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Fears of Unpredictability in Birth: The Development of the Technocratic Model of Birth

American culture, concerned with efficiency and predictability and enamored with technology, envisions and carries out a subtle transformation of birth. With liberal application of technology and science, those with the proper technical training can take the physiological process of birth, which is as variable as any biological process due to genetic factors and environmental conditions, and mold it into a regimented, replicable process which they can consistently apply from case to case. A fundamental unspoken assumption undergirds this transformation, the assumption that those with the proper technical training can create a perfect birth. The perfect birth, though, is an abstract concept which requires definition. It is in the process of defining the American conception of a perfect birth where the great underlying tension of the American model of birth comes into focus. Despite the American birthing model’s rhetoric, the structure of American births does not support the safety and health of the mother and child above all other concerns. Instead, safety and health take a backseat to creating a routine, rationalized birth. Wagner’s research elucidates the disconnect between American birthing rhetoric and practice; were it truly the case that the American model of birth valued health and safety above all else, there would not be an extensive list of practices which obstetricians routinely carry out in spite of the scientific evidence against their effectiveness (“Choose and Lose” 66-67). The archetypical birth in the American model should be calculatable, predictable, controllable, and efficient, or, in other words, the American model demands rationalized birth. Rational birth, though, requires a bureaucracy and a class of technically skilled professionals to have control of birth in order to ensure its predictability and efficiency, so social structures exist which convince members of American society, from midwives, mothers, and women to obstetricians themselves that medicalized birth, which is, by definition of medicine as a field which concerns itself with only solvable, scientific problems, rationalized birth, offers the only route which ends in a successful birth which protects the health of both mother in child. In order to transform birth into a medical matter, the social structures which support the American model of birth must convince all participants in the birthing process of the objectiveness and unreliability of the body and of the necessity of technological intervention and the obstetrician’s presence in all elements of the birth process. In other words, the American culture seeks to implement Davis-Floyd’s “One-Two Punch,” the “mutilation” of the birthing process and its repair with technological “prothesis” (“The Rituals of Hospital Birth, 67). The conception of birth as an effective and safe physiological and biological process must be destroyed so that it can be replaced by a model of birth which relies of technology to rationalize birth. Taking these two elements of the message together, the central tenet of the American birthing system is that the safest and most perfect birth, or, more truthfully, the most perfectly predictable birth, is only possible when flawed and inconstant biological systems are tempered by technology.

In order to transform birth, culture must first undermine the credibility of birth as a biological and physiological process. Birth without all technocratic interventions available must be made untrustworthy and unsafe. This task has not been a difficult one, owing to a general distrust of nature in Western societies (Davis-Floyd, “Technocratic, Humanistic, and Holistic Paradigms” 12). That death sometimes occurs in childbirth despite all efforts to prevent it provides enough reason to consider the physiological process of birth unreliable and fear the supposed malfunctioning of the woman’s body (Davis-Floyd, “Technocratic, Humanistic, and Holistic Paradigms” 12). Because Western societies view death as a solvable medical issue, they suppose that there must be some way to eliminate and overcome death, both generally and in the context of birth. Pain, which unlike death is always present in even the most successful of births, has been similarly been leveraged to create a fear of births which proceed as biological processes without technological intervention. In Western medicine, pain is classified, with death, as a solvable problem which doctors should eliminate at any cost. Pain in birth, then, comes to be seen as something which doctors can and should eliminate, a message which doctors pass along to patients through the near omnipresence of American hospital births. Wagner highlights the role of cultural perceptions of pain in birth through his comparison of American women to Dutch women and Japanese women (“Choose and Lose” 53). When patients and doctors believe the normal pain of a healthy, progressing labor is negative and should be eliminated, doctors offer epidurals in order to eliminate the pain which actually plays an important physiological role in the birth process; in a vicious loop, the tendency of obstetricians to offer epidurals for normally progressing, low-risk labor reinforces the view of patients that, as the well-educated professional directing the birthing process indicates, pain in labor is a problem (Wagner, “Choose and Lose” 53). In nations where pain in uncomplicated labor is viewed as a positive indicator of labor progress, this vicious cycle does not materialize and labor is not treated as a process which requires technological interventions which provide pain relief (Wagner, “Choose and Lose” 53). The first assumption of the American model of birth is the unreliability of birth as a biological and physiological process, an assumption which directly leads to the objectification of women and the domination of obstetricians in the birth process.

If society cannot trust the woman’s body to give birth due to its biological flaws and the risks of death and pain which it introduces, then it likewise cannot trust the woman herself to play the proactive and central role in the birth process. In order to standardize birth, society must remove the woman from the birthing process. The removal of the woman from the birth process requires that women are separated from their body, that the woman and her obstetrician come to regard her body as nothing more than an object for an obstetrician and technology to manipulate. American culture teaches that the self and the body are separate, and that the body is best understood as a machine which physicians can study, break down into its constituent parts, and manipulate (Davis-Floyd, “Technocratic, Humanistic, and Holistic Paradigms” 5). The patient separates themselves from their body and the obstetrician does the same, both parties viewing the body as little more than a machine in need of maintenance, repair, and, when defective, correction (Davis-Floyd, “Technocratic, Humanistic, and Holistic Paradigms” 6). This line of thought leads to an understanding of birth in which the physician produces the baby, with the mother serving only as another machine, and a poorly-functioning one at that, which a physician manipulates (Martin, 19). The notion of the “female body as a defective machine” underlies obstetrics, with its preference for surgery and technological intervention (Davis-Floyd, “Technocratic, Humanistic, and Holistic Paradigms” 6). This conceptualization of the body as a mere object combines with the notion of the female body’s deficiencies and unwieldiness to convince women as well as doctors that a birth without all possible technological interventions creates unnecessary risk to the mother and child. This assumption is necessarily accompanied by the assertion, transmitted by obstetricians and American culture more generally, that obstetricians can guarantee birth without death, pain, or risk with their technological intervention and medical knowledge (Wagner, “Rights and Wrongs” 162). These complementary assumptions, that a woman should not trust her own body to give birth because birth as a physiological process comes with risks and that obstetricians possess the tools and ability to eliminate risk, make it the past of least resistance for women to turn over all authority and responsibility in the birth process to obstetricians. No woman wants the guilt and shame of having unnecessarily harmed their child by not taking the supposedly safer option of a birth dominated by technological interventions, so women cede authority to the obstetricians, retreat from an active role in the birthing process to the passive role of an object or another piece of machinery, and allow the obstetrician to ask of her anything required to secure the health of herself and her child without question (Davis-Floyd, “Technocratic, Humanistic, and Holistic Paradigms” 10). The first assumption of the American birth model sets the framework for the assumption that a woman’s role in the birth process is a passive one, that of a machine, and these two assumptions in turn undermine the credibility of birth without all available technological intervention.

With the traditional conception of birth as a biological and physiological process no longer a viable option in the American view of birth, the stage is set to introduce a new conception of birth, one in which the use of all available technology becomes essential to birth. Davis-Floyd captures the essence of the American model of birth with the acknowledgement that “[o]nce machines […] are there, they must be reckoned with, and any decision not to use them begins to look like substandard care” (Technocratic, Humanistic, and Holistic Paradigms, 11). The sense that technology guarantees the safety of the mother and child, as well as a sense that the decision to not use technological interventions could result in diminished control over the birth, drives mothers and obstetricians to employ all technology and procedures at their disposal up to and including cesarean sections, even when these practices are unnecessary. The unfortunate truth which usually goes unrecognized, though, is that the use of all of this technology to guarantee the safety would not be necessary for the majority of low-risk pregnancies and deliveries if not for the previous assumptions of the unreliability of the woman’s body and the woman’s incompetence in an active role in the birth process (Wagner, “Choose and Lose” 44). While patients and obstetricians might cite safety and fear of litigation as their primary consideration in choosing to use all technology available for birth, the underlying driver of decisions is a desire for control over birth, a desire for the rationalization of birth through the removal of risk and unpredictability. The same fear of pain and death in birth which drove the initial rejection of the woman’s body persists, but society delivers the message that technology can deliver safe births in every case, removing the risks and the unpredictability (Wagner, “Rights and Wrongs” 162). This great promise of technology creates a particular set of expectations for patients and doctors alike, trapping them within a particular paradigm of thinking. When patients fear that the decision not to use a piece of technology or a surgical procedure is substandard care, doctors will continue to employ every intervention they have at their disposal (Rosenthal, para. 48). Fundamentally, when culture asserts that the female body cannot be trusted to give birth, that birth as a physiological and biological process is unreliable and risky, and that the woman must take a passive role in the birth process, obstetricians and technology fill the holes in the birthing process created by the absence of the woman and her body.

American society values rationality, and rationality requires control, predictability, and efficiency. The female body, varying due to genetics and environmental conditions just as any other biological system, and the agency of the woman herself stand in the way of a rationalized birthing process. The removal of these obstacles is made possible by social structures which cultivate a widespread belief in the unreliability of the female body. When cultural messages convince obstetricians and mothers alike that they cannot trust the female body during the birth process, they begin to view the ideal birth as one where obstetricians, as the technical experts, manipulate the body as a defective machine. The woman, also viewing her body as a machine and understanding that the obstetrician has the technical knowledge necessary to control it, withdraws from her active role in the birthing process and cedes both authority and responsibility to the obstetrician. Responsible for the birth and recognizing, if critical enough to not believe culture’s promise themselves, that culture promises technological interventions will offer safe and predictable births free from the risk of death or pain, obstetricians are incentivized to employ all technological interventions in the birthing process available. A fear of unpredictability and a lack of control, particularly a fear of the possibility of death and pain in birth, encourages American culture to view the female body as untrustworthy and defective and to question its ability to give birth, setting off a cascade of beliefs and assumptions which end with a model of birth which encourages technological intervention whenever the option arises.

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