

THE MOTHERHOOD ARCHIVES / TRANSCRIPT

IMAGE

DIALOGUE

ARCHIVAL images: woman in lab coat threads projector, views film reels at viewing station - cuts to C /U of woman holding baby looking at camera - then back to woman in lab coat

ARCHIVAL montage of women preparing for childbirth: packing suitcases, leaving for hospital with suitcases, arriving at hospital.

SUPERIMPOSED TITLE: a film by irene lusztig

SUPERIMPOSED TITLE: sound design and composition by maile colbert

TITLE (on black): THE MOTHERHOOD ARCHIVES

ARCHIVAL images: nurses wheel laboring woman on gurney into delivery room; cut to postpartum scene - nurse swaddles newborn, new parents leave hospital together, wave goodbye to hospital roommate.

VOICEOVER: *In archives, libraries, hospitals, and community centers there is a history of motherhood in celluloid fragments.*

These are films that teach us how to become mothers; they instruct us in what a mother should be.

In many of these films, a woman packs her suitcase. She decides which objects are necessary for beginning her new life – slippers, bathrobe, maybe a journal or a novel.

She is preparing to become a traveler in an unimaginably foreign country; the film archive offers itself as a roadmap.

[ARCHIVAL SOUND] MALE NARRATOR: *You're about to witness the birth of a baby. To see a delivery that may be very different from all your thinking and dreaming about childbirth. You will see a man and woman share the birth of their child without anxiety, fear, or pain... and with great joy.*

And when we tell you that this experience is within the reach of most girls, you'll want to know how it came about.

So before we take you into the delivery room, we'll spend a few minute to show you how this couple prepared for their great adventure.

ARCHIVAL: couple at prenatal doctor visit getting advice from avuncular doctor;

[ARCHIVAL SOUND] MALE NARRATOR (contd): *This mature pair - fully aware of the responsibilities of parenthood - are happily expectant and eager to make this a totally shared experience. They are intrigued by natural childbirth and the trend toward family-centered maternity care. And they choose a doctor who is sympathetic.*

ARCHIVAL (contd from previous): early 1960s childbirth ed class - women doing floor exercises in a group.

[ARCHIVAL SOUND] MALE NARRATOR (contd): *Childbirth education classes are taught with the sure and proven knowledge that a girl who has education, training, and support in labor will have an easier, more enjoyable delivery.*

ARCHIVAL (contd from previous): same couple taking prenatal hospital tour, sniffing anesthetic, looking out the window to inspect view.

[ARCHIVAL SOUND] MALE NARRATOR (contd): *Both their doctor and the classes have urged them to make a preview tour of the hospital and get acquainted with the surroundings and personnel. They're allowed to sniff the anesthetic, which will be available if needed.*

They approve the view from the labor room window...

CONTEMPORARY / INDUSTRIAL FOUND FOOTAGE montage: series of images of couples arriving at the hospital with suitcases.

[ARCHIVAL SOUND] MALE NARRATOR (contd): *When they come back in labor, it will be like coming home to a familiar place.*

CONTEMPORARY / INDUSTRIAL FOUND FOOTAGE montage (contd from previous): series of images of couples arriving at the hospital with suitcases.

VOICEOVER: *The archive unspools to the edge of the 21st century.*

We are still learning lessons about what we should want and feel as we become mothers.

Cut to series of images of postpartum couples in idealized hospital rooms.

These educational and industrial films create a fantasy of normative motherhood as a shared middle class experience. They teach us a language system for evaluating our own success and failure.

Cut to images of empty birthing suite; woman bounces on bed; woman and husband are shown hidden emergency equipment behind picture frame and in furniture drawers.

Here you are... about to begin your new life in an ultra modern hospital birthing center. You have weighed your options carefully; you have chosen to stage your birth not at home, but in a carefully curated homelike environment.

The emergency equipment is out of sight, discreetly hidden behind mirrors and picture frames. The messiness of birth is excised from this perfectly appointed home away from home. The image of the cache of medical supplies behind the domestic facade is the image of an era in conflict; an unresolved historical moment suspended between two ideas.

Cut to images of NICU - woman visits newborn in high-tech isolette.

ARCHIVAL: return to woman in lab coat threading projector

VOICEOVER: *The archive tells us that birth is both natural and pathological: two opposite things inside of one that intertwine through history.*

B/W 16mm Bolex images of ETHER DOME

VOICEOVER: *Operating theater, Massachusetts General Hospital.*

In October 1846, the first successful demonstration of anesthesia is performed here: a roomful of spectators is amazed to observe as a patient inhales ether and appears to fall into a deep, painless sleep while a tumor is surgically removed from his jaw. The room where this medical wonder is performed is renamed the ether dome.

STILL - 19th century drawing of ether dome with spectators

ARCHIVAL montage: administration of ether / chloroform-like anesthetics to a series of women.

VOICEOVER: *The following year in Edinburgh, a woman with a deformed pelvis inhales diethyl ether during childbirth - mother and baby are both healthy.*

Word of anesthesia spreads; we women clamor for access to the new pain-obliterating birth drugs; doctors hesitate.

ARCHIVAL photograph - anesthetized woman in ether dome. cut to ARCHIVAL film image of hand administering chloroform-like anesthetic to laboring woman lying on a gurney.

VOICEOVER: *Fanny Longfellow, the poet's wife, is so determined to experience painless labor that she hires a dentist for her third birth - the only person she can find willing to administer the controversial new technique. The first woman in the US to experience obstetrical anesthesia, she declares with enthusiasm that it is the greatest blessing of the age.*

ARCHIVAL images from *Birth of a Baby* (1938); woman lying on examining table; nurse sterilizes tools; doctor and nurse examine pregnant woman.

VOICEOVER: *The new possibility of painless childbirth brings up divisive questions in the 19th century medical community:*

Is birth natural or pathological?

What is the medical significance of pain?

Is pain a manifestation of illness or a necessary part of healing?

Do civilized women feel pain more intensely than primitive women?

Is pain redemptive? Or spiritually valuable?

Is labor pain a biological side effect of upright anatomy? Or is it a religious punishment willed by god?

And - if it is willed by God - is it wrong to meddle?

ARCHIVAL: CU of finger testing eye motion of anesthetized patient.

ARCHIVAL: nurse demonstrates use of gas mask to pregnant woman.

TITLE: KRISTEN

16mm B / W interview with KRISTEN

KRISTEN: When I got pregnant, uh, I didn't feel so great, I was afraid, I was scared, I— there was a lot of anxiety around, um, what was gonna happen to me, what was gonna happen to my body, what was gonna happen to my relationship with my partner, um, was the baby gonna be healthy, um, if she wasn't healthy would I love her anyway, would I love her at all. I mean, there were a lot of big questions, um, that I had, and that I felt like I really wanted answers to.

And nobody was really willing to talk about the anxiety, nobody was really willing to tell me how much it was gonna hurt, and what were the kinds of complications that might happen.

So, um, I felt that, um, there should be somebody that I could talk to, but there really wasn't, and when I asked people, um, I felt like I got a kind of pat party-line answer about how motherhood is wonderful, and pregnancy makes a woman beautiful, and you'll be a whole woman once you give birth, and you will feel satisfied and fulfilled in all sorts of really important ways, um, that you didn't feel before.

And I personally just didn't think that...I didn't feel like I'd been missing anything!

16mm B / W interview with KRISTEN (contd.) KRISTEN (contd.): I wanted a C-section, I wanted, uh, to be in a hospital, I wanted a doctor, I wanted an epidural, [laughs] you know I essentially wanted all of the benefits that modern medicine could offer should something go wrong with my pregnancy or after childbirth with my daughter.

And I wasn't ashamed of that; in fact, I felt like I was being a very rational person, and I can in fact remember telling my OB-GYN that, look I'm a graduate student, I'm studying to become a professor, I'm a scholar, I live in my head, I don't live in my body, in the same way that other women do!

16mm B / W interview with KRISTEN (contd.) KRISTEN (contd.): I remember thinking very clearly that it was as bad as I thought it was going to be. It was as unpleasant, and uncomfortable, and scary, as I thought it was going to be. And it wasn't—it wasn't as if I suddenly came to the realization that, "Oh! It really was really fine! And I really do feel that now I've communed with nature, and I've brought life into the world, and so now there's a glow around me that will forever follow me through my life because I am now a mother."

I was tired, I had been operated on, I had been cut open, drugged, you know, um, I had this baby sucking at my breast, desperately trying to get milk out of me, and I was proud that I had done it, I was so incredibly glad that it was over, and that it had worked out okay, and I felt incredibly *vindicated*.

ANIMATION text / diagrams / pain words
from McGill Melzack pain evaluation test

VOICEOVER: *Childbirth is a private event that a woman moves through alone – the pain of childbirth is invisible and impossible to quantify. At its most relentless, pain is absolute and isolating; pain operates in a space that defies language – beyond words, beyond narrative, beyond memory.*

Let's say we play a game together:

Circle the words that describe your pain but do not circle more than one word in a group. When you are done, go back and circle the three words in groups 1-10 that most convey your pain response. Pick two words in groups 11-15 that do the same thing. Then pick one word in group 16. Finally, pick 1 word in groups 17-20.

At the end you will have seven words that you can take to your doctor. This is a system for mapping language onto pain.

ARCHIVAL sequence: early 40s prenatal exercise class, ballet dancing pregnant woman; hospital bed exercises for postpartum women; woman holding newborn walks toward the camera.

ARCHIVAL TITLE: "The time to train for any athletic feat is before, not after the event."

ARCHIVAL: return to woman in lab coat threading projector

ARCHIVAL: images from *Our Children* (1919). Women arrive at children's health clinic. Volunteers measure children and conduct hearing and vision tests.

VOICEOVER: *Gadsden Alabama, 1919.*

The US Children's Bureau commissions the filming of these instructional images- a record of corrective government activity. We can begin our film archive here.

ARCHIVAL PHOTOGRAPHS of Healthmobiles and interior of educational train car.

VOICEOVER (contd): *We are invited to educational film screenings at touring Healthmobiles - trucks equipped with electric lighting, a motion picture machine, a victrola, a projectionist, and and a live lecturer: our very own agitprop trains.*

ARCHIVAL: images from *Our Children* (1919). Women view model baby display items at baby-saving show.

VOICEOVER (contd): *We are invited to convention halls across the country to attend baby-saving shows. Our home work becomes government work.*

ARCHIVAL images from *The Best Fed Baby*; woman lifts baby from crib; cuts to outside, woman meets another new mother and gives her breastfeeding pamphlet.

VOICEOVER (contd): *The middle class is expanding; its women are the angels of the house, "moral guardians" of the home, and, eventually, municipal housekeepers of the public domain.*

ARCHIVAL: images from *Our Children* (1919). Women vote at women's club meeting;

VOICEOVER (contd): *In massive numbers, wealthy women join volunteer organizations; they form civic-minded women's clubs; they are activists for birth control, temperance, social purity, and eugenics.*

cut to volunteer nurses at children's clinic; cut to volunteers compiling birth statistics; cut to woman with children arriving at clinic; prenatal dental and breast exam.

Our privileged sisters seek to uplift the poor, the foreign-born, and the uneducated; they visit our homes, compile birth and death statistics

cut to "little mothers" demonstration

They initiate our young girls in the new art of intelligent motherhood - these little mothers are to become custodians of household hygiene.

cut to fresh air camp - toothbrush drills and calisthenics

Our children are taken out of the crowded, dirty cities and brought to fresh air camps. They are taught the correct system for the brushing of teeth.

cut back to nurse and mothers waiting in children's clinic

It is explained to us that our homes are breeding grounds for infectious disease; that we women must be vigilant of the moral and physical degradations of urban life.

We become objects of reform, reproductive threats in a biological class and race warfare. The volunteers' message is that our maternal ignorance causes great harm, that our undisciplined love for our children is hazardous. The fate of the human race is up to us, and we must be prepared for our new role.

ARCHIVAL: ghostly dancing children at fresh air camp from *Our Children* (1919)

ARCHIVAL: nurses practice looking after an infant doll; doll is accidentally dropped on the floor.

ARCHIVAL TITLE: THE BIRTH OF A BABY (head credit)

cut to ARCHIVAL scene from *Birth of a Baby* - Mary at prenatal doctor visit

DOCTOR: You're right in coming to see me at the very beginning of your pregnancy. So many women postpone visiting their doctor until late in their pregnancy. Sometimes this may result in various processes getting underway which may cause much difficulty later on.

MARY: I want to do everything to assure me of a normal and healthy child!

DOCTOR: You have every right to expect one!

MARY: Doctor Wilson, my husband and I want a baby very much. And now that I think I'm going to become a mother... oh, I want to learn everything I possibly can! Especially how a baby's life begins.

DOCTOR: I'm glad you're interested in knowing something about your own body!

MARY: Should I be very quiet and stay at home all the time? I feel pretty good and I've always been active.

DOCTOR: No, I think you can do almost anything you did before you became pregnant... unless I should advise you differently later on. Of course I wouldn't take any strenuous exercises like horseback riding, but moderate exercises like walking are desirable.

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MARY: That's fine, doctor

DOCTOR: And, for goodness sakes, don't regard the next few months as a period of intensive training for a boxing match!

MARY: Do I have to sleep by myself? Or...

DOCTOR: That's a perfectly natural question. The answer depends somewhat on your feelings. There is no objection to marital relations in moderation. But of course, after the sixth month, the answer is no.

ARCHIVAL scene from *Mother and her Child* - prenatal doctor visit with Paul and Ruth.

DOCTOR: Having a baby is a perfectly normal and natural function. As long as you follow a few simple rules, there is nothing to worry about. You may get impatient or moody at times. And it's up to you, Paul, to show sympathy and understanding.

RUTH: My, I'm beginning to feel important!

cut to images of Ruth doing housework - washing dishes, making bed, straightening house up.

ARCHIVAL VOICEOVER: Pregnancy should not interfere with ordinary housework. Ruth gave her home the care it deserved in order to keep it clean and attractive. Neat and well ordered homes make for peace of mind. Housework, when it's done in a bright, cheerful atmosphere, can be of real benefit.

ARCHIVAL montage - SCI FI milk bottles - series of images of women sterilizing and preparing baby bottles, 1930s to 1980s

ARCHIVAL: return to woman in lab coat threading projector

ARCHIVAL scene from *Birth of a Baby* - childbirth scene; Mary's husband is pacing and waiting.

HUSBAND: This is my first experience - I feel like I'm going to have a baby myself!

DOCTOR: Too bad you can't substitute for your wife, eh? The expectant father, who is rather useless at this stage of the game, sits and sits. It's probably hard on them... but most of them are able to take it.

NURSE (interrupting): Doctor, I think everything's just about ready.

ARCHIVAL scene from *Birth of a Baby* -
childbirth scene contd. cut to birthing room...
intercut with husband pacing outside

MARY: Doctor... can't you give me anything
else for my pain?

DOCTOR: Yes, in just a moment. But we must
be especially careful as too much drug may
affect your labor and the baby.

MARY: The pain's getting harder and closer
together!

DOCTOR: We'll soon give you some relief.

MARY: I hope so.

BABY crying

DOCTOR: Well, it's all over.

NURSE: Eight and a quarter pounds.

HUSBAND (outside): Has it come yet?

NURSE: She's here!

HUSBAND: She! She... she's funny looking,
isn't she? How's Mary? May I see her?

NURSE: No, not yet. But we'll be through in
just a few moments.

ARCHIVAL photograph - Freiburg Women's
Clinic

VOICEOVER: *Women's Clinic, Freiburg
Germany, 1914.*

ARCHIVAL footage of nurse administering anesthetic injection to female patient, drawing curtains.

VOICEOVER (contd.): *Women of means travel here from all over the world to experience the medical miracle of painless childbirth. Under the close supervision of the Clinic's doctors, laboring women receive a small dose of morphine followed by regular injections of scopalamine, a drug that induces amnesia.*

Each laboring patient in the first-class maternity ward of the Frauenklinik is carefully monitored using a series of verbal memory tests repeated at half hour intervals that ensure a precisely calibrated state of continuous forgetting. Women labor and give birth in isolation and darkness; babies are whisked out of the room immediately following birth, and the soothing sound of running water muffles any newborn cries to prevent the formation of what are called "islands of memory."

ARCHIVAL PHOTOGRAPHS - twilight sleep babies and mothers

VOICEOVER (contd.): *Little visual evidence remains from the early twentieth century Twilight Sleep movement: - these spectral images of children are from a collection of 200 photographs gathered by American Twilight Sleep activists, depicting mothers and their Twilight Sleep babies.*

We see these photographs published in women's magazines; the photographs accompany text describing women waking from their Twilight slumber refreshed, ravenous for hearty German lunches of boiled beef and roast hare, and amazed to meet the babies they had no recollection of birthing.

We are invited to attend live department store displays where the twilight sleep babies can be viewed in person - Here is the material evidence: we see that the babies are born healthy and robust.

In one of the earliest consumer-based medical movements of the twentieth century, we push our doctors to implement Twilight Sleep in hospitals across the United States.

ARCHIVAL footage of scopolamine / morphine injection

VOICEOVER (contd): *The feminist supporters of Twilight Sleep propose that the problem with the pain of childbirth is not the experience of pain, but the remembered experience of pain. If memory can be eradicated, then the debilitating fear, anxiety and anguish of childbirth will disappear as well.*

ARCHIVAL PHOTOGRAPHS of Bertha Van Hoosen's US Twilight Sleep equipment - canvas crib, obstetric envelope, etc

VOICEOVER (contd): *The epilogue of the Twilight Sleep movement is short and disastrous. Imported to the United States, and mass implemented in urban hospitals, the method is no longer restricted to the rich.*

But without the one on one supervision of the German doctors, the results are hard to control.

The primary side effects of Twilight Sleep are uncontrollable delirium, shrieking, and combative behavior. We are restrained with canvas cribs and obstetric envelopes to keep us from throwing ourselves out of beds and windows.

ARCHIVAL PHOTOGRAPH of Frances Carmody and baby.

VOICEOVER (contd): *Fifteen months after the magazine articles appear, a leading Twilight Sleep activist dies in childbirth, and the movement quickly vanishes.*

return to hands with pain words from McGill Melzack pain evaluation test

VOICEOVER (contd): *Perhaps a thing that isn't remembered is a thing that no longer exists. The women who give birth under Twilight Sleep experience agonizing pain but remember nothing - pain becomes a phantom, an unvoiced thing that haunts the body.*

The history of childbirth itself is also a phantom. It haunts our narratives of motherhood, imprinting our language, always receding towards the past.

ARCHIVAL image - return to B/W mother holding baby.

ARCHIVAL scene from Joseph DeLee's *Science and Art of Obstetrics* - demonstration of forceps birth. Lecture in lecture hall.

cut to labor room

ARCHIVAL images from Joseph DeLee's *Science and Art of Obstetrics* contd. Vaginal exams and "abdominal exam" sequence - questions placed on paddle board over pregnant belly.

DELEE: Ladies and Gentlemen: today we will talk on the forceps operation. Let us adjourn to the birth room, and in the meantime you might be thinking over the indications and the conditions for forceps.

DELEE: She has been given good prenatal care... and has been prepared - physically and mentally - for her ordeal. The doctor must know the exact condition of his patient as she stands on the threshold of her labor. Has she been having pains like that very long?

ASSISTANT (off camera): Yes, over two hours. But she is discouraged. Her pains do no good and her efforts are getting weaker.

DELEE: It looks like a good sized baby - I'd guess about nine pounds.

VOICEOVER: *Chicago Lying-in Hospital, 1931. Doctor Joseph DeLee, father of modern obstetrics, creates a series of training films designed to instruct a rising generation of educated physicians who are skilled in managing medical childbirth.*

These films are not intended for us. In these training films, we are mostly absent - a body that produces knowledge; an object of study.

These are the only unburdened images of birth; they are free of femininity, anxiety, ambivalence, or assessments of success and failure.

DeLee proposes a series of prophylactic medical interventions designed to save women from the evils of labor - mandatory and standardized hospital births for all women, including the routine use of sedatives, ether, episiotomies, and forceps.

ARCHIVAL images from Joseph DeLee's *Science and Art of Obstetrics* contd. cut to delivery: baby's head crowning with forceps assist.

VOICEOVER (contd): *According to DeLee, birth is correctly viewed not as a normal, routine process, but as a destructive and pathological process that damages mothers and babies often and much.*

DELEE: The baby is deeply narcotized. That is due to ether and morphine. Davis, will you please revive the baby?

ARCHIVAL images from Joseph DeLee's *Science and Art of Obstetrics* contd. cut back to lecture room / operating theater with students

DELEE: How much does the baby weigh?

NURSE: Eight pounds, nine ounces.

DELEE: Those marks on the baby's head - those red streaks - will disappear in a few days. They show that the forceps were lying in the proper position. And since we have delivered him without damage to his brain, he ought to make a good citizen! Ladies and gentlemen: I will meet you tomorrow and we will discuss this case further.

cut to image of baby with paddle board sign reading "BOY 9.4"

ARCHIVAL micro-cinematography - images of sperm, eggs, reproduction

VOICEOVER: *Birth injuries are so common, DeLee tells us, that nature must intend for women to be used up in the process of reproduction, just as salmon die after spawning, and male bees die after copulation.*

TITLE (on black): JODI

16mm B / W interview with JODI

JODI: So Anana is this goddess who wanted to go to the underworld, I think to visit her sister or something, not that those details aren't important to my story. But that at each gate, there were seven gates to the underworld and at each gate she had to let go of something. She had to surrender. And she had been all dressed up so she surrendered her breastplate and her crown and she surrendered this and that and the other thing and at the bottom she's standing there naked at the gates of the underworld.

And I knew that that would be my process that at every stage along birthing my baby that I would be surrendering and when I was fully surrendered that's where I would meet my child.

And that's exactly what happened. She was turned backwards so I had a lot of back pain. The castor oil contractions were really intense for a really long time. But the one time I stalled out was when I stopped surrendering and I started being fearful of what was coming. And then I got back into it and it was all fine and good and perfect.

16mm B / W interview with JODI (contd)

JODI (contd): There's so much sort of, in the press, and in TV, and in the movies, where it's like so painful and that's all you get from it and so many births are assisted in some way in the hospital and that's what frightened me.

And somehow I knew and I trusted that this physical body, like, I believe that I'm here for more than just to be a mother to Eleanor. Like I have a bigger purpose as well as doing that but I feel like this physical body was created specifically to birth that specific child that I've birthed and my physical being was created for that and designed to do that and it knows.

And so I knew my job was to get my brain out of the way and if I could just take my brain out of the picture then I would be able to birth my baby. And that my brain knew better than anyone how to birth my baby.

16mm B / W interview with JODI (contd)

JODI (contd): What did it feel like? I mean the sort of more...

It felt like it was coming whether I wanted it to or not. And what we do is some people hold themselves against their life and some people jump in and welcome it and welcome their future and bring it on.

hands put on Grantly Dick Read's *Natural Childbirth* LP - LP spinning on turntable.

GRANTLY DICK READ: This is a record of the labor of a woman between 30 and 35 years of age, having her first baby. we cannot - of course - reproduce the whole of this confinement on one long playing record. But she was so well controlled, we did not feel it necessary to include the early phases of the first stage. There was no discomfort. She carried out her breathing and relaxation as she'd been taught by my wife in the antenatal class. We discussed her varying sensations and thoughts as the contraction became stronger.

(voice is now live in birth room) She is lying, beautifully relaxed... on her right side, in the position that she's been taught. About to start another contraction.

LABORING WOMAN: I think there's one coming up, now.

GDR: Just starting up, is it?

WOMAN: Yes...

GDR: That's right.... keep your breathing under control...

LP spinning on turntable contd.

[breathing / laboring sounds]

GDR: Well done! [mumble mumble] No discomfort worth talking about?

WOMAN: No, not really... it's just really hard work.

GDR: It is... that's why we call it labor, isn't it? Mmmm?

WOMAN: It is hard work... it isn't anything I can't cope with...

GDR: Yes, that's right... and you're built for it.

NURSE: Close your eyes...

ARCHIVAL PHOTOGRAPHS of GDR's students training for childbirth, wearing bras and masks.

VOICEOVER: *London 1933; British obstetrician Grantly Dick Read publishes "Revelation of Childbirth," a Christian spiritualist manifesto urging women and their obstetricians to return to the ecstatic simplicity of pre-scientific, pre-civilized, unmedicated birth. Read is the first to propose that there are two kinds of childbirth: natural and unnatural.*

hands display a series of GDR books

VOICEOVER (contd): *Word spreads to us in whispers from one woman to another of Read's radical new childbirth philosophy.*

ARCHIVAL sequence of GDR-inspired prenatal VOICEOVER (contd): *Scientific progress and exercise class - pregnant women in floral sack the insidious fears of civilized existence, Read dresses stand in field and do sequence of birth exercises. argues, have belittled the divine manifestation of childbirth. (and produced generations of needlessly anxious women)*

The experience of pain in childbirth, Read tells us, is unnatural and emerges from an anxiety-induced false consciousness, a vicious circle that Read calls the fear tension pain cycle.

In the labor of a fearful woman, her own bad expectations distort her naturally painless contraction signals creating a false pain representation - a deranged experience of normal or natural labor. This false pain signal travels like sound through telephone wire closing the womb and inhibiting dilation. As she resists the efforts of her own muscle fibers her body enters into a state of conflict. Her fear of pain creates a pathological tension, which finally produces true pain.

"the work to readjust the minds of women" - Read tells us - "requires as much skill as the counter measures against bombs from airplanes, gas attacks, magnetic and acoustic mines, and submarines: Our fear extends its evil influence into the very roots of our social structure.

ARCHIVAL PHOTOGRAPHS of GDR's trip to Africa from *No Time for Fear*

VOICEOVER (contd): *At the end of his career in the 1950s, Grantly Dick Read, the grandfather of natural childbirth, sold his home and practice and used the money to build a custom designed caravan on a Chevrolet bus chassis fitted with an Electrolux refrigerator, a 40 gallon water tank, and a dictaphone for recording his observations.*

With his wife, secretary, a governess, two sons, and a native guide named Eric, Grantly Dick Read set off on a tour of remote, tribal Africa, braving elephant herds, poisoned arrows, and cannibals in order to observe childbirth practices among the women who live furthest from modern science.

*In his final book, *No Time for Fear*, he writes with enthusiasm on what he calls normal childbirth in its natural environment. Tribal women, he reports, have a fearless desire for children, and easily avoid the ills from which the white races suffer.*

ARCHIVAL b/w HOME MOVIE of mother holding and nursing new baby

ARCHIVAL color 1950s HOME MOVIE of new mother bringing baby home from hospital, pausing on the threshold.

VOICEOVER: *A woman stands on the threshold. She is about to enter her new life.*

The shot ends here; she is forever poised on the threshold. We never see the door close at the end of the last shot. We never see her walk in the house to begin her new life.

ARCHIVAL images of crowded baby nursery in 1950s hospital

ARCHIVAL VOICEOVER: *Here's a figure to think about: 19, 312,000 - that's how much our country's population has increased in the ten years between 1940 and 1950. And more babies are being born every day. Why, did you know there are now 7,423 babies born every day in the United States alone? 7,423 new human beings who are going to be needing our attention and care. It may seem amazing to some people. But I doubt it surprises many general practitioners, pediatricians, or health officers. Every year we've seen an increasing number of mothers and children arriving at our offices and clinics... until now we are faced with the baffling problem of mother mothers and children than we possibly thought we could see before.*

ARCHIVAL excerpt from *Dream Hospital* 1950s newsreel

ARCHIVAL VOICEOVER: *A medical dream comes true under the drive of industrialist Henry Kaiser, who holds the plans of the ultra-modern hospital designed by Dr. Sidney Garfield, director of the Kaiser Foundation.*

From the admissions office on, everything is streamlined and expedited. The patient's record reaches the doctor before he does!

Nor is the expectant father forgotten. Here he can get the news officially and suffer under the most comfortable circumstances possible.

And for mother? Well, she has only to call for her baby, and baby comes sliding through the wall in a drawer-like bassinet for a little visit with the new mother.

ARCHIVAL TITLE: MATERNITY HOSPITAL
ROUTINE (over image of nurse wheeling baby bassinet)

ARCHIVAL excerpts from *Maternity Hospital Routine* (1963) - laboring woman arriving at hospital

VOICEOVER: *It is after the war; our birthrate has doubled. We crowd hospital labor wards - by 1950, few of us still give birth at home.*

We have learned to embrace the efficiency and security of the hospital birth; we have learned to be optimistic about progress and the technological future.

ARCHIVAL excerpts from *Maternity Hospital Routine* (1963) contd - preparing laboring woman; labor and delivery; ends with husband greeting new baby and giving his wife a postpartum handshake as mother and baby are rolled by the waiting room.

ARCHIVAL VOICEOVER: *First you will be put to bed. Your doctor will give the orders for your preparation and perhaps for an enema. As soon as you get settled in bed, you'll be asked some questions to help find out how you are progressing in labor. You'll get to know your nurses and begin to realize how helpful they can be... and how competent they are. All this information will be given to your doctor, and he will examine you, including a rectal examination.*

Meanwhile, there is nothing for you to do but wait... and it may seem like a very long time. While you and your husband wait, the delivery room is being prepared. At each side is a hand grip for you to hold on to when you need it. And a restraint is available, if necessary, to prevent you from hurting yourself. The equipment for an anesthetic is standing by. Your doctor will decide on its use. At the lower end of the table are the stirrups that hold your feet and your legs in the right position for delivery. The people who look after you in the delivery room have been through it all many times. And the anesthetic will be all ready if it is needed.

You will be happy but tired when the baby has finally come into the world. But first you will want to see your baby. Some hospitals allow you to hold him right away.

A tense and anxious time for the baby's father is now over. And besides, he wants to know what his baby looks like too.

ARCHIVAL pre-title scene from *To Mothers and Children*, Soviet Lamaze / PPM film; begins with woman in front of map of USSR introducing film.

DUBBED ENGLISH WOMAN'S VOICE: *Although this film was shot in numerous cities and republics in the Soviet Union, from the rugged peninsula of Kamchatka to the sun-drenched shores of the black sea, it is not devoted to geography. It deals with the discovery that has been a major topic of discussion in the world press for a great many years. The history of this discovery is closely linked with the development of Soviet Medicine, with the state's unceasing concern for the health of each of its citizens.*

Much of what is shown may cause wonder. Nonetheless, these are actual events filmed in Soviet laboratories and clinics.

We present... To Mothers and Children

ARCHIVAL TITLE: TO MOTHERS AND CHILDREN

ARCHIVAL *To Mothers and Children* contd. Birth scene with screaming woman.

DUBBED ENGLISH WOMAN'S VOICE (ARCHIVAL VOICEOVER): *Until comparatively recent times, there was a tradition that childbirth was of necessity a disagreeable and painful process. It is now possible - by acting on the mind - to relieve the pains of labor and the suffering caused by a number of grave diseases.*

cut to medical school lecture and demonstration of mass hypnosis in lecture hall.

DUBBED ENGLISH WOMAN'S VOICE (LECTURER'S VOICE): *Fix your gaze on this shining object. Your eyelids will grow heavy. Your thoughts will become sluggish, and you will sink into a sound, deep sleep. High above you is the blue sky. You go forth into a meadow and you see it is covered with flowers - a great many flowers. You cannot resist the temptation to pick them. They're your favorite blossoms. Pick them!*

ARCHIVAL *To Mothers and Children* contd.
hypnosis scenes contd - lecture hall cuts to
scene of scientists conducting high tech
hypnotic session with woman.

VOICEOVER: *Kharkov, Ukraine; Central
Psychoneurological Hospital for Southern
Railroad Workers. Soviet neurologists have
been experimenting with hypnosis since the
1920s. Hypnosis is used successfully to cure
psychosomatic illness like stuttering, hysterical
blindness, and paralysis.*

SOVIET SCIENTIST (DUBBED): We shall begin
our hypnotic sitting... Make yourself
comfortable... Completely relax your muscles...

VOICEOVER: *In 1923 a 32 year old medical
student volunteer is the first woman to undergo
obstetrical hypnosis during her pregnancy.
While under hypnosis, she is told that her
labor will be easy and painless.*

cut to scene of Soviet woman giving birth while She gives birth to a ten pound baby without
hypnotized any pain, fatigue, or loss of memory or
sensation.

MALE DOCTOR: How do you feel?

HYPNOTIZED WOMAN: Fine.

VOICEOVER: *More successful experiments
with obstetrical hypnosis follow.*

FEMALE DOCTOR: That's a good girl - the
delivery is over!

ARCHIVAL *To Mothers and Children* contd.
mass hypnosis scene - hypnotarium

ARCHIVAL VOICEOVER (DUBBED): *Today the
doctor handling the cases gives each patient a
taped individualized recovery program.*

VOICEOVER: *It is labor intensive for doctors to
hypnotize individual women, so Soviet
scientists experiment with building hypnotaria,
structures where up to 1000 women can be
mass hypnotized in a group setting.*

DOCTOR'S VOICE (DUBBED): Your anxiety at
the start will vanish....

ARCHIVAL *To Mothers and Children* contd.
interview with Soviet researcher

SOVIET RESEARCHER (DUBBED): Our research has revealed the primary source of labor pain, which is the brain and the nervous system. The pains which accompany labor are not a congenital characteristic: they are acquired. Pain is a signal of distress, of disease, whereas labor is a normal, healthy function in nature.

ARCHIVAL *Conditioned Reflexes: The Nervous System* images from Pavlov research film showing conditioning of dog in lab.

VOICEOVER: *The Soviet scientists draw on Pavlov's theories of conditioned reflexes to explain the success of their experiments in childbirth.*

Inspired by Pavlov, they take their logic one step further. If hypnosis can decondition a woman and build an altered response to childbirth, then the same woman might also be reconditioned through rigorous physical and mental training. A properly reconditioned woman can become her own hypnotist, using self-knowledge and controlled breathing to build new neural pathways to the cerebral cortex.

The scientists call their new training regimen for women the psychoprophylactic method, or PPM.

ARCHIVAL ANIMATION demonstrating connection between conditioning training of dog and pregnant woman.

ARCHIVAL b/w images of engineers controlling machine, cuts to Soviet actress rehearsing.

ARCHIVAL VOICEOVER: *As the engineer controls his machine, the pregnant woman's mind will control her labor. She must likewise learn her role just as an actress must learn the part she is to play.*

ARCHIVAL return to *To Mothers and Children* images of Soviet prenatal ed class for expectant mothers; cut to women in leotards exercising outside; cut to women talking with doctor outside; cut to lecture on reproductive system; cut to healthy women playing tennis, exercising on the beach, waterskiing, smoking in motorboats.

ARCHIVAL *To Mothers and Children* contd. - pan-Soviet images of Central Asian women - picking flowers in the mountains; Uzbek women in prenatal ed classes; other prenatal exercise classes around the USSR... ends on images of translated PPM books.

ARCHIVAL VOICEOVER: *Applying the new method worked out in Kharkov. Doctors at the Central Psychoneurological Hospital for Railway Men have focused their attention on the emotional aspect of childbearing and prepare their patients for a self-willed, painless delivery. The method includes physical exercise and conversations and instructions with their doctors - all of which prepare and condition the minds of expectant mothers. As a matter of fact, the entire mode of life of the woman prior to and in early pregnancy - active leisure, new impressions, and friendly associations - all contribute to soothing and normalizing the nervous system.*

VOICEOVER: *The quest to eliminate the pain of childbirth is part of a national agenda, a pro-natalist push to expand the Soviet Empire through expanding its families; Government work has become home work.*

Stalinist science is under strict ideological control. Homegrown Soviet and Marxist scientific theories are promoted widely, while so-called bourgeois pseudoscience, including genetics, western pharmaceuticals, and foreign anesthetics are criticized.

It is the era of Neo-Pavlovian science, and the psychoprophylactic childbirth method is perfectly compatible with Marxist ideals of overcoming environmental, material, and societal conditions.

In the Marxist interpretation, labor pain is the product of an outdated stage of social revolution, and a nationalist Soviet science can free women from the curse of labor.

PPM becomes the officially endorsed childbirth method of the USSR. The method is systematized in hospitals throughout the county and plans are laid to eventually spread the Soviet method around the world.

ARCHIVAL ANIMATION map showing spread of Lamaze from USSR to France

ARCHIVAL VOICEOVER (FRENCH): *The new generation, born without pain by the psychoprophylactic method is the result of Soviet research. It arises from Pavlov's work on conditioned reflexes. It was introduced in France in 1951 by the doctor Fernand Lamaze.*

ARCHIVAL b/w images of Lamaze's trip to Moscow, followed by spread of PPM in France - Lamaze's French clinic, newspaper headline, etc.

VOICEOVER: *Moscow 1951. French obstetrician Fernand Lamaze learns about Soviet psychoprohylaxis, and journeys to Moscow to witness the method in person.*

He is moved to tears by his viewing of a Russian woman's painless childbirth, and vows to bring the method home to his clinic in Paris.

The popularity of PPM quickly spreads through France with the support of working class women and the French Communist Party, which calls the new technique is called "a gift from the Socialist Fatherland."

MALE INSTRUCTOR (FRENCH): You have come to learn to give birth without pain just as you learned science and math as young girls. You have not chosen a method of ease. We will be asking you to make a serious effort. You will have to direct the birth of your child yourself without the slightest anesthesia.

FEMALE LABOR COACH: In the stadium, an elegant and quick stride is the result of thorough training. The athlete is the master of his breathing. It's the same for you - you have decided to succeed in labor. You must learn to breathe: Inhale... exhale... inhale... exhale...

MALE INSTRUCTOR: During training, the athlete learns to use only the muscles he needs without working the others. The laboring woman must also control her muscles and she knows its futile to try to rest the muscles that are contracting.

FEMALE LABOR COACH: Breathe in... stop! Push! Very good! Again! Again! Again! Blow... And start again. Come on! Again! Again! Again! Stop pushing! That's it.

ARCHIVAL scenes from *Naissance (Birth)* - contd. Silhouetted light-up woman demonstrated principles of PPM training;

MALE INSTRUCTOR: In the brain of the unprepared woman there is a hotbed of activity reflecting on her everyday life. When a uterine contraction occurs, uterine stimulation creates a second hotbed of activity which conflicts with the first area and tries to make it disappear. All that remains in the unprepared woman's brain is her awareness of pain. It is up to you, and you alone, to make this birth the greatest joy of your life.

EXPECTANT MOTHER (VOICEOVER): *The greatest joy of my life! In a few weeks! I learn... A film is presented... I understand better. I have to learn to breathe... to supply oxygen to my heart and my child... Here he is... will I be ready?*

ARCHIVAL ANIMATION illuminated map showing spread of Lamaze around the world

VOICEOVER: *It is now up to us, and us alone, to make our births the greatest joy of our lives.*

ARCHIVAL images of sci fi-looking French woman in yellow leotard doing Lamaze exercises

VOICEOVER (contd): *This message reaches us from around the world.*

In the United States, PPM is called the Lamaze-Pavlov method and then, over time, simply Lamaze - its Soviet origins buried.

We begin to hear more about the new breakthrough in childbirth.

images of hands presenting editions of Marjorie Karmel's book *Thank You, Dr. Lamaze*

VOICEOVER (contd): *A book by an American woman describing her French Lamaze birth becomes a best-seller - it resonates with our desire for something new.*

ARCHIVAL scene from *Birth (1969)* - Elisabeth Bing teaches apartment Lamaze class - women do floor exercises

VOICEOVER (contd): *We begin to seek out classes. At first the classes feel clandestine, rebellious. They are held in apartment living rooms. They are announced by mimeographed flyers and pamphlets.*

HUSBAND: Contract right arm, left leg.

ELISABETH BING: Push, baby! Out! Think in the direction you are pushing - this is great! Let go... (laughs)

ARCHIVAL scene from *Birth* (1969) contd -
Elisabeth Bing has group discussion with
husbands.

ELISABETH BING (cut to discussion): I'd like to
ask you why you want to take a course like
this. What is your idea about wanting to learn
how to give birth? Why don't you just leave it
to the doctor? What was your reasoning for
coming?

UPTOWN WIFE: This is the way I always
dreamed of having a child! I've always wanted
to have a child this way... I've always felt
secretly that there was something that a
woman could do to help... rather than just be
passive... And suddenly I found all this and I've
always said, I want my husband there, if
possible. And... yeah... all of a sudden, I found
it right there, in this book... and I said, this is
what I was looking for all the time! So... As I
say, it's something I've always wanted to do,
and suddenly I found it!

E BING: Very good. And how do you feel
about it (to husband)?

UPTOWN HUSBAND: I'm for it primarily
because Kathy is.

DOWNTOWN WIFE: We do everything
together. I felt it would be a good experience
for the both of us to go through this together...

E BING: Do you agree?

DOWNTOWN HUSBAND: Sure. I...

E BING: Well, she was speaking for you...

HUSBAND: Partly, I guess, yeah. Uh... I just
wanted to be there when my child is born and
do what I can to help. I feel it's my baby... as
much as it is hers... or ours...

ARCHIVAL scene from *Story of Eric* 1974 -
birth scene

HUSBAND: It's a boy!

WENDY: It's a boy! Oh! Look at him! Oh, he's
going to cry! (panting) It's a boy!

DOCTOR: What's his name?

WENDY: Eric! (baby crying)

DOCTOR: There you go!

WENDY: Oh, look at!

ARCHIVAL scene from *Story of Eric* 1974 -
intro - Wendy Johnston teaching a class,
walking around campus

WENDY (VOICEOVER): *The girl on the screen
is me - Wendy Johnston, 26 years old, eight
months pregnant with my first child. When I
used to think of being pregnant, I imagined it
to be something like an uncontrollable illness -
months of lying in bed, concluding with a
single, terrifying crisis. With only four weeks
left, I really have yet to spend a day in bed.
And I look forward to my child's birth - not
with fear, but with the eagerness of an athlete
primed for the olympics.*

ARCHIVAL scene from *Story of Eric* 1974 -
contd. Wendy attending Lamaze class

FERRIS URBANOWSKI: Remember, when you're in transition, you'll begin to feel the urge to push before you're completely dilated, and it's very important that you don't push until you've been given permission to do so...

WENDY (VOICEOVER): My optimism is a result of a woman named Ferris Urbanowski - my instructress in a technique of prepared childbirth known as Lamaze. Though just recently introduced in this country, Lamaze childbirth is not new - its techniques used throughout Europe for the past 40 years.

FERRIS URBANOWSKI: So you go from the pant-blow pattern... and whenever you have the urge to push, you blow. So it would go like this: [demonstrates panting and blowing] Ok? Inhale, and up....2.... 3....

WENDY (VOICEOVER): Added to the technique and general knowledge is the constant process of keeping the body in shape. Now primed and ready, it also helps to pass the endless hours.

ARCHIVAL 1970s prenatal montage - begins with *Story of Eric*, cuts to 70s African American couple taking pregnant photos in the park; cut to pregnant woman at appointment with lady doctor; cut to waiting room.

VOICEOVER: Los Angeles, 1970. By now the classes are held in schools, women's centers, and hospitals. Our feminist sisters urge us to get in touch with our bodies, to feel empowered and self-actualized by childbirth. Our husbands and partners are brought out of the waiting rooms. We are told to embrace the birth experience with optimism, confidence, and perfect control.

ARCHIVAL scene from *Prenatal* - couples in prenatal class

ARCHIVAL VOICEOVER: *You and your husband should attend prenatal classes together. You will meet other couples all undergoing the same experience as you. At first you will feel shy and you may find your husband reluctant to attend. But it is his child too and it is important that he learns with you. After a while, you will be more relaxed and soon find yourself comparing pregnancies and exchanging stories.*

cut to couple practicing at home

At home, you should practice your exercises every day with a husband or a friend.

cut to pregnant protagonist at groovy cocktail party

Continue to live normally and enjoy your social life. Be very moderate in the use of alcohol and try to give up cigarettes. Smoking does affect the fetus.

cut to assortment of drugs

Other drugs such a marijuana, hashish, barbiturates, acid all may have harmful effects and should never be used.

cut to protagonist in hair salon

Good grooming and normal cosmetics are just as important during pregnancy as at other times. So, go out and get your hair done – you will feel great.

couple getting sexy in bed

You can go on enjoying sexual relations during pregnancy unless, for some special reason, your doctor advises against it. Discuss it with him.

Wear loose, comfortable clothing. Most maternity garments are well-designed and attractive.

ARCHIVAL scene from *Have a Healthy Baby*
discussion in childbirth class

CHILDBIRTH CLASS INSTRUCTOR: I can't even tell you what sort of medication will be available to you - these are things that you have to discuss with your doctor. Taking the classes will open you up to dealing with the options that are available for you.

BOTTLE BLONDE: I had a different gynecologist before I got pregnant and when I got pregnant I was going to go to him... and to the hospital that's five minutes away. But I talked to my girlfriend and stuff and I picked out a doctor that will not give me medication unless I ask for it at the very end. And... the hospital I'm going to is fifteen minutes away, but it doesn't matter, because I researched the whole thing and found a doctor and a hospital that I'm really comfortable with and I think will do it really well.

HIPPIE: My midwife - she's really great, you know? I mean, I've taken classes with her and she's going to come to my home... so I feel a closeness to her. And... just by listening to her voice in class I can tell that... that could really relax me.... having her at my house.

BOTTLE BLONDE: You have a midwife and stuff? I've never even heard of a midwife. I mean, I've heard of midwives and I know about that... but I never imagined having it at home.

WOMAN #3: I never thought of having it at home... that thought never even crossed my mind, but one good thing about the hospital is they have, you know... My last child is six years old and they didn't have these modern devices that they have now: they can take pictures of the baby in the stomach now, they've got fetal heartbeats, they have the baby's heart on a thing and all that, and... it's interesting and I want to go through it!

CHILDBIRTH CLASS INSTRUCTOR: Determine what it is you want, what it is you need, and then go out and look for it - it's there!

ARCHIVAL scene from 80s Patty Duke Lamaze video

PATTY DUKE: Hello. I'm Patty Duke Astin. And I'm delighted to be here at this special time in your life to present portions of the Lamaze method of childbirth preparation - a method that's helped millions of expectant couples around the world to have fuller birthing experiences. What happens when you give birth will be unique - an event at which you are the star. So. Get comfortable, pull some pillows up to the TV, and let's begin to learn and practice these Lamaze techniques...

HUSBAND: That's fifteen seconds...

INSTRUCTOR: Contraction is beginning to mount... feel its strength... it's peaking...

ARCHIVAL MONTAGE - faces of laboring women

ARCHIVAL ANIMATION showing reproduction process

ARCHIVAL b/w birth scene from Joseph DeLee film; baby cries, gets silver nitrate in the eyes

ARCHIVAL: return to woman in lab coat who is now tracing film image of baby

VOICEOVER: *The archive is circular. Here we are in the present tense.*

MONTAGE of contemporary video images - woman in 3D ultrasound boutique; cuts to women in Stroller Strides exercise class running up a hill

VOICEOVER (contd): *We find ourselves anxious about progress and the technological future; we find ourselves preoccupied with nostalgic ideas of the natural.*

Pain presents itself as a portal into some kind of authentic moment. We no longer simply give birth - we now have birth experiences.

CONTEMPORARY / INDUSTRIAL FOUND
FOOTAGE montage: images of empty birthing
suites, celebration meals, etc.

VOICEOVER (contd): *Our homework has
become a consumer choice, an index of
privilege.*

*Like the hotel room, the birthing suite is
precisely production designed - its anonymous
domestic details reassure the visitor and
promise a predictable experience in a
controlled environment.*

*The empty birthing suite bears no trace of
medical equipment, blood, or fluid. On these
images of tumbled river rock birthing tubs,
throw pillows, and tasteful wall art, we are
encouraged to project the perfect authentic
birth.*

return to ARCHIVAL montage of women
packing suitcases

VOICEOVER (contd): *The archive tells us that
birth is both natural and pathological: two
opposite things inside of one that intertwine
through history.*

TITLE (on black): KRISTY

16mm B / W interview with KRISTY

KRISTY: My due date is in nine days and that
feels like many things. It feels very close. I just
stopped working about a week ago and I just
move around my house. I'm spending a lot of
time at home thinking about this...what's to
come. It just feels like this big precipice. In a
way that I don't know, you can't even really
think about it and understand it. People keep
asking me if I'm ready and I just keep saying
"no". I don't think there's a way that you can
be ready. What would that look like? I'd like to
know what that looks like. But I'm not feeling
ready. I feel prepared in some ways but there's
just no way to imagine what this is going to be
like on the other side. It feels very much like
another side, another place, another universe.
Motherhood right now. And labor. Labor feels
again like something that's just impossible to
imagine and predict.

16mm B / W interview with KRISTY (contd)

KRISTY (contd): there is pressure for a mom, a woman to do it naturally and to kind of feel empowered by the labor process. And people put so much emphasis on how your birth should be. And how they want it.

I'm doing this as a single mom and I'm also older so I think that you know having an established career and certainly being by yourself, it puts, I don't know. It feels like I'm coming from a different place. I'm not doing this with somebody else. At times it's been sad for me. Again, only kind of in the end. All these more intense emotions coming up. But sadness is just a little about not being able to share with somebody the joy, you know? And I end up keeping it inside. And keeping it inside makes it more abstract and harder to reach for when you want that kind of excitement and insurance.

But that part is surreal. Like seeing people and then sort of thinking the next time I see you my life will be very different. I'll be on that other side.

10:00

ARCHIVAL montage of women leaving hospital with their new babies

KRISTY (contd) VOICEOVER: *And when I was talking with my midwife she was just saying that there's no transformation this big that happens this quickly that's something you're literally walking towards. It's just this vast unknown and you can't get off and you can't put the brakes on. You know the train keeps moving and drawing you towards it. And sometimes I feel like I'm kicking and screaming, being dragged along. And sometimes I feel like I'm floating towards it.*

return to ARCHIVAL b/w image of woman holding baby, now with THE END title superimposed

END CREDITS