

Hundley V, Duff E, Dewberry J, Luce A, van Teijlingen E. (2014) Fear in childbirth: are the media responsible? *MIDIRS Midwifery Digest* 24:4:444-447.

Fear in childbirth: are the media responsible?

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Fear in childbirth: are the media responsible?

This is the second year that the Centre for Midwifery, Maternal and Perinatal Health convened a debate as part of the Festival of Learning at Bournemouth University (BU). The debate encourages members of the public and service users to get involved in our research and education and ensures that what we do at BU is relevant and current.

Last year the team debated the pros and cons of allowing women free choice with regard to major medical interventions, such as caesarean section (Hundley et al. 2013). This year the focus was on the role of the media in childbirth. Social perceptions and beliefs about childbirth can increase women's requests for interventions, such as caesarean section, with long-term health implications for mothers and babies. The debate was planned to explore the role of the mass media in shaping these beliefs and identify whether media portrayals are responsible for rising rates of intervention. Attendees were given the opportunity to voice their views and to vote for or against the motion.

The motion for debate was:

This house believes that: *The media is responsible for creating fear in childbirth.*

Chaired by Prof. Vanora Hundley, Professor of Midwifery in the School of Health and Social Care, the event was a competitive debate with the teams taking it in turn to present their case either for or against the motion (Figure 1). Each team was made up of a media representative and an academic.

For the Motion	Against the Motion
Elizabeth Duff Senior Policy Adviser, National Childbirth Trust	Joanne Dewberry Media commentator and analyst
Edwin van Teijlingen Professor of Reproductive Health Research, Bournemouth University	Ann Luce Senior Lecturer In Journalism & Communication, Bournemouth University

The event was attended by members of the public, midwives, students and academics. Early voting (prior to the presentations) was strongly in favour of the motion with 71% of the audience voting for the motion and 29% against.

The presentations

Prof Edwin van Teijlingen opened the case for the motion by reminding the audience that we all learn more about life from the media than we think. A lot, if not most, of what we know about tsunamis, politics, and football (among other things) has been shaped by media reporting. He then outlined the role of the media in society and how they work. He highlighted that the media (1) provide information and education to their audiences; (2) raise concerns and campaign on selected issues, as the so-called fourth estate; and (3) offer entertainment. Edwin added that all this happens in a competitive field, the media's success is measured in audiences and readerships. Thus for the media 'dog bites man' is not an interesting story, but the more unusual

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'man bites dog' will help attract an audience. Moreover, the popular visual media television, film and the internet need gripping images.

In this light normal physiological pregnancy and childbirth do not offer great media images. Pregnancy and labour are long drawn out, 'boring' events with typically a long period of not very much happening (at least not for the onlooker). Hence what we get as a typical media portrayal of pregnancy and childbirth involves drama, near-miss disasters, caesarean sections and flashing blue lights. All of this adds to the notion that childbirth is dramatic and risky. To back up the idea that the media influences our thinking Edwin cited the findings of a Canadian study that noted that exposure to pregnancy and birth information via the media was associated with a preference for a CS. The study found that students whose attitudes had been shaped by the media had a greater level of fear (Stoll et al 2014).

Finally, in a preamble to the argument from the opponents of the motion he reminded the audience that actors who play baddies in UK television soap operas get attacked in the street by the public as they are perceived to be the character they play in that programme. Suggesting that the public is more gullible than we would have hoped.

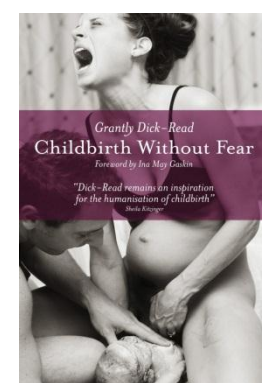
Dr Ann Luce opened the case against the motion by reminding the audience that it is easy to blame the media for everything, but in truth the media simply reflect what is going on in society. She brought evidence to the debate to show that the cause and effect of the media messages is neither one directional nor black and white. Ann highlighted that human beings are not sponges. Instead we are interpreting messages all the time; as the media audience we actively process information.

She reminded us that in the field of audience theory, there are two categories: active audiences and passive audiences. An active audience is one that engages with the media; they are critical viewers and consumers of media products—they receive the media in an active way. Passive audiences, or the field of study that incorporates the effects theory and hypodermic needle theory, or magic bullet theory, suggests that the media has the power to inject an audience with a particular message and is able to get the audience to behave in a particular way. This ultimately reduces the audience to that of a 'lemming' status. If this was the case, she argued, then, every time we read a story about suicide, then we too, should be contemplating taking our own lives. And this is just not the case, mostly because we are intelligent human beings who can filter out messages that we disagree with. In this case, Ann argued that the blame lies squarely on the shoulders of midwives and obstetricians who need to educate and work with pregnant mothers more.

The second speaker for the motion, *Elizabeth Duff*, was quick to refute the suggestion that the media was the innocent party here. She highlighted some of the more dramatic 'headlines' in media such as the Mail on Sunday's reporting of the Birthplace study:

"First-time mothers who opt for home birth face triple the risk of death or brain damage in child"
Mail on Sunday, 25th November 2011

Elizabeth discussed how it has long been recognised that fear has a negative impact on how women approach and cope with childbirth, citing the work of Grantly Dick-Read (1890-1959), a pioneer obstetrician, who published his book '*Childbirth without Fear*' in 1942



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She also quoted the words of an experienced childbirth educator, who said: 'When I first started teaching childbirth education, women's fears were of the unknown ... Today women's fears are firmly embedded in the "known." [But] all they know of birth is from "reality" birth television and from inaccurate and fear-producing childbirth books and magazines'.

Countering these arguments, *Joanne Dewberry*, said that fear in childbirth is to a greater extent the result of a lack of information. Using personal examples, she argued that if women are able to know what to expect then they are less likely to be afraid of birth.

In summing up, *Prof van Teijlingen* asked the audience to dismiss the argument that 'blaming the media is too easy'. We do blame the media and he recalled the example of the tobacco industry, which we have banned from advertising on television and in films in the UK (and many other countries) because the effect on the public was so great.



He added the light-hearted example that Halfords sale in upright bikes with baskets at the front, as used in the BBC programme *Call the Midwife*, had increased rapidly as the popularity of the programme grew (Macmichael, 2012).

Dr Luce responded that everyone likes to blame the media because it is the only field that spans every social issue in society, and thus it is easier to blame than take responsibility for the failings of the midwifery field.

The second and third votes

Following the presentations the audience was asked to vote again on the motion. The presentations managed to shift the vote by 9% (62% for the motion and 38% against), suggesting that the arguments had made some impact on audience responses.



What followed was a lively debate and members of the audience raised several interesting and important issues and questions. These included:

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- Unpublished evidence (presented at a conference) that suggested that participants in the SHIP (self-hypnosis) trial felt very influenced and fearful after watching 'One Born Every Minute' (Downe, 2014);
- Home vs hospital birth as a particular issue handled by the media – with constant emphasis on dangers of birth at home;
- What it is that women are actually frightened of – is it their own injury or death? The baby's? or fear of their body's failure to be able to birth normally? Readers may find Brodrick's review (published after the debate) useful in answering these questions (2014).

After the discussion the final vote reverted to: 71% for, 29% against.

The debate proved not only informative, but also engaging with members of the public able to share their views and suggest areas for future research.

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