

Midwives, medicine and natural births: Female agency in Scandinavian birthing shows

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Abstract

This article examines how the often juxtaposed concepts ‘natural birth’ and ‘medically assisted birth’ figure in *Jordemødrene*, *Barnmorskorna* and *En unge i minuten*: three Scandinavian documentary programmes depicting midwifery and childbirth. Through comparisons between US and UK birthing shows, the study considers the socio-historically specific construction of birthing practices and the figure of the midwife. Non-invasive approaches to labour are celebrated as symbols of an essential ‘women’s culture’ that asserts female agency, but medical technology and pain medication also figure as potential tools for female empowerment, thus rendering the midwife a malleable figurehead for multiple strands of feminism.

Keywords

birthing shows; medical TV; childbirth; midwife; female agency

In June 2008, a few months after the birthing show *Barnmorskorna* (2008) first aired on Sweden’s largest public service channel SVT1, an opinion piece was published in the tabloid paper *Aftonbladet* criticising the programme for frightening women by re-affirming the ‘myth’ that childbirth is complicated and dangerous. The five female co-writers claimed that a dramatic use of music and lack of pedagogical narration resulted in ‘the hospital staff being portrayed as heroes – while the labouring mothers [remained] completely helpless and dependent on modern technology’ (Toss et al, 2008). This reception was unique to neither *Barnmorskorna* nor to the Swedish context: many US and UK birthing shows have received similar criticism. The documentary film *The Business of Being Born* (2008) has, for example, suggested that shows such as *A Baby Story* (1998) and *Maternity Ward* (2000-04) instil enough fear in women to partly explain the exceptionally high rates of epidurals and caesarean sections in the US and *The Guardian* writer Victoria Combe has similarly asserted that: ‘The Channel 4 series *One Born Every Minute*, opening as it does with a bone-chilling wail and a midwife running to an emergency, undermines a birth preparation class in a single episode’ (2012). These critical voices all understand the birthing shows as representatives of what is commonly called the ‘medical model’ of childbirth: a framework emphasising the benefits of hospital births assisted by doctors using the latest in medical technology and pain medication. Furthermore, the judgments made by these critics are based on an investment in the ‘natural birth model’ (or, in the US context, the ‘midwifery model’), an approach instead associated with midwife-attended deliveries that most commonly take place at a birthing centre or in a private home.

Many analyses of birthing shows have positioned the ‘medical model’ and the ‘natural birth model’ as strictly oppositional approaches, but in this essay I will argue that some televisual portrayals of childbirth actually blur the boundaries between these two frameworks. I will show that a comparative and culturally contextualised approach, which studies this type of programming across different national contexts, can generate a more nuanced account of the genre’s construction of childbirth and female agency. I focus on three Scandinavian birthing shows: the Norwegian programme *Jordemødrene* (2007, 2011) and the Swedish shows *Barnmorskorna* and *En unge i minuten* (2011), but I will also discuss a number of birthing shows produced in the US and the UK. I begin by tracing the history of this genre on US television – where it has existed the longest – to provide a backdrop against which to

compare the Scandinavian birthing programmes. My close readings of the Scandinavian shows and their specific cultural contexts also contain comparative references to the UK shows *One Born Every Minute* (2010-) and *The Midwives* (2012-2013), as two programmes that have close ties to their Scandinavian counterparts: *En unge i minuten* is based on the UK format *One Born Every Minute*, while the Norwegian series *Jordemødrene* has served as a model for both *Barnmorskorna* and *The Midwives*.

The most obvious difference between the US, Scandinavian and UK shows, which also reflects their respective healthcare systems, is the fact that a majority of the deliveries featured in the Swedish, Norwegian and British programmes are attended by midwives and take place either in hospitals, birthing centres or private homes, while the US shows favour hospital births supervised by doctors (MacDorman et al. 2012; Osterman et al. 2014, Martin et al. 2015). Furthermore, it is also worth pointing out that across the Scandinavian and British shows a majority of the midwives are women and midwifery is generally discussed as an inherently female profession. However, the final episode of *The Midwives* does introduce the viewers to Sam, 'the youngest of the 169 male midwives in the UK', and several episodes of the second season of *Jordemødrene* feature the male midwife Borzoo, who emigrated from Iran to Norway to fulfil his lifelong dream of working as a midwife. But in both these cases a male midwife is presented as something of a curious exception to the rule that midwifery is a predominantly female profession across both the UK and the Scandinavian countries. The birthing shows generally represent the midwife as a female role, which is why I generally discuss 'her' as a figurehead for female agency in these shows despite the two male midwives mentioned above.

In the US, reality shows focused on childbirth were first conceived in the late 1990s and the genre has been particularly prominent on the cable channels TLC and Discovery Health (the second was discontinued in 2010, at which point several of its programmes were moved to either OWN: Oprah Winfrey Network or Discovery Fit & Health). Two of the longest running programmes, *A Baby Story* (1998-) and *Birth Day* (2000-10), set a precedent for a majority of the subsequent US programmes with their strong tendency towards dramatisation of the birthing process. As a subgenre of the wider category of medical TV, *A Baby Story* and *Birth Day* merged aesthetic and narrative traditions from popular 1990s hospital dramas, such as *ER* (1994-2009) and *Chicago Hope* (1994-2000), and emergency-services 'infotainment' (Bonner 2003: 23; Hill 2005: 46) shows like *Rescue 911* (1989-96) and *Trauma: Life in the E.R.* (1997-2002), blurring the boundaries between factual and fictional traditions.

The increased drive for realism and the development of a more speedy and dynamic style in the hospital dramas of the 1990s were closely interlinked with the emergence of new medical reality TV programmes during this period (Jacobs 2003: 55; Turow 2013: 351-2). Much like *ER*, which portrayed 'medicine as dealing mainly with acute incidents, using generally high-tech approaches' (Turow 2013: 332), *A Baby Story* and *Birth Day* regularly depicted childbirth as a high-drama medical emergency where a doctor had to save the life of either mother or baby (and sometimes both). In these shows as well as in later US iterations of the genre, the birthing process is always interfered with in some manner: the pregnant women are examined internally on multiple occasions; many are induced (given the drug Pitocin and have to have their waters broken); a vast majority are anaesthetised (usually by being given an epidural); and the doctors always provide forceful verbal guidance (particularly telling the women when it's time to 'push'). Many are also helped along in more invasive ways: through the use of forceps or vacuum extraction, or by means of caesarean section.

These interventions are ultimately presented as a way to avoid medical emergencies, which is partly a result of the television producers' continuous attempts to create a more affective, dynamic and entertaining form of television. Any complications or moments of discomfort that women experience during labour are played up with the help of cinematography, editing and sound design, which creates narrative twists that enhance tension, as well as the subsequent feelings of relief and happiness once the child is born. To ensure added drama, many of the subsequent US birthing shows focus exclusively on (what is presented as) emotionally difficult pregnancies or high-risk deliveries. *Maternity Ward* (2000-04) regularly featured babies in need of special care after birth; *Babies: Special Delivery* (2002-06) centred on particularly traumatic deliveries; *Deliver Me* (2008-11) was set at an ob-gyn practice specialising in high-risk deliveries; *I'm Pregnant and...* (2009-) followed women who experienced serious emotional, physical or mental issues during their pregnancies; *16 and Pregnant* (2009-) focused on teenage mothers; *I Didn't Know I was Pregnant* (2009-2011) worried at the dangers of women going into labour before even realising they were pregnant and TLC's web series *A Conception Story* (2010) portrayed the trials and tribulations of couples suffering from infertility. In addition to favouring exceptional cases, the US birthing shows emphasise the hospital setting and medical context in a number of ways. The *mise-en-scène* is littered with iconic medical props, costumes and sets: the hospital personnel sport scrubs and facemasks, and the pregnant women almost always wear medical gowns while giving birth on their backs in hospital beds, surrounded by medical equipment. Furthermore, the use of ultrasound scans and Cardiotocography (CTG) monitors provides powerful visual imagery of medical surveillance.

As Camilla Sears and Rebecca Godderis have argued in their study of *A Baby Story*, the birthing shows mirror a more general tendency in US culture to describe pregnancy using a terminology of illness, thus labelling a steadily growing number of births as 'abnormal event[s]' that have to be managed by certified medical professionals (Sears and Godderis 2011: 185). Indeed, in 2013, 98.6 per cent of all US births took place in hospitals and as many as 85.4 per cent of these were attended by doctors (MacDorman et al. 2012; Osterman et al. 2014, Martin et al. 2015). However, these programmes don't simply document the state of US maternity care. They also serve to naturalise the medical model of childbirth by making technological aids and medical interventions seem essential for a safe and successful birthing experience (Sears and Godderis 2011: 189-90, Morris and McInerney 2010:137, Rooks 1997: 462). Theresa Morris and Katherine McInerney's content analysis also suggests that US birthing shows figure the pregnant woman's body as inferior, unreliable and out of control (it will develop hypertension, cancer, diabetes and other diseases; it will bleed postpartum; it will go into labour too early or too late; and it will make the doctor's job more difficult by screaming or attempting to use awkward birth positions), which by extension also results in an emphasis on 'women's lack of control, power, and autonomy' (Morris and McInerney: 137).

In much the same vein as the critical media reception I mentioned above, Morris and McInerney's and Sears and Godderis' respective studies criticise the US shows for rendering 'non-medical' birthing behaviours completely invisible or, at best, marginalised (Morris and McInerney 2010: 138-9; Sears and Godderis 2011: 190-1; and see, Horeck in this issue). There are, however, some US programmes that do portray deliveries attended by midwives or doulas and birthing practices associated with the 'natural model' (namely, non-invasive methods of examination, alternative pain relief treatments and a wider range of birthing positions). One of these, *House of Babies* (2006), portrays an alternative birthing centre in Miami fairly positively, but a more recent attempt, *Born in the Wild* (2015), is more representative of how 'natural births' have usually been constructed in American popular

culture. The couples in *Born in the Wild* forcefully assert that they reject the medical model of childbirth (by choosing to give birth in remote natural environments), but the programme itself is far more ambivalent towards the notion of 'natural birth'. A large part of each episode is devoted to the planning of the deliveries, a process that highlights the multiple threats the couples will face: attacks from wild animals, adverse weather, infections and other medical complications. In other words, rather than portraying 'natural' births as empowering experiences in any straightforward way, *Born in the Wild* constructs these deliveries as an alternative form of high-risk birth, thus continuing the US tradition of dramatising childbirth as an extraordinarily dangerous event. In addition, the parents featured in *Born in the Wild* generally come across as irresponsible and naïve, which is in line with what Kimberly Kline has shown to be a wider tendency on US television. Her study concludes that a number of prime time dramas similarly 'depict the midwife-attended birth as an irrational choice, the midwife as a controlling bitch, and ultimately affirm the need for the dominant medical model' (Kline 2007: 28).

Although *Barnmorskorna* and *En unge i minuten*, as well as the first season of *Jordemødrene*, are set in major hospitals, they feature a wider range of birthing behaviours and any options more closely associated with the 'natural birth model' are generally portrayed as both safe and beneficial for a successful delivery. The same is also largely true for the UK shows *The Midwives* and *One Born Every Minute*, but the British television landscape also includes *Special Babies* (1994) and *Baby Makers: The Fertility Clinic* (2013), which adhere more closely to their US counterparts by specifically focusing on difficult cases. Some of the featured Scandinavian departments have a variety of pain medications on offer and advanced technical equipment at hand, as well as teams of specialist obstetricians and paediatricians on staff (to aid the midwives if necessary). Others are birthing centres, only staffed by midwives. These mainly offer alternative forms of pain relief, but if something goes wrong the women can be transferred to more well-equipped maternity departments. *Jordemødrene* also portrays home births

Unlike the US shows, which almost exclusively show women giving birth in a static position (on their backs in hospital beds), both the Scandinavian and the UK programmes all portray women as keeping fairly mobile during labour. In talking-head interviews this is repeatedly presented as a more 'natural' form of birthing behaviour. Early on in the very first episode of *Barnmorskorna*, one of the midwives explains: 'It is common knowledge that an upright position produces better contractions, as gravity is allowed to do some of the work. And you actually provide some pain relief for yourself, with endorphins and so on. To just stay still on your back is not good!' The immobility of the women on the US programmes often makes it difficult to ascertain if the labour process has been edited down, but in the Scandinavian and UK programmes there is usually a telling lack of continuity between shots. In the early stages of labour the women wander aimlessly around hospital corridors or bounce on exercise balls; later on they move between the bed, a birth pool and the bathroom, and they push the babies out in multiple positions.

In some cases, this sense of movement is not only conveyed through the editing and blocking, but also by means of cinematography. *Jordemødrene*, *Barnmorskorna* and *The Midwives* are all filmed with hand-held or Steadicam-assisted cameras that trail after the women as they move, which results in more dynamic camera movements that further emphasise the mobile nature of the labour. In general, the effect of the camera movements in these programmes is subtly different from the use of moving camera in the US birthing shows. The

cinematography of programmes such as *A Baby Story* and *Birth Day* follows in the tradition of other medical reality shows that are characterised by an ‘uneven and jostled aesthetic’, which as Kirsten Osther has pointed out, ‘conveys feelings of stress and excitement’ (Osther 2013: 193). This is a ‘camera mobility that seems embodied – it reacts to new events, swiftly and with motion akin to the sudden turn of the head in appreciation of something important and urgent so that the camera seems to mimic the reactions and anticipation of the human body’ (Jacobs 2003: 58). The camera mobility in *Jordemødrene*, *Barnmorskorna* and *The Midwives* can also be described as embodied and certainly implies a similar ‘spontaneous reactivity’ (Jacobs 2003: 58), but it expresses less urgency and stress than the US birthing shows: the movements are motivated by the labouring woman rather than the medical staff. The hand-held cameras are surprisingly rarely used to track after hurrying midwives, which also sets the Scandinavian and UK programmes apart from *ER* and its iconic ‘flying’ Steadicam sequences of doctors rushing gurneys along hospital corridors (Turow 2013: 348).

Another way in which the Scandinavian programmes makes childbirth seem less of an emergency is the fact that many of the women seem fully able to give birth with comparatively small amounts of pain medication. We do see most of them using nitrous oxide (‘gas and air’) at some point during the labour, but only a few are given epidurals and in those cases the programmes are careful to display the process through which this choice is made. It is only after a woman actively asks for more pain relief that the midwives suggest an epidural, but always as one of several different options. In multiple cases women express fear that the epidural might have a negative impact and *Barnmorskorna* even includes an instance where an epidural is ‘removed’ after having slowed the birth down. Other kinds of pain relief are occasionally administered on-screen (some women are offered pain killers, morphine, demerol or pudendal blocks), but the Scandinavian programmes are more forceful in their construction of a number of ‘alternative’ methods of pain relief as mainstream means for managing the agony of childbirth. Most labours feature shots of a midwife or birth partner massaging the woman’s lower back, as well as close-ups of the her face as she uses breathing techniques to get through contractions. Furthermore, acupuncture is presented as a standardised form of pain relief treatment in both *Jordemødrene* and *Barnmorskorna*, while *En unge i minuten* follows in the footsteps of *One Born Every Minute* and regularly features water births in a hospital environment.

Unlike the US shows, the Scandinavian birthing programmes generally tend to promote an approach to childbirth that adheres to the maxim: ‘nature should not be interfered with’, thus figuring childbirth as a ‘natural process’ rather than medical emergency. This idea has its roots in the discourses around childbirth that predates the medicalisation of the labouring process during the first half of the twentieth century. According to Pia Höjeberg, Swedish midwives were up until the 1930s trained in what had long been called the ‘art of patience’: a code of practice that emphasised the virtues of ‘patience, silence and obedience’ (Höjeberg 2011: 218, 228-9). The importance of ‘waiting’ gradually disappeared as deliveries increasingly became relocated to hospitals and by the 1960s the notion of ‘active obstetrics’ had become prevalent throughout the Nordic countries: an approach that instead favoured active intervention and pre-emptive measures (Jansson 2008: 76-8, Lindgren 1979: 187). The ‘art of patience’ first started resurfacing in Swedish debates about childbirth in the latter half of the 1970s, when feminist activists begun promoting the concept of ‘natural birth’ as a way for women to reclaim power over their bodies. Within this feminist discourse the figure of the midwife operated as, in Christina Jansson’s words, ‘a potent symbol in the fight for power over the birth process, a symbol that functioned as a historic link to a natural birth process’ (Jansson 2008: 234). Feminists viewed a more traditional approach to childbirth as having the potential to create a more equal relationship between the woman in labour and those on hand

to aid her. Since the 1970s, some of the ideals associated with traditional midwifery have grown to again become more mainstream across Scandinavia and several of the midwives featured in the contemporary birthing shows assert that in many cases they simply need to 'stand back and let nature run its course'.

The fact that the process of childbirth is often exceptionally slow and time-consuming has tended to be played down in most birthing shows, particularly those dramatically portraying childbirth as an emergency. Events that take many hours, or even days, are edited down to minutes. In many cases the viewers are left only seeing the bits 'where something actually happens' (the examinations, medical interventions, the most painful contractions and the moment when the baby is finally born), which generally makes the process appear quicker and more intense. As viewers we rarely need to be patient. However, some of the Scandinavian and UK programmes, in particular *En unge i minuten* and *One Born Every Minute* actually include more mundane moments where both the parents-to-be and the midwives are simply *waiting*. The specific filming technique of *One Born Every Minute* and subsequently *En unge i minuten* – the so-called 'fixed rig' technique – contributes significantly to this particular format's ability to present a more leisurely version of childbirth that captures some of the tedium that is a crucial part of the process (at least according to the natural birth model). The fixed rig technique uses remotely controlled cameras that have been installed on the walls across the hospital ward, which results in a static and repetitive visual language. As opposed to the urgent and speedy visual style of the US birthing shows, the fixed rig camerawork generally has a calming effect that provides a sense of lucidity, predictability and stillness amongst the hustle and bustle of the hospital (Bull 2015). This is partly the result of the fixed rig technique's own cultural associations with objectivity and authenticity. Helen Littleboy has shown that both the promotion and reception of Channel 4's fixed rig documentaries, including *One Born Every Minute* and *24 Hours in A&E* (2011-) discussed the remote controlled filming process as suitable for capturing the 'mundane, universal truths about human life' because it completely removes the camera crew from the events (Littleboy 2013: 134). This belief can, of course, be deconstructed, but in *En unge i minuten* and *One Born Every Minute* it still helps to produce a more unhurried portrayal of childbirth that constructs it as more mundane than exceptional.

In the cases of *Jordemødrene* and *Barnmorskorna*, the portrayal of birth as a 'natural' everyday occurrence is not a result of visual language, but rather their narrative structures, which are less straightforwardly linear than in many other birthing shows. *Barnmorskorna* never really utilises the dramatic build-up that the birth process easily lends itself to: each episode opens with a segment showing the final stages of a birth rather than withholding this traditionally climactic scene to the final moments of the episodes (where it traditionally has been used to provide emotional relief at the end of a difficult birth and thus serves as proof of the benefits of a medically assisted birth). Furthermore, whereas most birthing shows present the birth process as ending at the moment the child is placed on the mother's chest directly after birth, several episodes of *Barnmorskorna* include subsequent events rarely seen on television: the women keep contracting, the placenta is delivered, and stitches are being placed. *Jordemødrene*, in turn, utilises a fairly complex 'flexi-narrative' structure (Nelson 1997: 34) that features longer narrative arcs that span over several episodes, intercut with short snippets from other women's experiences. On several occasions we never get to witness the usual money-shot of the genre: the actual moment of birth. This contributes further to a portrayal of childbirth as an everyday experience that many people share, rather than a truly unique, and highly individual, event. It also serves to naturalise midwife-attended births and results in an implicit assertion that every woman has the innate ability to give birth more or less 'naturally'.

The second season of *Jordemødrene* is particularly forceful in its celebration of the ‘natural birth model’ by only featuring deliveries that take place in private homes or at small birthing centres in peripheral parts of the country. Its rejection of the conventional hospital setting is continuously emphasised: the episodes are interspersed with aerial footage of fjords, forests and isolated snow-covered villages, and each plotline is introduced with on-screen graphics spelling out the time a transfer to a proper hospital takes by either car, boat, helicopter or plane. Like *Born in the Wild*, the second season of *Jordemødrene* occasionally uses this emphasis on remote locations to create drama. For example, in one episode a group of midwives point out that all medical air transports are impossible due to an ash-cloud produced by the eruption of the Icelandic volcano Eyjafjallajökull; a scene that lends an increased sense of urgency to a subsequent sequence where a young mother is transferred to hospital in an ambulance due to foetal growth problems (even though this is actually a scheduled journey, not an emergency transfer). However, the drama is never as heightened as in *Born in the Wild*, and *Jordemødrene* generally presents midwife-attended births at remote locations as a safe, rational and positive practice.

More so than anything, the visual and narrative focus on remote Norwegian landscapes serves to construct childbirth as inherently ‘natural’: to give birth is, it suggests, to be part of nature. *Jordemødrene*, *Barnmorskorna* and *En unge i minuten* are all littered with verbal references to reproduction and childbirth as ‘an instinct’ or ‘a force of nature’. The tendency to equate childbirth with nature even extended to the promotional material and reception surrounding the programmes. In a 2011 radio programme that celebrated *Barnmorskorna* as one of the ‘classic’ programmes of Swedish public service television, Ingemar Persson (head of the documentary department at SVT) describes it as providing viewers with a profound experience similar to that of being in nature [‘en naturupplevelse’] and he also explains that the production team specifically wanted to encourage ‘urban-dwelling’ humans to once again ‘connect with the miracle of life’. Discourses such as these reveal the extent to which the ‘natural birth model’ is rooted in biological essentialism: women are seen as having been ‘born to give birth’ without medical intervention and the (traditionally female) midwife is often presented as a ‘natural born expert’ simply due to her gender.

Much more so than the UK birthing shows, the Scandinavian programmes generally articulate a set of ideas about natural birth that can be traced back to the 1950s and had a more forceful break-through in the mid 1970s. According to Jansson, the notion of ‘natural birth’ first started circulating in Sweden after a translation of the British obstetric physiotherapist Helen Heardman’s book *A Way to Natural Childbirth* was published in 1950. Her ideas were further disseminated by the Swedish gynaecologist Gunnar af Geijerstam, who was also inspired by the British physician Dick Read’s 1933 book *Natural Childbirth*, which argued that labour pains were an unnatural result of women’s fear of childbirth; a fear they had developed as Western civilizations became increasingly removed from ‘nature’. Read’s claims were rooted in Victorian ideas that viewed motherhood and domesticity as (biologically) intrinsic parts of womanhood. He also claimed that more ‘primitive’ women had naturally pain-free deliveries, something that all women were capable of achieving by embracing childbirth without fear (Jansson 2008: 68-74). Jansson shows that these ideas initially had little impact on birthing practices in Sweden, but this changed in the mid-1970s when the feminist movement repurposed the notion of ‘natural birth’ as a tool for female empowerment. It was specifically incorporated in a particular strand of feminist activism, inspired by American feminist movements seeking to strengthen the status of so-called ‘women’s culture’, rather than aiming to move women into traditionally male arenas (Jansson

2008: 236-8). This historical discourse is explicitly evoked in the title sequence of *Barnmorskorna*, which not only features shots of babies in the arms of smiling midwives that emulates the grainy and saturated look of film stocks of the 1970s, but also a soundtrack that directly references the same era. The music, composed for the programme by Niko Röhicke, borrows some of its core melodic theme from the song 'Ich weiss es wird einmahl ein Wunder geschehen' – most famously performed by Zarah Leander in the German war film *Die große Liebe* (Rolf Hansen, 1942) – but uses a progressive rock composition reminiscent of Pink Floyd, which puts a distinct 1970s spin on the 'miracle of life' theme that the melody references.

The 1970s construction of the 'natural birth model' and the figure of the midwives as representatives of 'women's culture' blend fairly seamlessly into current postfeminist reappropriations of cultural markers of femininity that similarly reassert traditional ideas about gender difference while arguing that childbirth can be an avenue for female empowerment. Across *Jordemødrene*, *Barnmorskorna* and *En unge i minute*, women are generally portrayed as motherly, caring and communicative, while men are frequently shown as struggling to deal with childbirth. Close-ups of male birthing partners are often used to illustrate that they are worried, fidgety and awkward, or so uncomfortable that they have to leave the room or sit down in order to avoid passing out. Furthermore, both *Jordemødrene* and *Barnmorskorna* include fairly lengthy scenes where men are made to feel momentarily useful by helping the midwives work out a minor mechanical problem with the equipment in a birthing room. Such sequences are used to display the comparative futility of a traditionally male skill-set in this context and thus construct childbirth as an arena where women are stronger and more knowledgeable than men.

However, the 1970s nostalgia expressed in the title sequence of *Barnmorskorna* does not necessarily evoke just an investment in traditional 'women's culture'. It might also recall the 1970s as a time when the feminist movement more generally encouraged women to take control over their bodies and the reproductive process, and as a time when information about birth control and family planning entered the public domain more widely. At least in Sweden, the history of documentary images of childbirth is closely tied to the history of the education film. As Elisabet Björklund outlines in her history of sex education films in Sweden, documentary footage of childbirth was included in several educational films shown in Swedish cinemas during the 1940s and 50s, and following the introduction of compulsory sex education in schools in 1955, a number of educational films were produced with the aim to introduce children to the 'facts of life' (Björklund 2012: 87-9, 251, 281-6). Educational films about childbirth have also long been part of the parent training programmes that pregnant couples are encouraged to attend. For example, throughout the 1980s most parents-to-be were shown the film *Födelsen* (1979), which documents a midwife-attended hospital birth in much more explicit detail than any of the contemporary birthing shows. This generic tradition is not only evoked by the retro visual style of *Barnmorskorna*'s title sequence, but also the overall educational tone and address of the programme. More so than *En unge i minuten*, which has a narrative structure strictly focused on individual 'birthing stories', *Barnmorskorna* has a clearly articulated educational aim. Each episode is focused on a specific issue, which is discussed by the midwives in interviews and explained by an authoritative male voice-over. This mode of address is also aligned with the classic public service aims of its broadcaster, SVT, which also explains why BBC opted for this particular format when making *The Midwives*. In addition to educating its viewers, *Barnmorskorna* is also careful never to take

sides on any potentially controversial issues, in line with the public service ethos of inclusivity.

One such long-running public debate that all the Scandinavian birthing shows address also has its roots in a 1970s feminist movement: the right to pain-free labour and pain medication is always depicted as an informed choice on the woman's part. In the late 1960s and early 1970s feminist activists also circulated the idea that medicine and technology should be used as potential tools for female agency and empowerment (Jansson 2008: 149-161). The Swedish feminist movement 'Group 8', for example, had 'equal rights to pain free childbirth' as a highly prioritised demand. There is therefore a fairly long history of not simply viewing medication as a tool for female subjugation, but a means through which women could take control over their own bodies. In the current context, assisted reproduction technologies are often discussed as one such biomedical tool for female agency. The second season of *Jordemødrene* engages concretely with this issue in a long-running plot-line that follows a midwife in a small Norwegian town who, after a failed relationship, travels to a Danish infertility clinic that offers artificial insemination to single women. In a number of interviews with the midwife and her elderly mother this choice is described as an empowering act, a way for a strong and intelligent woman to take control over her own reproduction process.

Similarly, the Scandinavian programmes also result in a significant reconfiguration of the figure of the midwife by staging her as a celebrated medical expert that not only uses her sensory intuition and emotional care to support women in labour, but also a wide range of sophisticated medical technologies. In other words, she becomes a malleable figurehead that can simultaneously function as a role model for several different strands of feminism. A majority of the episodes contain nearly as much medical iconography as the American shows: recurrent lingering shots of scientific imaging technologies, medical equipment and hospital spaces. However, because *Jordemødrene*, *Barnmorskorna* and *En unge i minuten* specifically focus on the work of (mainly female) midwives, the medical spaces, technologies and practices become predominantly associated with this traditionally female profession and it is easy to forget that they don't have the same medical training or status as doctors. Actual doctors play a comparatively small role in all three programmes, even in situations where a doctor is clearly in charge of the medical procedure shown (such as caesarean sections or deliveries using forceps). The narrative focus is still on the midwife and she is the one explaining to the woman (and the viewers) what is happening: in our eyes she is the one in charge. This results in a kind of feminist technocratic optimism: in the figure of the midwife the idea of a caring, emotive and supportive female blends with the notion of the medical expert mastering cutting-edge technology.

To conclude, the 'medical model' and the 'natural birth model' are blurred in the Scandinavian birthing shows and the figure of the midwife becomes a representative of two public healthcare systems that as a result seem both medically advanced and compassionate. This complex interlinking of two traditionally oppositional approaches is also expressed through the programmes' repeated inclusion of romantic shots of Brutalist hospital buildings in beautiful natural settings. This blurring is also present in the UK programmes, which similarly construct the midwife as both a skilled medical professional and a distinctly female figure of care; two characteristics that fit nicely into the wider cultural construction of the NHS as a compassionate and inclusive system of medical care. Hence, in addition to their formal divergence from US programmes such as *A Baby Story* and *Birth Day*, the Scandinavian and UK shows stand out by regularly figuring a number of birthing behaviours traditionally associated with the 'natural birth model'. However, with their 1970s nostalgia, and an almost romanticised depiction of childbirth outside of the hospital setting, the

Scandinavian programmes ultimately go even further than their UK equivalents in idealising the notion of ‘natural birth’.

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