

My Caesarean: 21 Mothers on the C-Section Experience and After

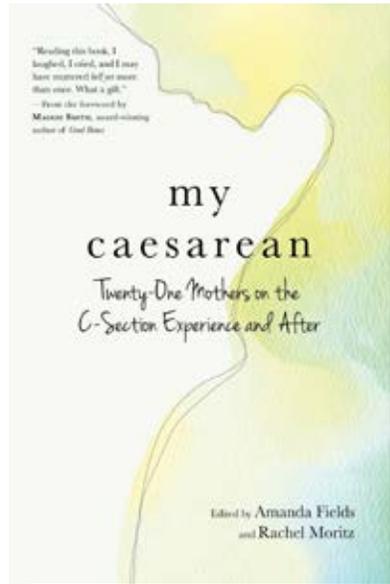
Eds. Amanda Fields and Rachel Moritz
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Reviewed by Cassie A. Wright
Stanford University

Western lore often describes birth as miraculous. Upon some reflection, this makes sense. For thousands of years childbirth was the leading cause of death for women and still is for some women in certain parts of the world. Not surprisingly, maternal mortality is a key global health indicator. According to current global health data, annually 300,000 women die during childbirth, 95% of whom are from low-and middle-income countries (WHO). Seen in this context, birth really is a miracle. So too caesarean, which, thanks to advances in technology and medicine, has become much safer over time.

As an intensive surgery, caesarean is not without risks, however, including increased risk of maternal and infant mortality in comparison to natural birth (OECD). There is also some evidence to caution against a marked rise in “unnecessary” or elective caesarean in many developed countries (WHO). If we take the United States as an example, nearly one in three births is now a cesarean (Fields and Moritz 56). Yet the US has one of the worst maternal mortality rates of developed countries, particularly for women of color who die in childbirth at rates around two and half times higher than white women (Faborode et al.) As the WHO report on global sexual reproductive health data notes, “timely access to caesarean section when needed is required for safe childbirth, but ‘too little, too late,’ or ‘too many, too soon’” remains a problematic pattern in global birth statistics (WHO). As medicine, policy, and community activist groups work to curb maternal mortality rates and promote birthing justice, how we discuss, define, and legislate women’s health—how we talk about birth and cesarean—matters. Perhaps, more importantly, how caesarean mothers talk about birth matters.

What can we learn from listening to caesarean mothers’ stories? This is the question Amanda Fields and Rachel Moritz, both C-section mothers, posed to an online community several years ago as they endeavored to make sense of their own caesarean experiences. What started as a rich social media thread eventually turned into a larger political project to “widen the conversation around birth,” intentionally embracing “the power of many voices” (xvi). The result is an edited collection that artic-



ulates a range of experiences and perspectives on caesarean often absent from broader public discourse and commonplace birthing talk. Readers of the *Community Literacy Journal* will be drawn to the collection's intimate series of first-person narratives, representing a range of authorial standpoints and identities, that explore C-section as a "potent symbol" of contemporary childbirth, and the opportunities and challenges therein (2). Reading at times like poetry, at other times like a series of meditations in the essayist tradition of Michel de Montaigne, contributing authors "spin trauma into beautiful scenes," helping readers better understand the caesarean experience one word, one scene at a time (134).

The book is organized in three sections across which essayists unpack how tropes and myths central to birthing talk impact caesarean mothers' sense of self-worth and health. Section one, "Birth Matters," explores birth as what Alicia Jo Rabins calls a foundational rite of "passage" (5). In this section especially, the twin tropes of control and failure frequently rear their heads. In "Pulled into brightness," co-editor Amanda Fields recounts how her birth plan, which originally involved a natural birth assisted by a midwife in a women's center, changed suddenly to an emergency caesarean in a hospital. Such change of plans forced Fields to confront how the "thread of control . . . is a powerful root in birthing narratives that pits 'natural' against 'medical intervention'" (26). The result is often feelings of failure. "Whenever prompted about my daughter's birth," writes Fields, "I recounted the caesarean in an embarrassed apology. Everything I said was geared toward my body's failure" (26) because "my body had failed to do a thing [it] was engineered to do" (33). Fields is not alone in these feelings. Jacinda Townsend's essay "On Becoming a Mother" recalls how, despite "split open like a hog" (11), she still "did not actually feel that [she] had become a mother" (12). Perhaps, muses Townsend, it's because she had been "handed down a cosmology of mothering that did not include one's body *failing* to do its natural job" (12); or perhaps it's because "we fetishize the birth experience" (17), creating impossible standards and reducing birth to clichés that ignore the lived realities and complexities of the scene.

And while there is grief, there is also gratitude woven into the tapestry of section one. In "My Unnatural Birth Stories," Rabins notes how it's "[i]mportant to be grateful for the knife and the anesthesia when they can save your baby's life, or your own" (6-7). After surviving the trauma of having lost her first son during childbirth because "a doctor tiptoes around the 'caesarean' word until there is no chance" (42), Robin Schoenthaler's essay "Wounds" rejoices at having given birth to her second son, Kenzie, by a caesarean that she describes as "stately, majestic, simple" (44). "Wounds," among other essays in the collection, is a reminder that "[a] C-section for us meant life. His life. My life" (Schoenthaler 42).

In part two of the collection, "At the Threshold," essayists explore how "intersecting webs of identity, culture, and meaning" inform experiencing caesarean (57). As a preface to the section, Fields and Moritz recount important statistics around caesarean, helping readers understand the necessity of the practice even as we may question its increasing prominence in Western medicine. Essays in this section help readers see that sometimes C-section is the best and only choice; often this is accomplished

by problematizing tropes of martyrdom and self-sacrifice tied to birthing lore. In “I Didn’t Dream of Pregnancy,” Tyrese Coleman asks readers to consider why “we birthing parents feel we have to sacrifice ourselves and our bodies for the sake of our children? . . . A vaginal birth says, ‘Here, I give myself up for you.’ Just the beginning of such sacrifices that will happen throughout the course of our lives with our children” (84). Resisting such sacrificial rhetoric, however, Coleman forwards the “unpopular opinions” that “C-section is an act of empowerment” (84), and “childbirth is trauma” (86). Likewise, in her daring essay “A Thin Blue Wall,” Jen Fitzgerald, a survivor of child abuse, notes how her own childhood trauma leads her to resist notions of motherly martyrdom. Echoing Fields’ critique of the illusion of control and Coleman’s insight that birth can be traumatic, Fitzgerald recounts how she asked her husband to choose her over the baby. “It was the last bit of control I had to relinquish,” she writes (79). This too is a threshold, one about family and loyalty and femininity and martyrdom; and it is taboo terrain, turning notions of feminine virtue and sacrificial birth on their heads as Fitzgerald invites readers to see the caesarean mother as more than just a womb, a vehicle for delivering another life into the world. It is a challenging, but necessary, read.

Along with critiques of self-sacrifice are equally challenging acknowledgements of loss in section two. For Daniela Montoya-Barthelemy, her emergency caesarean birth—as a result of a rare disease—meant confronting suddenly and violently the “whitewash[ing]” of birth that explained for her how she “could be so ignorant” of her own “Latinx family’s traditions in the birth room” (121). This confrontation left Montoya-Barthelemy feeling “blessed and cursed” and “still holding grief” (128). Likewise, co-editor Rachel Moritz, in recounting her birthing story as a queer parent whose son spent his first days in a NICU as a result of a lung infection from a delayed caesarean, notes how she is “struck by how much of Finn’s birth story still resonates with loss. The loss I encountered while trying to bring someone new into the world, which was ultimately a gain. How some losses continue; they’re part of the story” (Moritz 142).

Stories in the third section, “Beyond Postpartum,” reflect on the extensive recovery, physical and psychological, that follows birth. Here, perhaps more than in other sections, essayists mine the metaphoric potential of the scar. For LaToya Jordan, her “zigzag scar” symbolizes how her “plans have changed” (161). In her essay “Zig Zag Mother,” Jordan notes her alarm at reading “article after article about Black women dying at higher rates in childbirth” (162). For Jordan,

These statistics and inequities and memories are life and death possibilities . . . So I asked myself, . . . Was bringing another life into this world that important to me that I would risk my own health and life? Was I willing to die for an imagined human being when I already had a family? The answer is a resounding *No*. But it’s not an easy no. (163)

If Jordan’s scar is about plans changed, for Lisa Solod, the scar is about plans confirmed and “evidence of [her] motherhood” (197). For Susan Hoffman, the scar represents a kind of roadmap to motherhood, which “began along those lines” (223).

Too, there are the psychological scars. Sara Bates' essay "When Expectations Go Up in Flames" is a frank look at the psychological wounds we tragically inflict on each other in the aftermath of birth. She warns of the dangers of digital mommy wars, "cheap shots and rarely face-to-face" that play out over the comment sections in online birthing articles that too easily demonize "C-section monsters," throwing gasoline on the flames of failure already burning for too many caesarean mothers (183). And in a timely essay about postpartum depression, Misty Urban's "C-section Blues" invites us to humanize all mothers, caesarean and otherwise, reminding readers that,

The costs of pregnancy and motherhood to a women's physical, emotional, and mental well-being are rarely reckoned with in the broader public conversation, and, if glanced at, are expected to be cheerfully paid as fees for the Sacred Honor of Nourishing Life. . . . It's not one big long serotonin high for everybody. We make sacrifices. We emerge with scars. (211)

As a book focused on women's bodies and birth, *My Caesarean* broadly falls within the domain of body literacy and New Literacy Studies. The collection is interested in understanding body literacy as a social practice that occurs within situated discourse communities. *My Caesarean* is a roadmap to the intricacies of body literacy as a pivotal threshold in every mother's life, and the way birthing talk functions as a social practice with real consequences for mothers. Editors Fields and Moritz invite essayists to share their stories, without reservation, in ways that trouble the tropes that unnecessarily fuel the "mommy wars" endemic to birthing lore. Importantly, *My Caesarean* reads against the grain while expanding the boundaries of birthing talk and early parenthood.

To these ends, *My Caesarean* does a remarkable job in representing the diverse community of people that experience cesarean in diverse ways. Stories illuminate experiences of first-time caesarean mothers, second-time mothers with first-time caesareans; emergency and elective caesarean; Vbacs (vaginal births after cesarean), Cbacs (cesarean births after cesarean), and delayed caesarean. Contributing essayists also represent a diverse set of identities and standpoints from straight to queer mothers, single mothers to mothers in nuclear families, white mothers to multiracial mothers and mothers of color, adopted women-cum-mothers; mothers writing fresh from the wounds of birth and mothers reflecting with a vision that is tempered by time. Written with invaluable frankness and honesty, the stories, woven together, reveal a kaleidoscopic tapestry of cesarean. This feat should not be underestimated. The collection is remarkably balanced, which is one aspect of what makes *My Caesarean* so valuable: it refuses to commit to a singular narrative, argument, or judgment about the practice and its subjects. Instead, Fields and Moritz hold space for the essays to unfold alongside one another in uncomfortable contradiction and, at times, in a series of staggering points and counterpoints. If the intention of the collection is to offer salve to caesarean mothers, Fields and Moritz resist the temptation to prescribe a singular way to do so: there are moments when authors grieve laid next to essays where mothers rejoice in the empowerment afforded by C-section. All perspectives are given credence, and readers are invited to find their home within the collection's

many potential meanings. It's a breathtaking range of experience and perspective that is done more to honestly capture the complexity of the topic of caesarean birth than to score diversity points. The result is a raw, honest, and nuanced exposition that renders our understanding of cesarean, its mothers, and motherhood in a more complex and interesting light.

As a collection that widens the field of how and why we talk about birth and women's bodies, *My Caesarean* makes for an informative addition to discussions of body literacy and women's health. Programs and departments of rhetoric, gender studies, and public health will find value in reading excerpts, essays, or the entire book in preparation for discussions of the relationship between birthing discussions and the judgments and policies that legislate women's health. The collection also prompts valuable discussions that interrogate the rhetorics of failure and sacrifice that all too often coexist alongside birth stories and make it too easy for judgment and misunderstanding to occur. Said differently, this collection supports readers to become, as Rabins says, "less preachy, more sensitive to the tone of conversation" (9).

In sum, *My Caesarean* is a beautifully measured look at the grace and grief that accompany cesarean as told from the diverse perspectives and identities of caesarean mothers themselves. Anchored in empathic and reflective narrative inquiry, the collection is deftly curated by two women who risk much in sharing their own stories in an effort to hold space for cesarean women to find community and healing one essay at a time.

Works Cited

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