example, in relation to suicide (Luce, 2019; WHO, 2015; Bohanna and Wang, 2012). However, it has been suggested that while significant energy has been invested in demonstrating the link between media reporting of suicide and subsequent suicidal acts, little has been done to engage with media producers in terms of developing and shaping the stories (Luce, 2019; Pirkis and Machlin, 2013). In relation to media reporting on childbirth, there is some evidence that interventions to change the narrative in relation to childbirth can influence young women (Young and Miller, 2015).

We propose that midwives have a professional responsibility to engage with the media in order to create a balanced narrative. However, there is evidence from our study that this is something that they are not comfortable doing. The midwives in this study reported uncertainty in relation to professional boundaries and a fear that engaging with the media would put them in conflict with their employer, and possibly risk losing their license.

Such fears are not without reason, particularly in relation to social media. A 2010 survey by the National Council of State Boards of Nursing in the US found that more than three-quarters of these boards had received complaints about nurses in relation to social media and more than half had taken action against the nurse in question (Cronquist and Spector, 2011). In the UK a Freedom of Information request in 2013 indicated that nine nurses had been “found proven of misconduct due to the misuse of social media” and a third were struck off the register with a further third receiving a suspension order (Smith, 2013). An Australian study of recently graduated nurses and midwives found that the majority were very aware of the governing standards for the use of social media in their profession (Tuckett and Turner, 2016).

In order to engage with the media, midwives need to equip themselves with the skills necessary to engage with the media (Luce et al, 2017). This includes education on how to use social media effectively, on how to break through the barriers of Twitter and understand how Facebook can be harnessed to support the work midwives do, while also adhering to regulatory guidelines (Nursing Midwifery Council, 2016).

However, it is arguable that engaging with social media alone may be insufficient to change the narrative around childbirth. Midwives already have a fairly active social media presence, with one of the UK's top health-related Tweeters being a midwife, @SagefemmeSB (McCrea, 2014), and there are various groups that promote normal birth (for example, PositiveBirthMovement). This engagement with social media is clearly not permeating into the general

depiction of childbirth (Luce et al, 2016; MacLean, 2014), which may indicate that a multi-pronged approach to midwife engagement with journalists, journalism and the media is needed. Indeed a recent study indicates that less than a quarter of respondents think that social media do a good job in separating fact from fiction, compared to 44% for the traditional news media (Newman et al, 2018).

Social media should not be confused with traditional, professional media organisations that include major national newspapers, such as the *Daily Mail* or the *New York Times*, and television broadcasting organisations such as the BBC, Sky News or CNN.

Production practices between traditional media and social media are quite different. Social media alter the circulation of news from a one-way selection and presentation of news (Barnhurst and Nerone, 2001) to a network of users creating, curating and personalising the content that they share (Carlson, 2018). News is constructed by journalists who bring their own ideological baggage to their reporting: journalists ask audiences to believe their version of the ‘truth’ (Luce et al, 2016; Allan, 2010). Breed's seminal work into journalism reporting practices found that it's not just a journalist's own ideologies or belief system at work when reporting the news, but there is also the added pressure of a socially controlled newsroom, with a strict hierarchy in place that determines what stories are covered and what are not (Breed, 1955). This complicates midwives' engagement with the field of journalism.

Midwives need to understand not only how to engage with journalists, providing accurate information about childbirth and about midwifery as a profession, but they also need to influence the news agenda, which can be difficult to do when journalists have already internalised dominant societal values (Cole and Harcup, 2010).

Midwives also need to engage with fictional media producers, who are responsible for midwifery representation on reality television and soap operas. While midwives might be critical of women seeking out such programmes that often depict inaccurate representations of childbirth, we need to remember that for most women television is their only opportunity to see a birth (Luce et al, 2017). Midwives also need to engage in social media spaces, as Prasad (2013) notes: “social media is where the future is, and most importantly, that's where our patients are going to be”. A responsible and ethical approach to midwifery engagement in social media is needed, rather than a blanket culture of fear being applied.

In considering the four inter-related themes identified in this study, it is worth highlighting two wider societal issues. First, the so-called ‘social/medical model of pregnancy and childbirth’ is specifically focused on the topic (Clesse et al, 2018; van Teijlingen, 2005), and second, ‘gender’ in maternity care as a more general issue (Benoit et al, 2005; Witz, 1992).

The former dichotomises pregnancy and childbirth with a social model that portrays them as healthy physiological life events versus a medical model that portrays childbirth as pathological and therefore every woman is potentially

at risk when she is pregnant and/or in labour (Clesse et al, 2018). Following this line of thinking, the social model argues that pregnancy and childbirth do not normally need medical intervention, nor that a pregnant woman necessarily needs to be in hospital. But the medical model demands that every woman should deliver in hospital with high-technology screening equipment supervised by obstetricians. In other words, pregnancy and childbirth are only safe in retrospect (MacKenzie Bryers and van Teijlingen, 2010).

Currently it is the latter, the medical model, that dominates popular media and therefore societal perceptions. If midwives are to influence childbirth representations then a move towards reporting a social model of childbirth is needed. This could be assisted with guidelines on responsible media reporting to ensure that media producers portray pregnancy, midwifery and maternity care as naturally as possible. Midwives have a role in helping to place normal labour and birth in the background of stories, removing the need for the dramatic.

Midwives face an additional challenge in changing the narrative around childbirth. Gender, as reflected in the themes 'power balance' and also 'fear of retribution' is a wider societal issue, because pregnancy affects women more than men, and because the majority of the world's midwives is female. As women, midwives suffer from being in a lower position in the occupational hierarchy (Witz, 1992), resulting in the common societal perspective that pregnancy and childbirth are women's business.

According to Benoit and colleagues a female-dominated occupation serving an exclusively female clientele, is

bound to be of less social importance (Benoit et al, 2005). This can be seen in the absence of midwifery in media representations, which are often dramatic, with doctors rushing in to save the day. A higher profile of normal birth and midwifery would help to move societal thinking towards a social model of childbirth. For example, normal birth could appear as a background story to an episode of a soap opera rather than focusing on the birth as the dramatic storyline.

Midwives have an opportunity to extend their skillset and harness the media to work for them as midwives and as women. This might involve working with media producers to ensure that the narrative is accurate and highlighting the implications of inaccurate reporting. For this to occur, however, buy-in is needed from practising midwives, professionals who are willing to learn to work with media professionals. They must first engage and then teach those midwives coming behind them (Luce et al, 2017).

Conclusion

This qualitative study is context specific, but the finding that midwives fear the media resonates with experiences reported in a number of countries and by other professional groups. There is a need to change media discourse in both fictional and factual representations of childbirth and midwives have a critical role to play in this. In order to do this, midwives need to equip themselves with the skills necessary to engage with the media. They could be assisted with guidelines on responsible media reporting to ensure that media producers portray pregnancy, midwifery and maternity care as naturally as possible.

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