

Hundley V, van Teijlingen E, & Luce A. (2015) Do midwives need to be more media savvy?
MIDIRS Midwifery Digest 25:1:5-10.

Do midwives need to be more media savvy?

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Do midwives need to be more media savvy?

Fear is increasingly cited as a reason for rising rates of intervention in childbirth, with women it is argued opting for operative birth in order to avoid going through labour. Explanatory factors are said to include previous negative birth experiences, but increasingly the way that childbirth is portrayed by the media is suggested to be having a significant effect on women's perceptions and raising anxiety with regard to the birth process. Last year, with growing interest in the impact of the media on maternal perceptions, Bournemouth University held a debate on the role that the media plays in creating fear in childbirth (Hundley *et al.*, 2014). Not surprisingly the debate sparked fairly heated discussion, but a point raised by our media colleagues made us stop and think. They argued that the responsibility for balanced reporting of childbirth lay not with the media but with the midwifery profession. Midwives they said needed to be more media savvy.

Fear in childbirth

There has been growing interest in the issue of fear in childbirth and the impact that severe fear may have on outcomes of labour and birth. A number of authors have suggested that fear in childbirth is associated with rising rates of operative birth (Haines *et al.*, 2012; Van Parys *et al.*, 2012; Rouhe *et al.*, 2013). Two large, national cohort studies have explored the association between fear and operative birth. In Denmark Laursen *et al* found that nulliparous women who expressed fear during pregnancy were more likely to experience dystocia during labour and had a slightly increased risk of requiring an emergency caesarean section (2009). More recently researchers in Finland found that women who experience fear in childbirth as defined by the *International Classification of Diseases* (ICD) have a higher rate of caesarean section; 3.3-fold for nulliparous women and 4.5-fold for multiparous women (Räisänen *et al.* 2014). Although maternal request for caesarean section has been suggested as a cause for rising rates, a systematic review found that the number of women requesting caesarean section to be very small (McCourt *et al*, 2007). However, difficulty remains in establishing causation (i.e. that fear is directly responsible for rising rates of operative births), since fear may also lead women to seek earlier hospital admission in labour (Cheyne *et al.*, 2007; Barnett *et al.*, 2008) and entering hospital in the latent phase of labour has been shown to result in a cascade of unnecessary and avoidable interventions (Holmes *et al.*, 2001; Jackson *et al.*, 2003; Klein *et al.*, 2004; Cheng *et al.*, 2010). Whatever the explanatory pathway the potential for fear in childbirth to influence birth outcomes is of concern, and there is some evidence that this fear may also increase the risk of developing postpartum depression (Räisänen *et al.*, 2013). So how common is fear in childbirth?

Population estimates from Finland suggest that 2.5% of nulliparous women and 4.5% of multiparous women experience severe fear of childbirth (Räisänen et al., 2014). Others have put the proportion much higher, finding that nearly a quarter of pregnant women were affected by severe fear and that this was significantly higher among first time mothers (Toohill et al., 2014). The factors underpinning fear of childbirth are varied, but include previous negative birth experiences (Storksens et al., 2013), lack of social support, and high risk pregnancy factors (Räisänen et al., 2014). The question of parity is less clear with a number of studies finding that nulliparity is associated with greater fear (Rouhe et al., 2009; Toohill et al., 2014), but others finding a higher prevalence of fear among multiparous women (Räisänen et al., 2014).

Could the media be playing a role in raising fear in childbirth?

Midwives frequently comment on media portrayals of birth as being unrealistic, focusing on dramatic and risky events that do not show normal birth. The fact that birth no longer occurs in the community but happens 'behind closed doors' most often in hospital may mean that television or film may be the only opportunity that a woman has to view birth before experiencing it for herself (Clement, 1997). However, do media representations of birth really increase fear?

Proponents of the argument for the impact of media influence often cite high profile celebrity illnesses and storylines in popular television soaps as resulting in uptake of health services. For example the media coverage of Big Brother's Jade Goody's diagnosis and death from cervical cancer is thought to have resulted in significant increases in both initial and follow-up screening attendances and in colposcopy attendances (MacArthur et al., 2011; Lancucki et al., 2012). Again cause and effect is hard to prove, but Lancucki et al. argue that 'the pattern of increased attendance mirrored the pattern of media coverage of Jade Goody's diagnosis and death' (2012 p92). In contrast, raising public awareness in relation to lifestyle related behaviour has been less effective in achieving behavioural change. In their review of mass media campaigns to change health behaviour, Wakefield et al found that passive exposure to health messages was frequently unable to compete with other influences such as product marketing and social norms (2010). Campaigns that have been successful were frequently supported by other methods to encourage behavioural change, for example law enforcement in relation to drink driving.

Cultural perceptions and societal attitudes are known to influence women's decisions about when to enter hospital in labour (Cheyne et al., 2007; Barnett et al., 2008). However, there has been little examination of the relationship between the media, culture and birth-related

behaviour. We conducted a scoping review to identify how childbirth is represented in the mass media, and in particular on television (Luce *et al.*, 2015). Key themes that emerged from the literature were (a) the medicalisation of childbirth; (b) women using media to learn about childbirth; and (c) birth as a missing everyday life event. The first factor is overarching and one that includes the media as largely a vehicle of the medicalisation process (MacKenzie Bryers & van Teijlingen, 2010). It was clear from the literature that birth is frequently portrayed by the media as fast, furious and carrying such significant medical risk that women must rush immediately to hospital when labour begins. There was also evidence that women use the media to get information about birth, which is no longer something they have the opportunity to experience with family members in the community. There is some suggestion that the media may also be overtaking traditional methods of information sharing about birth. For example, in the United States of America it has been suggested that first-time mothers are more likely to get information about what to expect during birth from television than from antenatal classes (Declercq *et al.*, 2006). However despite significant discussion in the midwifery literature (mainly in the form of editorials and opinion pieces) on the media's role in influencing women's perceptions of childbirth, and in increasing requests for interventions such as caesarean section, we found no studies of the impact of the media on women's behaviour (Luce *et al.*, 2015).

What can we say about the media's role?

The media is one of the pillars of democracy; its role incorporates being both a critic and an educator (Ashdown, 1994). The media also: (a) provides news and information (some falls under 'education'); (b) entertains; (c) campaigns for certain causes, and (d) offers advertising and marketing. Thus, the media plays a vital role in contextualizing and re-contextualizing important discourses of the day to its various audiences (Allan, 2004). Its role is to integrate the audience (members of society) into certain agreed norms, and to continually reinforce these (McNair, 2009). Thus it might seem logical to lay the blame for rising rates of intervention in childbirth with the media. However, this argument, based on the 'media-effects' tradition, is too simplistic. The 'media-effects' tradition assumes that audiences do not critically engage with media messages, but instead gullibly absorb media messages as though injected by a hypodermic needle (Lacey, 2002). Proponents of this theory would argue that simply watching a television programme such as 'One Born Every Minute' would change the way a woman is likely to behave during childbirth. This simplistic argument ignores individual respect and autonomy, assuming television as the sole cause of social behaviour. In contrast Halloran argues that the viewer interacts with the media approaching '*every viewing situation with a complicated piece of filtering equipment. This filter is made up not only of his past and present, but includes his views and hopes for the future*' (Halloran

2009, p385). Thus, media representations of childbirth are filtered by a pregnant woman using her knowledge and experiences that will include interactions with her midwife, family, and friends. It is here that our media colleagues argue that midwives have a key role to play.

Midwife's role

Fear as a human emotion in other aspects of life is treated as a psychological issue, for example fear of spiders, clowns, heights etc. is treated with cognitive behavioural therapy, therefore extending this to tokophobia (fear of pregnancy and childbirth) would seem to be a natural role. Indeed there is evidence that an intervention (psychoeducative group therapy) for women with severe fear of childbirth is effective in reducing operative birth (Rouhe *et al.*, 2013). Although in this study the intervention was provided by psychologists, it is reasonable to expect that there could be a similar role in midwifery. Midwives are the experts in dealing with psycho-social aspects of pregnancy and childbirth. One example is the Pregnancy Psychological Wellbeing Clinic (PPWC) at Sandwell & West Birmingham Hospitals NHS Trust, where a consultant midwife supports anxious and fearful childbearing women (Gutteridge, 2014).

However, while psychological support is an important part of a midwife's clinical role, this is not what our media colleagues were suggesting. Instead they argue that midwives have a responsibility when it comes to the media reporting about childbirth, and there are a number of ways that this might be approached:

- Interpreting media messages and harnessing the power of media to get positive messages out;
- Engaging with media producers to ensure better media representation, especially in television drama and soaps;
- Understanding the impact of the media reporting on both women (and their partners and direct family) and health care providers;
- Helping to develop guidelines on good media reporting.

MacLean argues that midwives need to be aware of the impact that media messages may be having on pregnant women and that this should start with a question at antenatal booking that asks about what women have seen or heard in the media about birth (2014). It is probable that interpretation of media messages is naturally, although not explicitly, explored as part of the booking process as women are asked about sources of knowledge and perceptions about birth. However, MacLean suggests that a formal space within the woman's notes would encourage frequent revisiting of potential stories or media issues

during pregnancy. This would enable misrepresentations to be corrected and anxieties to be relieved as they arise.

However, it would be better if such misrepresentations could be addressed and more balanced reporting encouraged within the media. Could midwives harness the media to ensure that positive messages about birth reach a wider audience? If this is to happen then midwives must first educate themselves about the production processes of the media. Understanding how newspapers and magazines operate, and what television producers need for good storylines, is critical if midwives want to make headway in the media industry. For instance, newspaper and magazine reporters need a good angle or hook, something to draw the reader in. When it comes to television, however, it's all about the visuals. Television cannot operate without pictures. For a story or drama on radio, it's all about sound. Even this basic understanding of what those in the media industry need to do their jobs can help midwives harness the media and ensure that positive messages about birth reach wider audiences.

Advocates and campaigners are increasingly recognising that working with journalists and harnessing the media is a powerful way of raising awareness of health related messages. Examples include cancer awareness months, where human interest stories are used to raise public awareness and to present symptoms to a wider audience in order to facilitate earlier detection (Konfortion *et al.*, 2014). As we have seen such stories, particularly where they are high profile, can lead to an increased uptake of screening and attendance for preventative services (MacArthur *et al.*, 2011; Lancucki *et al.*, 2012). Others have suggested that effective health promotion requires a move towards more modern forms of media such as social media (Norman, 2012). Indeed, Byrom and Byrom (2014) contend that midwives need to engage with social media in order to connect with a wider population of future maternity service users. The majority of maternity service users are still by definition 'young' being of childbearing age and therefore have grown up in the digital age. Doe (2014) agrees identifying social media as a way of improving communication with hard to groups and vulnerable women who are less likely to attend for antenatal care. McCrea, a tutor for the NHS Leadership Academy, states that "Social Media is no longer 'a nice to have' option for the NHS" (2014a). He argues that NHS organisations and service providers need to use social media to engage and communicate with service users. He highlights that organisations that fail to do this miss the opportunity to challenge misinformation and allow others to define them, not always in the best light (McCrea, 2014b).

However, getting positive health messages out is only half of the problem. There is a need to address the misrepresentations of birth that appear in current popular culture and replace them with more positive portrayals. Our research found that birth as currently portrayed by the media is dramatic and dangerous, normal birth is something that is missing from the everyday narrative (Luce *et al.*, 2015). Thus the question is whether it would be possible to engage with media producers to develop more accurate representations of childbirth within popular culture, which in turn might facilitate greater uptake of normal birth pathways.

Changing health-related behaviour through television soap operas has been advocated by Verma *et al*, who suggest that: "Popular television serials offer the chance to portray "healthy" behaviours as normal, and so help change attitudes and shape behavioural norms among the viewing public" (2007, p575). However, such behaviours tend to be those commonly seen in society, such as alcohol related behaviours. As such getting messages out about drinking alcohol during pregnancy is likely to be acceptable to media producers. The issue that midwives will face here has to do more with how the populace at large is persuaded, rather than how media producers engage with a different discourse of childbirth. According to Perloff (2003), persuasion is a symbolic process, meaning it does not happen automatically; it takes time and actively involves the recipient of the message. This requires action from both parties involved: midwives must intend to influence what a pregnant woman thinks and change that behaviour, while the pregnant woman must also be willing to change her mind. If midwives are to engage media producers in this level of persuasion, they must first persuade the producers, who in turn will try and persuade pregnant viewers. Fundamentally, however, Perloff (2003) points out that persuasion requires free choice: "you have to be free to alter your own behaviour; you have to choose to alter your opinions" (p8).

It is suggested that 'telenovelas' have been a successful method of harnessing the mass media to influence reproductive behaviour in Latin American countries because of the way in which they reinforce the idealisation of the family unit (Basten, 2009). Getting messages out about the birth process may be more difficult. Birth, much like death, gradually disappeared from view during the twentieth century as these events became private affairs that increasingly took place behind closed hospital doors, out of sight of modern society. Although mass media has brought these events back into public viewing, Walter argues that death as portrayed in twenty-first century mass media is not those ordinary deaths of ordinary people (2009). Thus Jade Goody's death caught public interest because it was shocking, emotional, and Jade herself enjoyed shocking viewers with her directness. Our review of the media surrounding birth shows a fascination with the dramatic and unexpected (Luce *et al.*, 2015). So just how feasible would it be to introduce normal birth into an everyday soap opera? We

believe that it could be possible, but would require midwives to play an active role in educating the 'everyday' person, including media workers (who more likely than not are middle-aged white men) about the options for childbirth. It also means taking into consideration rules and regulations enforced by the Independent Press Standards Organisation and OFCOM, here in the UK. We propose that to achieve this further collaborative work is needed to bring together midwives and media producers to explore possibilities and identify ways forward.

A key role for midwifery is in conducting research to explore the impact of media representations of birth on women and health professionals. Our review found mostly descriptive studies reporting current depictions of birth and media practice, we found no studies that explored **how** these representations or portrayals are perceived, understood, interpreted or used by viewers (Luce *et al.*, 2015). It is important to know whether television portrayals do change women's understanding of birth and if they increase fear. Identifying media influences in relation to birth could have implications for maternity care provision and is an important first step in designing society based interventions and enhancing communal well-being.

This information would also be valuable in drawing up guidelines on responsible reporting with regard to childbirth. Examples exist with regard to responsible reporting on suicide, where there is an obligation on media professionals to exercise caution in reporting (WHO and IASP, 2008). Internationally organisations such as the National Eating Disorders Association (NEDA) have developed guidelines for responsible reporting (NEDA, n.d.). If media reporting of birth is shown to increase fear in childbirth then there is an obligation to inform media professionals of the impact and midwives would be ideally placed to do this.

The question of whether the media is responsible for raising fear in childbirth is a complex one and research in this area to date has been limited. It is tempting to point the finger of blame at our media colleagues, but perhaps it is time to work with them to change the narrative around birth and promote a more normal portrayal in popular culture.

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References

Allan S (2004) *News Culture*. Buckingham: Open University Press.

Ashdown G.G. (1994) Whither the Press: The Fourth Estate and the Journalism of Blame. *William & Mary Bill of Rights Journal* 3(2): 681-703.

Barnett C, Hundley V, Cheyne H, Kane F (2008). "Not in labour" – the impact of being sent home in the latent phase. *British Journal of Midwifery* 16 (3): 144-153.

Basten S (2009) Mass media and reproductive behaviour: serial narratives, soap operas and telenovelas. The Future of Human Reproduction: Working Paper #7. *St. John's College, Oxford & Vienna Institute of Demography*.

<https://www.sjc.ox.ac.uk/3170/WP50%20Mass%20media%20and%20reproductive%20behaviour.pdf.download>

Byrom S and Byrom A (2014) Social media: connecting women and midwives globally. *MIDIRS*, 24:2: 141-149.

Cheng YW, Shaffer BL, Bryant AS, Caughey AB (2010) Length of the first stage of labor and associated perinatal outcomes in nulliparous women. *Journal of Obstetrics and Gynecology* 116 (5): 1127-1135.

Cheyne H, Terry R, Niven C, Dowding D, Hundley V et al. (2007) Should I come in now?' A qualitative investigation of how women's experiences in early labour influence their decision of when to go to hospital. *British Journal of Midwifery* 15 (10): 604-626.

Clement S (1997). Childbirth on television. *British Journal of Midwifery* 5(1): 37-42.

Declercq ER, et al. (2006) *Listening to Mothers II: Report of the Second National US Survey of Women's Childbearing Experiences*. New York: Childbirth Connection.

Doe H (2014) A social media debate: engaging supervisors of midwives with vulnerable adults. *MIDIRS Midwifery Digest* 24:3: 281-285

Faisal I, Matinnia N, Hejar AR, and Khodakarami Z (2014) Why do primigravidae request caesarean section in a normal pregnancy? A qualitative study in Iran. *Midwifery* 30:2:227-233

Gutteridge K (2014) Q&A Interview: Katherine Gutteridge. *MIDIRS*, <http://www.midirs.org/qa-interview-kathryn-gutteridge/>

Haines HM, Rubertsson C, Pallant JF, and 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 doi:10.1186/1471-2393-12-55

Halloran JD (2009). *On the Social Effects of Television*. In Thornam S et al. (Eds). A Media Studies Reader. Edinburgh: Edinburgh University Press.

Holmes P, Oppenheimer LW, Wen SW. (2001) The relationship between cervical dilatation at initial presentation in labour and subsequent intervention. *British Journal of Obstetrics and Gynaecology*. 108: 1120-1124.

Hundley V, van Teijlingen E, & Luce A. (2015) Do midwives need to be more media savvy? *MIDIRS Midwifery Digest* 25:1:5-10.

Jackson DJ, Lang JM, Ecker J, Swartz WH, Heeren T (2003) Impact of collaborative management and early admission in labour on method of delivery. *Journal of Obstetric and Gynecologic and Neonatal Nursing*. 32: 147-57.

Klein MC, Kelly A, Kaczorowski J, Grzybowski S (2004) The effect of family physician timing of maternal admission on procedures in labour and maternal and infant morbidity. *Journal of Obstetrics and Gynaecology Canada* 26 (7): 641-645

Konfortion J, Jack RH, Davies EA. (2014) Coverage of common cancer types in UK national newspapers: a content analysis. *BMJ Open* 4:e004677. doi:10.1136/bmjopen-2013-004677

Lacey N (2002) *Media, Institutions and Audiences; Key Concepts in Media Studies*. London: Palgrave Macmillan.

Lancucki L, Sasieni P, Patnick J, Day TJ and Vessey MP (2012) The impact of Jade Goody's diagnosis and death on the NHS Cervical Screening Programme. *J Med Screen* 19: 89–93

Laursen M, Johansen C, and Hedegaard M (2009) Fear of childbirth and risk for birth complications in nulliparous women in the Danish National Birth Cohort. *BJOG* 116(10): 1350-1355.

Luce A, Cash M, Hundley V, Cheyne H, van Teijlingen and Angell C (2015) Pregnancy and childbirth in the media: does it matter how childbirth is portrayed? *BMC Pregnancy and Childbirth* (under review)

MacArthur GJ, Wright M, Beer H and Paranjothy S (2011) Impact of media reporting of cervical cancer in a UK celebrity on a population-based cervical screening programme. *J Med Screen* 18(4): 204-9.

MacKenzie Bryers H, van Teijlingen E (2010) Risk, Theory, Social & Medical Models: a critical analysis of the concept of risk in maternity care. *Midwifery* 26(5): 488-96.

McCourt C, Weaver J, Stratham H, Beake S, Gamble J, and Creedy DK (2007) Elective Cesarean Section and Decision Making: A Critical Review of the Literature. *Birth* 34:1: 65-79.

McCrea JB (2014a) How NHS organisations should use social media. *The Guardian* December 18, 2014.

McCrea JB (2014b) *On the brink of SoMething special? The first comprehensive analysis of Social Media in the NHS*. December 2014. Available from: <http://jbmccrea.com/wordpress/wp-content/uploads/2014/12/State-of-Social-Media-in-the-NHS.pdf>

McNair B (2009) *News and Journalism in the UK*. Oxon: Routledge.

National Eating Disorders Association (NEDA) (n.d.) *Tips for Responsible Media Coverage*. <http://www.nationaleatingdisorders.org/tips-responsible-media-coverage>

Norman CD (2012) Social media and health promotion. *Global Health Promotion*.19:4: 3-6.

Hundley V, van Teijlingen E, & Luce A. (2015) Do midwives need to be more media savvy? *MIDIRS Midwifery Digest* 25:1:5-10.

Perloff, R.M. (2003). *The Dynamics of Persuasion: Communication and Attitudes in the 21st Century*. London: Routledge.

Räisänen S, Lehto SM, Nielsen HS, Gissler M, Kramer MR, and Heinonen S. (2013) Fear of childbirth predicts postpartum depression: a population-based analysis of 511 422 singleton births in Finland. *BMJ Open* 3: e004047. doi:10.1136/ bmjopen-2013-004047

Räisänen S, Lehto SM, Nielsen HS, Gissler M, Kramer MR, and 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* 121:8: 965-970.

Rouhe H, Salmela-Aro K, Toivanen R, Tokola M, Halmesma E, Saisto T (2013) Obstetric outcome after intervention for severe fear of childbirth in nulliparous women – randomised trial. *BJOG* 120(1):75-84.

Storksens HT, Garthus-Niegel S, Vangen S, and Eberhard-Gran M (2013) The impact of previous birth experiences on maternal fear of childbirth. *Acta Obstet Gynecol Scand*, 92(3), 318-324. doi: 10.1111/aogs.12072

Toohill J, Fenwick J, Gamble J and Creedy DK (2014) Prevalence of childbirth fear in a Australian sample of pregnant women. *BMC Pregnancy and Childbirth* 14:275 doi:10.1186/1471-2393-14-275

Van Parys A, Ryding EL, Schei B, Lukasse M, and Temmerman M. (2012). Fear of childbirth and mode of delivery in six European countries: The BIDENS study. *22nd European Congress of Obstetrics and Gynaecology (EBCOG), Book of abstracts (S14.4)*.

Verma T, Adams J and White M (2007) Portrayal of health-related behaviours in popular UK television soap operas. *Journal of Epidemiology and Community Health* 61(7): 575-577.

Wakefield MA, Laken B, Hornik RC (2010) Use of mass media campaigns to change health behaviour. *Lancet* 376; 1261-1271.

Walters T (2009) Jade's Dying Body: The Ultimate Reality Show. *Sociological Research Online* 14(5)1. doi:10.5153/sro.2061. <http://www.socresonline.org.uk/14/5/1.html>

WHO and IASP (2008) Preventing Suicide: A Resource for Media Professionals. Geneva: WHO. http://www.who.int/mental_health/prevention/suicide/resource_media.pdf