

Film title: *The Communities We Create*

Film link: <https://youtu.be/SxuOArOVJjQ>

Film Abstract: This film examines the overmedicalization of childbirth and how this has contributed to the loss of knowledge regarding childbirth and breastfeeding. As childbirth was moved out of the home and into the hospital in the late 19th century, giving birth became a medical procedure, and centuries of knowledge were lost. Women and birthing people have struggled to regain this knowledge. However, through the help of social media, the community has been resurgent around childbirth and breastfeeding, providing women and birthing people with the much-needed information and support they are seeking. In this film, I show how birth has become medicalized and for profit, how counterculture efforts have fought to restore agency over childbirth, and how social media has become a source of community.

Social Media and the Reproductive Justice Movement

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Ruha Benjamin was promoting her latest book, “Viral Justice: How We Grow The World We Want,” in an interview with Adrienne Maree Brown when she asked the straightforward question, “Where do we look for inspiration, insight, and knowledge?” Both Benjamin and Brown were born in September 1978 (as was I) and are at the tail end of Generation X. This question is a reminder, especially to my own and older generations, that there was, in fact, a time when inspiration, insight, and knowledge could only be found through organic, physical, analog sources- we had to make an effort to discover new literature, music, or scientific discoveries. We had to physically take ourselves to the library or record store or visit a museum. If we wanted to effect change, we had to physically participate in movements or campaigns, whether local grassroots movements in our community centers or more significant national movements like the civil rights movement in the 60s or the pro-choice demonstrations I witnessed in the early 90s. We had to hit the pavement and go door to door to get signatures and hand out information to *reach* people.

Moreover, while some means of political inspiration, such as music, were very effective at rallying people together for a common cause and effecting change, grassroots movements needed to be faster to get up and run before the internet. In our radically changed times, the internet and social media allow us to participate virtually within seconds. In her book *Viral Justice*, Benjamin (2022) argues that “solidarity is contagious.” She cites Chile’s radical social and environmental change in 2019, “where indigenous communities led the charge for a nationwide reinvention.” The protests started as a response to an increased subway fare, but the protesters quickly incorporated indigenous grievances, ultimately leading to the election of 155 representatives to completely rewrite their constitution (Benjamin 2022). This swift action, a significant social and political change over just two years was made possible with social media’s help. Through these platforms, protesters could assemble and inform the masses with such intensity that it affected change.

One area where we see the reach and influence social media can have is reproductive justice. According to Loretta Ross (2017), one of the movement’s founders and head of the organization SisterSong, “reproductive justice is a framework that moves women’s reproductive rights past a legal and political debate to incorporate the economic, social, and health factors that impact women’s reproductive choices and decision-making ability.” Ross further defines

reproductive justice as “the right to not have a child, the right to have a child, and the right to parent children in safe and healthy environments” (9). The reproductive justice movement came to be in 1994. The group’s founders felt the women’s rights movement, led by and mainly representing middle-class and wealthy white women, could not defend the needs of women of color and other marginalized women and trans people (Carathers 2019). Social media suddenly gave reproductive justice activists the potential to reach millions, especially marginalized people whose access to healthcare and pertinent information was limited.

We have access to more evidence-based information through social media and the internet than ever. Birth workers, in particular, have utilized these platforms to their full potential. Birth workers, who include midwives, doulas, lactation consultants, and childbirth educators, have been a driving force in the reproductive justice movement. Their online presence has been essential in highlighting, for example, racial disparities among pregnant people and infant death rates. In 2016, the Centres for Disease Control and Prevention (CDC) statistics showed that Black infants in the US are two to three times more likely to die in their first year than white infants. In addition, black birthing people are three to four times more likely to die due to childbirth than their white counterparts, regardless of socioeconomic status (Carathers 2019). When activists post these statistics and other relevant information on their social media accounts, it raises awareness and is a platform for the general population to take action. For example, the Black Maternal Health Momnibus Act is a bill introduced by congresswomen Alma Adams and Lauren Underwood, designed to extend Medicaid benefits to pregnant women of color who are most at risk. The Black Maternal Health Caucus and several other prominent organizations used their social media platforms to raise awareness of this pending bill in congress. With the outreach of activists to their congressmen and women, the bill passed in 2021.

However, it is more than access to care and benefits necessary when fighting for reproductive justice but also provides information. Accessing evidence-based research easily is critical to closing the gap on these startling statistics. In the United States, the cesarean rate has increased from 5% in the late 1970s to 32% today. According to researcher Rebecca Dekker (2016), “evidence shows that a high surgical birth rate increases the risk of adverse health outcomes for both women and infants, including maternal hemorrhage, hysterectomy, infection, placental problems in future pregnancies, pediatric asthma, and perinatal death in future pregnancies.” In addition, studies have shown that caesareans in the United States have been overused and, outside of emergencies, have not been shown to provide any medical benefit to pregnant people and infants. Pregnant people can easily access these statistics and evidence-based findings to make informed decisions regarding their pregnancy and care (Dekker 2016).

In assessing the power of these online platforms, it is necessary to acknowledge the threat that unreliable sources represent in disseminating empowering knowledge. In addition, the difference between fact and personal opinion or experience can sometimes be challenging to define. With this in mind, the presence of birth workers online is significant, facilitating the process whereby pregnant people discover, engage and discuss any questions they might have regarding pregnancy care while maintaining a sense of agency over their decisions.

One beneficial online resource is the aptly named organization, Evidence Based Birth. EBB offers a monthly subscription aimed at birth workers where users can access full-length research articles, participate in training sessions, and receive up to 20 hours of continuing education credits. For users who are not members, EBB’s social media accounts are filled with evidence-based information accessible to anyone with access to social media. Other organizations, such as Child Birth International, NAAB, The National Association to Advance Black Birth, The Black Doula Collective, Carriage House Birth, and the previously mentioned SisterSong, provide users with reliable, up-to-

date information on a range of issues concerning reproductive justice. A minor movement within the reproductive justice movement seeks to disrupt the traditional narratives of authority and expertise by decolonizing certain knowledge sets. Advocates for this movement, such as Eri Guajardo Johnson, founder of BirthBruja, encourage birth workers to decolonize their practice, offering this guide and definition on their Instagram page, “Dismantling systemic oppression and the cultural & social practices that perpetuate them. Valuing, centering & revitalizing Black & Indigenous knowledge & approaches while weeding out colonial ideologies such as white supremacy, patriarchy, homophobia, separation of mind, body & spirit, etc.” (Birthbruha 2022). This movement takes a different perspective on research and invites followers to “break from reliance on academic, peer-reviewed, institutionally endorsed research or “science” and certifications, credentials or formal training, especially ones that are not self-aware about their role in perpetuating settler colonialism and white supremacy” (Birthbruja 2022). Decolonizing birth has especially gained traction among Black, Indigenous, and People of Color (BIPOC) to reclaim rights to their bodies, traditions, and birthing experiences. This sentiment stems from the sharp shift away from the medicalization of birth and white male obstetricians that have dominated the birthing landscape for over a hundred years. The majority of these sites and pages, while moving away from the mainstream tradition of evidence-based care, still align with the reproductive justice ethos to serve and advocate for marginalized people. These sites often serve as a refuge for pregnant people looking to connect with like-minded people and affirm their birthing choices.



(birthbruja 2022)



(queerbirthworker 2022)

Reproductive justice birth workers have also been instrumental in incorporating inclusive language into their practices. In 2017, when I started my doula and lactation consultant training, I was surprised to see the use of inclusive language that was so widespread in this field. For example, terms such as “chestfeeding” and “pregnant people/person” in place of “breastfeeding” and “pregnant women”

were commonplace. Charlie Rioux (2021), a researcher from the University of Oklahoma, argues that transitioning from (cis-) women-centric language in the context of pregnancy, terms such as “women,” “girls,” “mothers,” “maternal, and “maternity” to gender-inclusive language such as “patients,” parents” in the medical and research setting is essential because

ubiquitous use of (cis-) women-centric language contributes to (1) the erasure of gender diversity, (2) inaccurate scientific communication, (3) has a societal impact, for example, being picked up by the students, practitioners, clinicians, policymakers, and the media.” Rioux further adds that “gender inclusive language is a crucial first step towards the inclusion of gender-diverse people in health research (Rioux 2021, 1-3).

This is a sentiment that the reproductive justice movement has an excellent understanding of, as part of their mission is to focus on the intersectionalities of reproductive care. Birth workers on social media have taken this position seriously. They have so much as called out birth work organizations who do not use inclusive language on their Facebook or Instagram pages. There has also been a surge of radical and full-spectrum doulas available to guide and support people through gender transition. Incorporating this service into their practice and promoting this work on their social media accounts helps to normalize the use of inclusive language and disrupt social norms around pregnant people (Carathers 2019). King Yea, known by their social media handle, QueerBirthworker, offers workshops on navigating the queer birthing space and incorporating inclusive language. The work of radical or full spectrum doulas (trans-centered) is essential because trans and queer families might face specific challenges, which, according to one full spectrum doula, Moss, include topics like cycle tracks, finding a fertility care provider, choosing a sperm donor, planning the insemination and fertility options, gestation and postpartum after top surgery, or inducing lactation as someone assigned male at birth. Trans-centered doulas are well-versed in navigating the complex landscape that makes up fertility and birthing institutions and providing resources specific to trans families. For queer and trans families, going through the process without the assistance of a support person can feel daunting and overwhelming. Moss, the doula, offers a clear sense of what the benefits are of having trans centered doula support trans and queer families on their Instagram page:

“What skills do trans-centered birth workers bring to the table? First, ease with using correct pronouns and names. The knowledge that everyone has a different set of gender and body words makes them feel safe in their body. A fierce commitment to educating care providers about your language preferences and taking the burden of correcting off your shoulders. As gestation and chestfeeding by trans folks are largely unstudied by institutions, we also seek and hold experiential knowledge from the swath of trans parents who have come before” (mossthedoula 2021).

The social media accounts of these doulas provide helpful information for queer and trans families. However, also advocate for their right to access healthcare which is currently at risk.



(queerbirthworker 2022)



(queerbirthworker 2022)

Regarding how pregnancy and birth are portrayed, social media has played a crucial role in moving away from the stereotypical portrayals of labor that we often see on television or in films. Birth workers and especially birth photographers have revolutionized the way we see birth. This is important because, as suggested, the dramatization of birth perpetuates the medicalization of childbirth by instilling fear in the audience about childbirth. For the pregnant person the fear of childbirth can often result in pregnant people making decisions regarding childbirth based on experiences they saw on television. Ann Luce (2016), a researcher at Bournemouth University, states, “Fear surrounding birth and particularly the fear of birthing outside the “safety” of the hospital, may be responsible for early labor admission and the subsequent cascade of intervention” (8).

Birth photographers and workers have set out to change this misperception, and thousands of realistic images and videos of births can now be found on social media. In the anglophone world, birth photography has become very popular. This documentation of labor, including BIPOC, queer, and trans families, has helped empower these families through body positivity in pregnancy and breast/chestfeeding. We finally see pregnancy, childbirth, and postpartum care realistically. What is fascinating about what social media has brought to the birth world is an entirely new archive of what was once a rare image and is now part of our mainstream media. Instagram no longer censors birth, and anyone who follows any given birth worker on social media may come across several images a day of a birth scene. Birth workers often go to great lengths to create a calming setting for their clients. We often see births in birthing centers with a birthing pool, low lighting, calming music, and an entire support team. Other images include seeing the birth workers working directly with their clients, providing a massage, and comforting them. However, the images are often intimate moments between the birthing person and their partner. These images are compelling in breaking racial stereotypes, as BIPOC women in the past have often been portrayed in the media as “single mothers”

(Celestin 2021) and reinforce positive images of families, including queer and trans families.



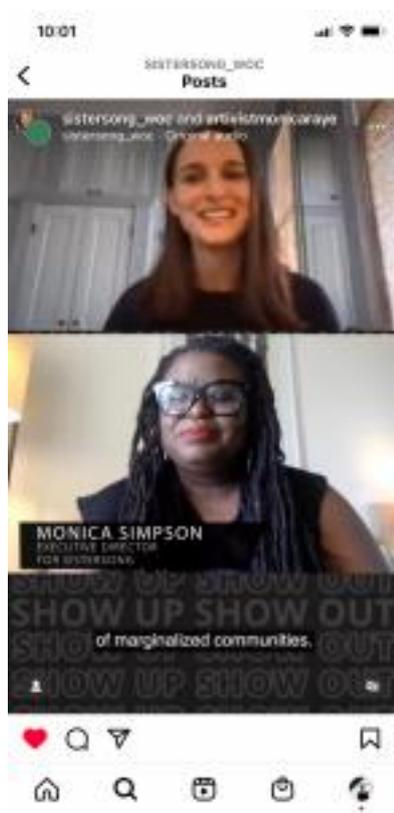
(greenvillebirthphotographer 2022) (greenvillebirthphotographer 2022)

Social media has great potential to effect change in the reproductive justice movement. The ability to reach thousands of people daily was unimaginable even 20 years ago. However, real social change comes from a collective movement across political lines. Tech experts acknowledge that social media algorithms keep users stuck in echo chambers. The more information a user is exposed to that reinforces their opinion, the more difficult it becomes for the user to be open to the “other side” (Bail 2021). Experts admit that users believe they can choose what they view online. However, the algorithms are designed to keep users engaged for extended periods, continuously showing users content that drives them further into a particular belief. While the implications may initially seem benign and simply in line with what the user already believes, the impact of these political echo chambers can have devastating effects on underserved and marginalized populations. The 2016 election has been cited as an example of the fallout of these echo chambers, and the ramifications will be felt for years to come.

In the context of reproductive justice, the decision by the Supreme Court Justices to overturn *Roe v. Wade* was unprecedented and has set the movement back decades. The result shows that social media can be an effective tool for getting information, but users need to understand better how social media can reach across the aisle. According to Chris Bail (2021), founder of The Polarisation Lab (polarizationlab.com), researchers at Duke University are working together to understand how social media shapes political polarisation and claim to have developed tools that help people to hack political polarisation. The devices require social media users to reflect on and understand their use of social media, stating, “we all need to learn more about how others perceive our behavior, how to avoid trolls

and other extremists, and how to identify other users with whom we can find common ground.” (polarizationlab.com)

Reproductive justice leaders are working hard in this upcoming midterm election in the United States. This movement is at stake as abortion rights are being whittled away in many states. Social media's role in this election is crucial and requires reproductive justice activists to be tech-savvy when organizing and mobilizing voters. The passing of the Mommibus Act last year should give some hope to reproductive justice activists that their campaigns are effective and that their efforts to uphold the right to maintain personal bodily autonomy, have children, not have children and parent children in safe and sustainable communities are taking hold. Social Media has carried a safe space for marginalized people to gather virtually, connect, and have representation. There is still much work to be done, but as activists advance in their knowledge of social media usage, the possibilities to reach voters and effect change will continue to grow.



(sistersong_woc 2022) (sistersong_woc 2022)

I have included a screenshot of Rioux’s table of gender-inclusive language for pregnant people to illustrate the ease of passing on information in the era of smartphones and social media.

(Ch)-woman-centric terms	Gender-inclusive examples*
Pregnant women	Pregnant individuals Pregnant people Pregnant patients Pregnant participants Pregnant partners
Pregnant mothers	Pregnant individuals Pregnant people Pregnant patients Pregnant participants Pregnant partners
Pregnant girls	Pregnant teens Pregnant teenagers Pregnant adolescents Pregnant youth
Childbearing women	Childbearing individuals Childbearing people Childbearing patients Childbearing participants
Women in labor	People in labor Patients in labor Laboring people Laboring patients

Maternal mortality/complications	Pregnancy mortality/complications Perinatal mortality/complications Obstetric mortality/complications
Maternal health	Pregnant parent health Birthing parent health Health during pregnancy Perinatal health
Maternal care	Birthing parent care Obstetric care Perinatal care Childbearing care
Postpartum women	Healthcare during pregnancy Postpartum individuals Postpartum people Postpartum patients Postpartum participants
Maternity (i.e., motherhood)	Parenthood
Maternity (i.e., period)	Perinatal
Women of reproductive age	People of reproductive age People of childbearing age Patients of reproductive age Patients of childbearing age Participants of reproductive age Participants of childbearing age
Mothers	Pregnant parents Gestational parents Birthing parents Childbearing parents Parents Participants
Fathers	Co-parents Non-birthing parents Non-childbearing parents Partners
Breastfeeding	Chestfeeding Human milk feeding
Breastmilk	Human milk Expressed milk

*Recommendations based on Struema and Wu,¹⁷ Mescon et al.,¹² McGrath and Brandon,⁴¹ Barickot et al.,⁴² and authors of this article.

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