
Whose Birth Matters? A Postcolonial Feminist Reading of Ina May Gaskin's *Birth Matters: A Midwife's Manifesta*

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Abstract:

In this paper, I use postcolonial feminist theory to critically analyze Ina May Gaskin's *Birth Matter: A Midwife's Manifesta*. Gaskin rightly identifies birth as a feminist issue and is, therefore, sometimes hailed as a champion of women's rights. In this paper, I argue that Gaskin, who never identified as a feminist, merely co-opted the language of choice and the feminist discourse of bodily autonomy to promote biological essentialism. Further, Gaskin's criticism of the goals of second-wave feminism though precise is blind to the exclusive white upper-class nature of the second-wave feminist movement. Although there are passing references to the birth experiences of First Nations women and Black, these are cursory and barely address the question of how the medicalization of birth affects the lives of these women. This paper seeks to analyze the silences in Gaskin's account of the history of gynecology and obstetrics and its implications in the image of the ideal birth crafted by Gaskin's text

Keywords: postcolonial, feminist, birth, birth stories

Birth Matters: A Midwife's Manifesta is a book written by Ina May Gaskin, a midwife and one of the most influential advocates of the natural birth movement in the United States. The book promotes the idea that women should be given more agency during the labor and delivery process. Her approach to delivery is founded on her experiences as a midwife who has witnessed more than 3,000 births, as well as her conviction that giving birth is a normal, empowering process that women can and should have control over. According to Gaskin, "the influence that birth has on a society is powerful, but it is also subtle because most of its initial effects are laid down in private spheres of human activity in technological societies" (the phrase "the influence that birth has on a society is powerful but it is also subtle," meaning that "the majority of its initial effects are laid down in hospitals, maternity units, birth centers, and more rarely homes") (Gaskin 10). Birth, as described by Ina May Gaskin in her book *Birth Matters: A Midwife's Manifesta*, is a powerful social event that not only influences the lives of individuals and families but also the society in which they are embedded. Gaskin devoted a significant portion of

her professional life to advocating for the adoption of maternity care procedures that place a greater emphasis on human connection and empathy. She believed that giving birth was the most formative experience a woman could have in her lifetime and that it prepared her for the challenging role of motherhood.

In this paper, I will examine the book *Birth Matters: A Midwife's Manifesta* from a postcolonial feminist perspective to highlight the ways in which this foundational text of the free birth movement reinforces imperialist discourse, in which Western experiences and ideas are seen as the standard by which all other experiences are measured. The strengthening of imperialist discourses erases and marginalizes the experiences of non-Western women, who are often subjected to various forms of reproductive coercion and medical treatments.

Although the attitude that Gaskin takes to birthing appears to be a resistance against the patriarchal medical establishment that has historically governed women's reproductive health, I argue that it's necessary to subject Gaskin's approach to critical analysis as such an examination is especially pertinent in a postcolonial setting, which is one in which the legacies of colonialism and imperialism continue to influence the reproductive health of women. Postcolonial feminism is a theoretical framework that seeks to understand the ways in which gender, race, and colonialism intersect to shape

the experiences of women in postcolonial societies. Specifically, postcolonial feminism focuses on how these intersections shape the lives of women in countries that have been colonized. The experiences of women living in cultures that have been colonized, as described by postcolonial feminist theory, are said to be distinct from those of women living in Western societies due to the fact that colonialism and imperialism have left their mark on the former. In postcolonial feminist theory, it is also acknowledged that women do not form a monolithic group and that their experiences are impacted by intersecting identities such as class, race, and ethnicity. There is a recognition that women are not a monolithic entity.

Birth Matters: A Midwife's Manifesta focuses on the experiences of women inside a patriarchal medical system that has long regulated women's reproductive health. The philosophy behind Ina May Gaskin's approach to birthing is founded on the idea that giving birth is a normal, empowering process that women can and should have agency over. This perspective stands in stark contrast to that of the established medical community, which views childbirth as a medical occurrence that must be managed through intervention and regulation.

It is essential when attempting to comprehend the postcolonial feminist interpretation of *Birth Matters: A Midwife's Manifesta* to take into consideration the historical milieu from which Gaskin's approach to childbirth

was developed. As physicians started attending births instead of midwives in the early part of the 20th century, this marked the beginning of the process that is now known as the biomedical model of childbirth. This transition was motivated by a number of factors, including the need for medical authority, the view that labor was a dangerous occurrence that required medical assistance, and the fear of childbirth as a cause of female hysteria. All of these factors contributed to the shift in perspective.

The increasing prevalence of medical intervention during labor and delivery had important repercussions for the reproductive health of women. Even for pregnancies with minimal risk of complications, conventional medical procedures such as episiotomy, cesarean section, and forceps delivery have become the norm. These procedures were frequently unneeded, and they resulted in undesirable outcomes for both the mothers and the infants involved. For instance, the use of forceps during delivery might result in bruising and other injuries to the baby's head, and the mother may have pain and suffering during the healing process following an episiotomy.

In addition, the medicalization of delivery was especially damaging for women of color, who were frequently subjected to forced sterilization and other forms of reproductive coercion. These actions were driven by eugenic beliefs that sought to regulate the reproduction of

oppressed groups and were motivated by the desire to do so.

When viewed in this light, Gaskin's philosophy towards childbirth might be interpreted as a sort of defiance directed towards the patriarchal medical establishment, which has traditionally maintained control over the reproductive health of women. The philosophy that underpins Gaskin's method is the notion that giving birth is a normal, powerful process that is within a woman's power to direct and that she should. Gaskin's approach challenges the authority of the medical establishment and disrupts the power relations that have historically oppressed women. This is accomplished by providing women with the tools necessary to take control of their own births.

Nevertheless, the perspectives of women of color and First Nations women are not adequately addressed in Gaskin's work. This is a significant omission. The challenges that are experienced by women of color are mentioned once, and only for a single line, in the book. It is possible that Gaskin considers the birth experiences of white couples from the middle to upper middle class to be the standard and the only sort of perfect birth experience because all of the five birth stories in the text include such couples. The fundamental "assumption of women as an already constituted and coherent group with identical interests and desires, regardless of class, ethnic or racial location" (Lewis 52) plagues Gaskin's text. This view implies a notion of

common universal suffering and oppression, a "notion of gender or sexual difference or even patriarchy which can be applied universally and cross-culturally" (Lewis 52) that actually has the White middle and upper-class female experience as the universal norm.

In addition, Gaskin's emphasis on having a "natural birth" as the "ideal birth experience" is problematic when viewed within a postcolonial framework. Even though giving birth in a natural setting can be a liberating experience for some women, it is not always viable or ideal for all women. She presents hospital births as opposed to the natural birth movement's goals and presents the experience of unmedicated, intervention-free home births as liberating, joyful, and even safer than hospital deliveries. However, roughly 14 neonates per 10,000 live births die following planned home births on average.

Although sometimes distinguished as a fighter for women's rights, she never identified as a feminist and was extremely critical of the second-wave feminist movement for rejecting motherhood and failing to acknowledge the relevance of motherhood and childbirth in the lives of women. In the context of reproductive health, Gaskin's rejection of feminism is particularly worrisome because feminism has traditionally played a crucial role in the fight for women's bodily autonomy and reproductive rights. Gaskin never addresses why many second-wave feminists abandoned parenthood, and her

view on abortion is likewise questionable. Her criticism of the rejection of motherhood by second-wave feminist thinkers is shallow. She never inquires as to why de Beauvoir and Firestone may have viewed pregnancy, childbirth, and motherhood as a hardship and a dictatorship. She fails to recognize that motherhood cannot be joyous or empowering in a capitalist and patriarchal culture. She disregards the fact that all human experience, including motherhood, is embodied and situated. Everything is experienced through the medium of the body and the location of the body within certain physical areas characterized by their distinct economic conditions.

In the section of the book in which she briefly explores her stance on the issue of abortions, her anti-woman stance becomes glaringly apparent. She only supports women's access to safe and legal abortions because the alternative would be abortions in back alleys, which would put women's lives in grave danger of damage or death. She did not support women's access to abortion because only women should have the right to decide what happens to their bodies, but because the alternative could result in death.

Gaskin vigorously fought for unmedicated births outside of hospitals and utilized the language of freedom and choice to explain this option for all women. Gaskin's anti-feminist views are present throughout the entirety of the book, and her stance on abortion suggests that her opposition to medicalized births

might be based on an underlying desire to bring women back into the home; when in fact, to be emancipated is to be free to make one's own decisions, such as whether or not to give birth in a hospital setting.

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