

## The Business of Being Born (2008) <sup>[1]</sup>

By: Pollesche, Jessica Keywords: hospital births <sup>[2]</sup> natural childbirth <sup>[3]</sup>

In 2008, Barranca Productions released a documentary called *The Business of Being Born*, detailing the topic of childbirth. Ricki Lake and Abby Epstein produced and directed the documentary. The documentary explores [pregnancy](#) <sup>[4]</sup> related healthcare in the US, including the history of midwives and obstetrics. The film also discusses potential consequences of medicalized childbirth common in the twenty-first century. *The Business of Being Born* provides viewers with information about home-births, midwives, and the positive and negative aspects of going to the hospital for childbirth.

On 6 May 2008, *The Business of Being Born* was released on DVD. The film explored how maternal healthcare in the United States differed from healthcare in other countries. *The Business of Being Born* does not follow the timeline of [pregnancy](#) <sup>[4]</sup> chronologically, starting from [conception](#) <sup>[5]</sup> and ending with birth. Rather, the film presents infographics with information that pertains to maternal and fetal statistics, and supplements those images with interviews from experts. The film analyses the [evolution](#) <sup>[6]</sup> of maternity care in the US from the early 1900s to 2008. The documentary includes information about the history of obstetrics, midwifery, and the medicalization of childbirth.

The opening of *The Business of Being Born* shows interviews of pregnant women and their husbands discussing whether they considered using a midwife for their [pregnancy](#) <sup>[4]</sup>. Among the women and couples interviewed for the film, the most common answer was no. Some people did not know what the term midwife entailed. A midwife specializes in [pregnancy](#) <sup>[4]</sup>, childbirth, postpartum, and newborn care. According to the film, midwives participate in 70 percent of all births in Europe and Japan, but less than 8 percent of births in the US.

The film then shows a woman named Mayra recalling a conversation she had with a woman when she was pregnant. Mayra states that the woman asked her when she was going to be induced into labor. In many deliveries, doctors administer the drug Pitocin to the pregnant woman, in order to initiate or increase labor contractions. Further into the conversation, Mayra discusses what she calls a designer birth. A designer birth is a scheduled delivery via cesarean section, in which doctors remove the [fetus](#) <sup>[7]</sup> from the woman's body through an incision in her [uterus](#) <sup>[8]</sup>. Following the birth, the physicians perform a tummy tuck, abdominal surgery that includes the removal of excess fat and skin, on the woman.

Following the conversation with Mayra, the documentary introduces Lake, the producer of the film. Lake explains that she wanted to have a natural birth, or a vaginal delivery without the use of drugs. However, she felt that physicians pressured her to receive an epidural, a type of pain-relieving procedure common during labor and delivery. After the birth of her first child at a hospital, Lake describes how she went to conferences and read books to find out more about the birthing system in the US and whether it was benefiting the mothers and infants.

After Lake describes her motivation for researching the system of childbirth in the US, Michel

Odent, an obstetrician, gynecologist, and researcher, explains his viewpoints on medicalization of childbirth in the twenty-first century. According to Odent, the majority of obstetricians and gynecologists have not seen many natural child births, or vaginal births in which pregnant women receive minimal or no pain reducing drugs. In addition, Susan Hodges, the President of Citizens for Midwifery, notes that few physicians and medical school students have assisted with a natural birth.

Following the interviews with Odent and Hodges, the film interviews Jacques Moritz, an obstetrician and gynecologist. Moritz comments that midwives provide safer deliveries under conditions when the pregnant woman giving birth is healthy and low risk. A low risk pregnancy [4] can be defined as one where there is minimal risk [9] to the pregnant women or fetus [7] during labor and delivery. In the film, Moritz states that low-risk, healthy pregnant women should not require a physician's assistance with childbirth. The documentary then shows another image that contains information about maternal mortality rates. According to the film, the United States has one of the highest maternal mortality rates among all industrialized countries.

As *The Business of Being Born* continues, the film discusses the history of midwifery. Prior to the 1900s, midwives, or women who assist other women giving birth, were common in the US, and many women did not see physicians or visit hospitals to deliver their children. The film discusses that in the early 1900s, in the eastern United States and parts of the South, physicians campaigned against midwives. According to Tina Cassidy, a journalist and writer, some viewed midwives as ignorant, misinformed, and unsanitary. In comparison, those same people viewed hospitals as clean and safe. Cassidy explains that in the early 1900s, midwife-attended births were safer because not many physicians had experienced attending births. However, according to the film, physicians wanted women to give birth in hospitals because obstetrics and gynecology were growing professions and the hospitals were a growing business.

The documentary then presents an image that compares the percent of births that took place at home compared to the hospital from 1900 to 2008. In 1900, 95 percent of births occurred at home in the United States, while 50 percent of births took place at home in 1938. From 1938 to 1955, the number of births that happened at home decreased to 1 percent. Following the decline from 1938 to 1955, the less than 1 percent of home birth rate has stayed the same as of 2017.

Continuing the film's discussion of midwives, Marsden Wagner, the former director of the Women's and Children's Health Organization, explains that countries including Great Britain, France, Australia, and several others continue to have midwives present at 70 percent to 80 percent of all births, whereas the United States does not. Wagner notes that in those countries, physicians intervene in only the small percentage of childbirths that have complications, which can include excessive vaginal bleeding, prolonged labor, and uterine rupture. Following the interview with Wagner, the film shows a new image that states the US has the second highest newborn death rate in the developed world, though it does not say which country is number one. In the documentary, Eugene Declerq, a professor at [Boston University](#) <sup>[10]</sup> School of Public Health in Boston, Massachusetts, claims that out of the seven countries that have over 400,000 births each year, the US has the highest rate of infant mortality. According to Declerq, physicians and researchers believe that the high infant mortality rate results from poorer overall health of women in the US, and resulting complications during childbirth.

During the documentary, Robbie Davis-Floyd, a medical anthropologist, details the birthing process in the hospital. According to Davis-Floyd, physicians prefer women not to have long labors because it can increase the risk of complications. If labor is weak or lasts too long without progressing, a physician will administer pitocin, a drug that causes the pregnant woman to have uterine contractions that are longer and more intense to help further the childbirth process. Pregnant woman can receive an epidural to manage the pain of the contractions. However, epidurals can cause labor to slow down. Davis-Floyd notes that physicians will often administer more pitocin to counteract the effects of the epidural. When more pitocin is administered, the woman's stronger and longer contractions can sometimes compress the [fetus](#) <sup>[7]</sup>, decreasing the fetus' oxygen and blood supply. If the [fetus](#) <sup>[7]</sup> goes into distress, a physician will often recommend to deliver the [fetus](#) <sup>[7]</sup> via caesarean section. Davis-Floyd notes that in this situation one intervention leads to another. He states that the initial intervention of pitocin is often unnecessary in the first place.

Following the discussion of childbirth in the hospital, Davis-Floyd describes a delivery method called twilight sleep that was common in the early twentieth century. Twilight sleep was a delivery method first used in Germany in the 1900s. By 1915, the method was used in the US. Twilight sleep used the combination of two drugs, morphine and scopolamine, to alleviate pain during childbirth. The combination of morphine and scopolamine caused the pregnant woman to not feel pain during labor and be unable to form new memories, so she had no recollection of childbirth. According to Davis-Floyd, twilight sleep was popular in the mid-twentieth century and a large number of women used during delivery. Though the documentary does not mention it, twilight sleep was dangerous because it often caused severe side effects such as fetal suffocation that could cause the [fetus](#) <sup>[7]</sup> to die, women having no memory of their labor, and a risk of an overdose.

After Davis-Floyd discusses the use of twilight sleep, Wagner is interviewed again and explains the history of childbirth. Wagner states that in the 1930s, physicians often x-rayed pregnant women to measure the women's pelvis. However by the 1940s, researchers discovered that the [radiation](#) <sup>[11]</sup> from the x-rays often caused cancer in the infants. Later in the 1950s and 1960s, a drug called thalidomide, which physicians prescribed to pregnant women experiencing severe nausea, caused severe [birth defects](#) <sup>[12]</sup>, including deformities of the limbs. Wagner explains that physicians in the 1990s administered a new drug called Cytotec to induce labor in pregnant women who had previously given birth via cesarean sections.

However, Cytotek often caused women's uteri to rupture, often resulting in fetal death. The negative consequences associated with Cytotek caused a halt in the drug's use in 1999.

Later in the documentary, Patricia Burkhardt, a clinical associate professor, discusses the increase in home births with the assistance of midwives. According to Burkhardt, in the 1970s home-births and midwives increased due to a national childbirth movement prompted by negative reactions to twilight sleep. Due to the negative effects of twilight sleep, many pregnant women in the US did not want to go to the hospital for childbirth and face having no memory of their labor, a risk of an overdose, and possibly fatal harm to the fetus [7]. Instead, pregnant women chose to give birth at home and with the assistance of midwives.

After the discussion of midwives and home-births, the film shows another image to discuss the rate at which women obtained caesarean sections as a delivery method. According to the film, the rate of caesarean sections in the US increased forty-six percent from 1996 to 2008.

Continuing in the documentary, Wagner discusses the amount of money the US spends on childbirth compared to other countries. According to Wagner, the US pays twice as much for childbirth compared to any other country. Furthermore, countries that spend one-third the amount of the US experience better outcomes, such as reduced maternal and fetal mortalities.

As the documentary concludes, the filmmaker of *The Business of Being Born*, Abby Epstein, is shown going into labor. Although she wanted a home birth, the fetus [7] was breech, or was positioned in the uterus [8] feet first, a difficult and often dangerous position for delivery. She was rushed to the hospital. At the hospital, the documentary shows Epstein deliver a boy, Matteo, via caesarean section. In the last few minutes of the film, Epstein and Matteo receive a follow-up visit eight months after the delivery. Lake interviews Epstein about her experience during childbirth. Epstein notes that she did not have the amount of bonding time with Matteo that she had expected with a home birth and experienced a harder time breastfeeding. In addition, Epstein states she felt she missed out on the home birth experience, but acknowledged that going to the hospital was the safest option for her scenario.

*The Business of Being Born* was screened at the 2007 Tribeca Film Festival and reached a wide audience.

## Sources

1. Lake, Ricki. "The Business of Being Born." Filmed 2007. Posted January 2008. <https://www.youtube.com/watch?v=lr6F7aljxxl&t=2227s> [13] (Accessed November 11, 2017).

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## Subject

Childbirth <sup>[14]</sup> Obstetrics <sup>[15]</sup> Parturition <sup>[16]</sup> Delivery (Obstetrics) <sup>[17]</sup> Maternal health services <sup>[18]</sup> Obstetrical pharmacology <sup>[19]</sup> Labor (Obstetrics) <sup>[20]</sup> Cesarean section <sup>[21]</sup> Anesthesia in obstetrics <sup>[22]</sup> Maternal health services <sup>[18]</sup> Pregnancy <sup>[23]</sup> Oxytocin <sup>[24]</sup> Pregnant Women <sup>[25]</sup> Prenatal Care <sup>[26]</sup>

## Topic

Outreach <sup>[27]</sup>

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- The Embryo Project at Arizona State University, 1711 South Rural Road, Tempe  
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- [1] <https://embryo.asu.edu/pages/business-being-born-2008>
- [2] <https://embryo.asu.edu/keywords/hospital-births>
- [3] <https://embryo.asu.edu/keywords/natural-childbirth>
- [4] <https://embryo.asu.edu/search?text=pregnancy>
- [5] <https://embryo.asu.edu/search?text=conception>
- [6] <https://embryo.asu.edu/search?text=evolution>
- [7] <https://embryo.asu.edu/search?text=fetus>
- [8] <https://embryo.asu.edu/search?text=uterus>
- [9] <https://embryo.asu.edu/search?text=minimal%20risk>
- [10] <https://embryo.asu.edu/search?text=Boston%20University>
- [11] <https://embryo.asu.edu/search?text=radiation>
- [12] <https://embryo.asu.edu/search?text=birth%20defects>
- [13] <https://www.youtube.com/watch?v=lr6F7aljxxI&t=2227s>
- [14] <https://embryo.asu.edu/library-congress-subject-headings/childbirth>
- [15] <https://embryo.asu.edu/library-congress-subject-headings/obstetrics>
- [16] <https://embryo.asu.edu/library-congress-subject-headings/parturition>
- [17] <https://embryo.asu.edu/library-congress-subject-headings/delivery-obstetrics>
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- [22] <https://embryo.asu.edu/library-congress-subject-headings/anesthesia-obstetrics>
- [23] <https://embryo.asu.edu/medical-subject-headings/pregnancy>
- [24] <https://embryo.asu.edu/medical-subject-headings/oxytocin>
- [25] <https://embryo.asu.edu/medical-subject-headings/pregnant-women>
- [26] <https://embryo.asu.edu/medical-subject-headings/prenatal-care>
- [27] <https://embryo.asu.edu/topics/outreach>
- [28] <https://embryo.asu.edu/formats/articles>