Retrospective Narrative of My Active Participation in a Home Birth as a Teenager: Reflections on Empowerment and Suggestions for Research

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Home birth is relatively uncommon in the United States (Boucher, Bennett, McFarlin, & Freeze, 2009), especially given the changes in social factors over the past 50 years that have given rise to the number of women who deliver in a hospital (McCool & Simeone, 2002). Despite its rarity, a body of important research has been committed to empirically investigating home birth. A significant segment of this body of research largely focuses on the question of safety for the mother and child (e.g., Budin, 2016). Many studies have pointed to questions beyond safety, including reasons for women's choices and their perspectives. A small body of literature has examined the perspectives of family members present during the home birth. Within this body of literature, *even less* research has investigated the children's perspective in home birth, especially how their participation in a home birth may influence their immediate experiences as well as their

subsequent perceptions and attitudes (Jouhki, Suominen, Peltonen, & Åstedt-Kurki, 2016).

To address this critical gap in the literature, I leverage my experience of being an active participant in the home birth of my youngest brother when I was a teenager. In the current paper, I retrospectively reflect on the details of this transformative experience, including the education I gained, the empowerment I witnessed, and the social constructions that came to light. It is my goal to tie this narrative to the larger body of science and the larger context of labor in the United States so it can inspire future research.

NARRATIVE

As a 14-year-old girl, I was aware that my upbringing was a numerical outlier. I knew home birth was very uncommon in the United States, but for my family it was the norm. Home birth was significantly less expensive than hospital birth in the United States, especially when your family didn't have health insurance. My parents opted to have a home birth mostly for this reason. I remember when my parents announced to my siblings that my mother

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was expecting. I knew this pregnancy was going to be different for *me*, because this time I was old enough to *help participate* during the labor. The baby on the way would be the sixth child in my family. I am the second oldest of my siblings, and I was present, but not an active participant in the planned home birth of three of my younger siblings. When my mother asked if I wanted to participate during the delivery of the sixth baby, I agreed immediately. I knew I would probably be part of a minority of teenagers who would ever have this opportunity and considered being able to participate in the experience as a source of personal pride. It was also around this time when I experienced menarche so the timing of the pregnancy was particularly relevant for me in terms of understanding the significance and meaning of menstruation. Acquiring the ability to become pregnant myself made the experience even more salient.

My active participation in the home birth began much earlier than the delivery itself. Throughout my mother's pregnancy, I was involved at each step. I joined my mother at her appointments at the midwife's home/office and quickly became an active learner of critical information in that environment. Unintentionally, I received a comprehensive and medically accurate sexual education unlike anything I had learned from attending public school. In the United States, the medical accuracy and requirements of sex education material varies wildly, depending on a number of factors such as the state in which you reside. At the midwife's home, I learned about pregnancy, starting from conception, through each stage. This learning was also situated in a larger conversation of sexual health, including the importance of birth control. It was during these visits, that I was able to participate (e.g., feel the baby kicking, listen to the heartbeat) to learn about its development. It was through these visits to the midwife that I became an advocate of women's reproductive health. These topics were only discussed briefly in my public education, and the lack of attention and detail gave the notion that women's reproductive health was not important enough to warrant substantial attention.

On the day of the delivery, because my mother had prepared a birthing plan I knew what my jobs were. I helped set up the birthing pool in my parents' bedroom, my mother's desired location for delivering the new baby, and was ready to provide water, fresh towels, and a hand to hold at moment's notice. I felt a great sense of responsibility and agency, even though my role was small. Throughout the day, it was very difficult watching my mom in pain as she fought

through her contractions without any pain medication. I wished there was a way I could bear some of the burden for her. I finally understood why they called it "labor." I also imagined myself in the future, one day in her place. I asked myself, could I manage this pain as well as she does? Will I have this same strength? Witnessing her pain helped me learn the seriousness and dedication of having a child.

It was also during this time, when I witnessed the importance of a supportive partner during labor. When the contractions became more frequent, my father took on the role of physical and emotional support. He was at some points her rock, and she leaned on him as a way of carrying out the labor together. My father was also an excellent representation of healthier gender norms. The United States reinforces gender norms of hegemonic masculinity—the culturally constructed notion that men are dominant, powerful, and socially located at the top of the hierarchy. In the context of labor, my mother was the one with the physical power. The power distribution during labor is a direct challenge to traditional gender norms (Dolan & Coe, 2011). I witnessed my father rejecting patriarchal dominance. It was through this experience that I learned traditional gender norms are socially constructed, and strict adherence to them has the potential to impact the dynamics of labor.

Being an active participant of this delivery naturalized the idea of women's empowerment. My mother was in complete control; of her body, her needs, and her environment. She moved about the home at her leisure, assumed positions that made her most comfortable, and I witnessed everyone responding to her requests. Likewise, everyone present, respected her sense of control, and all her experiences were perceived as valid. She was never doubted, ignored, or challenged. I grew up thinking that control was always granted to the laboring woman, but I have now learned that for many women this is fact not the case. Further, I witnessed the naturalization of women's physical strength. As a young teenager, I was aware that society routinely challenges the capacity of girls' strength. However, witnessing my mother deliver was a substantial piece of contradictory evidence. The midwives gave words of encouragement

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throughout the labor in ways that suggested there was no doubt she could achieve this physical feat. I also witnessed empowerment through education. The midwives were attentive and with my mother throughout the process. I remember thinking how incredibly smart they were.

Once my brother was born, I was responsible for cutting the umbilical cord. Only a few months before his birth, I learned about the function of the umbilical cord in his development. To me, this experience was the most intense, because I felt that I was responsible for granting him his individualism, his body no longer attached to my mother. This event was so profound, that I still remember the texture of the cord and what it felt like. After, I “helped” the midwife examine the placenta, sitting with her on my parent’s bed as she held the expelled placenta in a basin. She put on her gloves and explained to me what she was looking at as she examined it and why it looked “healthy.” In that moment, I was proud to be a young woman, emerging into adulthood because I was told I had the capacity to produce an entirely new organ that would help sustain life. A specific power that is overlooked and undervalued in society.

Implications and Suggestions

Even now as an adult, this experience this was one of the most impactful and transformative events of my entire life. Throughout my mother’s pregnancy and labor, I temporarily lived in a world outside of society, where women’s health wasn’t marginalized, where violence and oppression against women didn’t exist, and women’s knowledge and power were normalized. I am privileged to have had this experience. Living in that microcosm allowed me the opportunity to see that justice can be achieved, and that extant injustices of obstetric violence, and inhumane treatment are created in our environment as ways to suppress women to the bottom of the social hierarchy, strip them of their natural power, control their bodies, and silence their voices. Being an active participant as a teenager allowed me to believe that

I have control over my body and reproductive freedom. If I choose to have a child one day, I know I must be listened to, and the focus on my well-being should not be optional but rather mandatory.

As stated previously, the body of research that examines the ways in which children’s participation in home birth impacts them is scant. I recommend that researchers examine if/how children’s involvement in home birth impacts their education, actions, and empowerment as adults, like my experience did. First, researchers should examine how participation influences sexual health education, specifically investigating if children who participate in home birth are more likely to be educated with medically accurate sexual education information.

Additionally, it is worth examining a possible connection between participation and policy endorsement later in life. Are children who participate in home births more likely to endorse policies later in life that serve to promote women’s health or reproductive freedom? It would also be interesting for researchers to focus on a sample of young boys who participate in home birth at a young age. Does this experience make them more likely to support women’s reproductive freedom as an adult, or promote gender equity? Similarly, does participation shape children’s labor empowerment later in life? For instance, are children who participate more likely to opt into home birth? Become midwives, nurses, or doctors? Are these children more likely to demand equitable conditions? To be listened to during labor as adults? Are they likely to demand racial equity in child labor within the United States?

Now more than ever, this body of research is needed. Considering the larger context of the United States, the rate of maternal mortality is steadily increasing, headlines are made with the number of women of color dying during labor because of systemic racism, women’s reproductive health is constantly threatened by politics, and sexual health information is not standardized or always accurate. A recent report from the World Economic Forum even stated the grim truth that American women are significantly more likely to die in childbirth than their mothers (Charlton, 2018). The United States needs a culture change in the pattern of birth outcomes, and it needs it fast. Perhaps my experience is an outlier, in that the effect of my participation was overwhelmingly positive and long-lasting. Regardless, action needs to be taken now to investigate what factors matter in creating a better future and reversing the current trends. Children are the

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next generation of childbearing adults, midwives, doctors, and parents; and what they witness matters. Understanding the impact of home birth on children is a small—albeit critical piece—of the larger puzzle on promoting healthy, safe birth in the United States.

REFERENCES

- Boucher, D., Bennett, C., McFarlin, B., & Freeze, R. (2009). Staying home to give birth: Why women in the United States choose home birth. *The Journal of Midwifery & Women's Health*, 54(2), 119–126. doi:10.1016/j.jmwh.2008.09.006
- Budin, W. C. (2016). Home birth safety. *The Journal of Perinatal Education*, 25(2), 71–72. doi:10.1891/1058-1243.25.2.71
- Charlton, E. (2018). *American women are 50% more likely to die in childbirth than their mothers*. Retrieved from <https://www.weforum.org/agenda/2018/11/deadly-delivery-how-childbirth-in-america-is-becoming-more-dangerous/>
- Dolan, A., & Coe, C. (2011). Men, masculine identities and childbirth. *Sociology of Health & Illness*, 33(7), 1019–1034. doi:10.1111/j.1467-9566.2011.01349.x
- Jouhki, M. R., Suominen, T., Peltonen, K., & Åstedt-Kurki, P. (2016). Participation in siblings' birth at home from children's viewpoint. *Midwifery*, 34, 150–157. doi:10.1016/j.midw.2015.11.018
- McCool, W. F., & Simeone, S. A. (2002). Birth in the United States: An overview of trends past and present. *The Nursing Clinics of North America*, 37(4), 735–746. doi:10.1016/S0029-6465(02)00020-8

DISCLOSURE

The authors have no relevant financial interest or affiliations with any commercial interests related to the subjects discussed within this article.

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