The Calamitous Effects of the Surveillance and Medicalization of Birth

The Case of Cullan Chisholm

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Acknowledgment & Dedication

I would like to note my positionality within this work as before and during my research many of my friends and family had differing experiences of pregnancy, labor, delivery, and postpartum periods, driving me to look into the consequences of the medicalization and surveillance of birth. Not only their benefits but for the benefit of all parents navigating the health care system. While working on this piece, my nephew was born through a very difficult pregnancy and delivery for my sister and subsequent consequences for him. I dedicate this piece to Levi and all the wonderful things he will accomplish and inspire for this world.

Bringing a baby into this world, innately primal, has transformed into the surveillance of birthing parents and has changed the very processes of labour and delivery with the advent of technologies. These technologies such as ultrasounds, fetal monitoring, and hormone mimicking medications, changed the view of the pregnant person from that of a carrier of life to a public scrutiny. This scrutiny of birthing parents is something that has developed with this monitoring as historically the fetus was hidden from the grips of the medical gaze protected safely in the womb (Shaw, 2012 p.124). The individuality of birthing parents is lost to the medical systems, their bodily autonomy is questioned, and consent of interventions is often negated.

In the case of Cullan Chrisholm, who's lifeless body was delivered at 10:40am on July 31, 2010, the dangers of the processes of labour and delivery are showcased. After a traumatic labour for Monique Chrisholm, Cullan was rushed away and was saved, with more interventions as those that were used in his birth were not effective in a successful delivery (Julian, 2018). The interventions that have been developed to help aid in labour and delivery are also at the liberty of human use and error. Leaving the potential consequences to the birthing parent and child at the hands of the medical surveillance and reliance on technology instead of primal instincts. The uses of the medical gaze and medical interventions such as the medication pitocin, contribute to the unnecessary surveillance and scrutiny of birthing parents and subsequent injury and disability of infants throughout these processes.

The Western Fanaticism of Surveilling Pregnancy and Birth

Robbie Davis-Floyd describes the ideas of rigidity in knowledge systems after they are established. Describing this way of thinking in three categories, naive realism, fundamentalism, and fanaticism. Each with their own level of ignorance, and idealism on what is "truth" to them. The most extreme case and what can be argued has taken hold in the modern medical system

with the surveillance of birth and laboring bodies is fanaticism. The idea that “Our way is so right that those who do not adhere to it should be either converted or exterminated” (Davis-Floyd, 2019, p. 40). This hold on the surveillance on pregnant bodies, the fetus, and the process of labour and birth has turned into something that is so ingrained in the social systems within western society. Some births need extra caution and medical interventions but most of this surveillance is standard, negating its necessity or intrusive nature (Cooper, 2022, p.62). Most birth workers in hospitals or birthing centers do not understand the natural processes of labour, delivery, and the post-partum period. The emotional and hormonal aspects of these processes are negated by healthcare professionals. However, it is imperative for the birthing parent to make succinct decisions and exercise their autonomy (Cooper, 2022, p.61). Monique Chrisholm, had been labouring at the hospital for many hours while being given Pitocin and not being attended to, having staff not watching the fetal heart monitors for signs of distress causing Cullan to go without sufficient oxygen for a significant period of time (Julian, 2018). Western medicine has come so far to standardize the processes of labour, birth, and post-partum, for the ease of the practitioners the birthing parent and the infant have been forgotten.

In recent years, between 1970-2022 pregnant persons can no longer wait to go into natural labour if they are more than approximately 40 weeks gestation. Usually practitioners begin stripping the membranes at 36 weeks gestation. This process of “stripping” involves the insertion of a practitioner's finger into the cervix to manually sweep the amniotic sac from the lower part of the uterus with the goal of having contractions begin (Cooper, 2022, p.60-61). This is due to a rudimentary understanding of the twenty eight day menstrual cycle. If pregnant persons have had a regular twenty eight day cycle then the due date and current gestation at the first ultrasound is calculated as per that cycle. Many individuals do not have cycles that are twenty eight days. The

average is between twenty one and thirty five days. This span greatly affects the calculation of the due date of the fetus as well as when interventions are required due to having an "overdue" baby and when interventions such as inductions are required.

Usage of Labour Inducing Medications

Herbs and other traditional remedies have been used throughout time to selectively help the induction of labour; it was not until the 1960's that medications were developed and used to induce contractions of the uterus (Wilks, 2015, p.205). Sometimes labour inducing medications are helpful or even required for the safe delivery of the infant but what has been found is the wide and notably unexplained variations in the rate of inductions from hospital to hospital, practitioner to practitioner. Even further to this research in countries with high rates of cesarean sections such as Brazil and Chile show that it is not driven by the wishes of the pregnant person or the risks associated with a vaginal birth (Menacker, Declercq, & Macdorman, 2006, p.238). Instead the election to have a cesarean section comes after talking with a physician.

Oxytocin is a critical player in labour and birth for stimulating contractions of the uterus (Buckley, Uvnäs-Moberg, Pajalic, et. al. 2023 p.2). Thus helping with the successful vaginal delivery of an infant. This process can take time as natural oxytocin levels ebb and flow throughout labour and with each contraction. When synthetic oxytocin or pitocin is used it is added to the birthing parents system rapidly. Speeding up the process of labour in a way that is often not tolerable. This can lead to an epidural to help manage pain due to the strength of contractions. An epidural then subsequently slows down the labour, requiring more pitocin to help to intensify the contractions. Half of birthing parents who are using institutionalized medical care systems regardless if a low, middle, or high-income countries will receive pitocin (Buckley, Uvnäs-Moberg, Pajalic, et. al. 2023 p.4). It is important to note the other uses for pitocin as it

often works well to help uterine contractions after birth for successful delivery of the placenta as well as to stop or slow hemorrhaging after birth.

How well synthetic oxytocin will work is dependent upon each individual as well as the monitoring of the provider with dosage. Oxytocin receptors increase as a pregnancy reaches term, meaning that how well the dosage is absorbed also depends on how many oxytocin receptors are stimulating the uterus and are activated with the synthetic medication (Buckley, Uvnäs-Moberg, Pajalic, et. al. 2023 p.42). The intensity and frequency of contractions changes significantly when synthetic oxytocin is introduced which can lead to fetal distress and requires more monitoring. Pitocin has also been linked to crossing the blood brain barrier in the labouring parent which can lead to postpartum depression and other effects for individual mental health (Buckley, Uvnäs-Moberg, Pajalic, et. al. 2023 p.44).

Risks of Inductions of Labour and Medications

There are many risks with all births up to and including fatality of the infant or birthing parent. With the medication pitocin there has been a lot of research on the effects of the medication on the infant, but not on the subsequent effects of the birthing parent. Pitocin does not cross the blood brain barrier of the infant but can affect the body of the infant in different ways. There is some research that pitocin can have an effect on breathing and behaviors related to breathing such as “suckling, swallowing, chewing, and gasping” these are all imperative for the infant to thrive and be able to feed (Torres, Mourad, & Leheste, 2020 p.4). In a study completed by Kurth, & Haussmann in 2011 on the administration of perinatal pitocin as a marker for ADHD onset in children their findings concluded that 67.1% of children exposed to pitocin subsequently received a diagnosis of ADHD (Kurth & Haussmann,2011, p. 428).

There have also been studies that have found links between autism and the administration of pitocin. In a study researching such effects of pitocin and attempting to replicate other studies results, there is a call for more research within this field due to limited testing and constraints to sample sizes (Gale,Ozonoff, & Lainhart, 2003, p.207). For the amount of birthing parents that receive pitocin during their labour the effects both long term and short term do not have much research or grounding. Further research has found correlations between the use of synthetic oxytocin and obstetric complications and an onset of autism symptoms within the first year of life (García-Alcón, González-Peñas, Weckx, et. al.2023, p.70). This could be due to the doses of infusion as well as the time that the birthing parent is labouring and therefore the exposure rate of the infant (Gottlieb, 2019 p.9). The main determining factors for autism in offspring are the quantity, infusion rate, length of labour, and weight of the birthing parent (Gottlieb, 2019 p.11). Some of the complications that can arise for the labouring parent with an induction are uterine hyperstimulation, uterine rupture, or a failed induction. The result for each one of these complications is often a cesarean section as they all put the infant at risk (Deshpande, 2021, p.255).

The Patriarchy of Birth

The pregnant body has always been one of scrutiny, policed by males. With the deeper understanding that the experience of pregnancy and birth is a very personal experience for that individual experiencing it. There is an expectation of those becoming parents that they "give up" everything within their lives and just have the baby. As Vega describes her experiences as a teenager being deterred from having children: "…often shamed and lectured to not become pregnant, otherwise my worth would be reduced. These traumatic stories remain imprinted on my emotional and spiritual being. (Vega, 2016, p5). This perpetuation of the patriarchal norms

and the idea of the “virgin/whore dichotomy”(Vega, 2016, p5) influence the narrative of pregnancy. The blame, shame, and patronization that all birthing parents feel when they come to the stage of their lives that they are pregnant whether they feel ready or not. As a child develops they are scrutinized and surveilled due to their potential to procreate, cultural and societal expectations and pressures are instilled. Although sometimes unrealistic these norms and values can be so important to a family that they can absolve birthing parents of their family by way of banishment. Especially if something were to have gone wrong during the pregnancy or birth of the infant. Both the birthing parent themselves as well as society at large place an insurmountable measure of scrutiny on the successful birth of a healthy child. Even if it is known that a negative outcome was not directly caused by the birth but instead the failure of medical professionals.

The Price of a Child

After a seven year legal battle Cullan’s family received a six million dollar settlement for bodily damages inflicted upon him at birth by the hospital and physicians in attendance at his birth. Nearly two million of that settlement or one third of the profit for Cullan went to cover the legal fees for the lawsuit (Julian, 2018). How can you put a price on a child’s life? Their future achievements? The impact that they will have not only on their family but their community at large? These questions stem from the idea that children are priceless. They are so valuable to the family that a market value can not be applied to them. The “...utility of a late 20th and 21st century child has come to be understood as their future economic value, in particular the price they will be able to command on the labor market if they are invested with requisite education and skills, or what many social scientists now understand as human capital” (Bandelj & Spiegel, 2023, p.824). Human capital can be described as the value of the individual's skills via a

standardized assumption of achievement. “Psychometric tools are used to measure changes in human capital resulting from early childhood interventions, including scales” (Bandelj & Spiegel, 2023, p.812). These scales are often set out by federal or societal standards such as meeting developmental milestones from birth all the way to adulthood. They further perpetuate children’s lives in school during standardized tests, minimum requirements for physical capabilities, and societal expectations for social skills and development.

Cullan can not participate in the same forms of standard education for Canadian children as peers his same age. His circumstances and diverse abilities require him to have specialized equipment, a wheelchair, and wheelchair accessible home (Julian, 2018). So in this case the child is not valued, instead the equipment that is needed to sustain a standard quality of life is calculated but he is not. “Human capital theory, part and parcel of broader processes of economization, has created a new imaginary of an economically useful-to-be child that is entwined thoroughly with economic ideas of human capital investment” (Bandelj & Spiegel, 2023, p.812). Cullan has no value within the systems as he has no potential means of production in the traditional senses and will need care for the rest of his life. Children are invested in and viewed within the twenty-first century for their potential to produce and gain within the capitalist regime. Without the potential for future capital gains children are truly priceless.

Calculating the damages for a person's life when such adverse effects were concluded is impossible unless the physical needs that can be quantified are taken into consideration. This all comes down to legal culture, what the expectation of that area is, as well as the positionality and persistence of those who can continue to pay for and take the time to follow up. Many people within the same circumstances as the Chrisholm’s would not have had the initial investments required to retain counsel or the time to invest in a seven year legal battle. Leaving them and

their child without some of the things that they require to have a good quality of life and to regain "normalcy" within the family. So then what is the price of a child when there is no equity or basic standard of care especially among those with diverse abilities in Canada? Families are left to fight on their own for their children's well being due to the lack of value put on them by the state.

Children and (Dis)Ability

Living within a society that has firm beliefs of "normalcy" that even Monique Chrisholm advocates for within her family and for her son despite his cognitive and physical limitations causes challenges (Julian, 2018). This understanding of the ableist world and the expectations that society has on children and their families to meet certain standards creates a sense of grief and despair when there is a diagnosis that will cause the child difficulties in functioning within the regimes of the current society (Apgar, 2023, p.5). "In this way, parents gesture to a more political way to think about disability as a social experience, rather than a dysfunctional bodymind" (Apgar, 2023, p.5). It is an acceptance from parents that children with differing abilities will not be able to succeed or thrive in the way "normal" children will. Negating their value as individuals and the many ways in which they will contribute throughout their lives.

Development from infancy, to toddlerhood, to childhood, and into adolescence and ultimately adulthood is marked with certain biological, intellectual, and physical markers. As well as with certain sociocultural celebrations or ceremonies depending on the region, religion, or culture an individual is a part of. Missing these milestones can be impactful, usually on the overall perception of the child both within their family as well as within their community. Missing a milestone is not permanent, many children who are perceived as "behind" or 'delayed" catch up or even exceed their peers or those of the same age even without any interventions. "A

distinction then, is made, between developmental delay as a nonpermanent status and "disability" as a permanent status. This distinction is compelled by and in fact reinforces the idea that "disability" is an undesirable state"(Apgar, 2023, p.36).

Who's Responsible for "Knowing"? Panic on the Medical Stage

Are the doctors, obstetricians, midwives, and other aiding medical professionals "all knowing?" Are they the truth holders within the realms of labour and delivery? This is not a question within the minds of parents, it is a fact that labour and delivery is dangerous but that we have medical professionals in attendance to "save" the labouring parent and infant if anything goes wrong. They are held legally responsible for the safety and security during a time where many things could affect the wellbeing of either of their patients. However one thing that is often not addressed is after the medicalization of birth, and the expectation that doctors or other practitioners would be able to safely deliver babies, is the insurance and legal ramifications attributed to labour. Wilks describes the differing policies between hospitals using the example that one hospital always induces patients at 41 weeks gestation, and another hospital less than 20 miles away will allow the pregnant parent to go up to 42 weeks gestation without any pressure to be induced (Wilks, 2015, p.206). Why is this the case? "This is not based on good evidence but purely on the fear of litigation and insurance constraints" (Wilks, 2015, p.206).

With the constant surveillance of the fetus and birthing parent throughout the stages of pregnancy there is a sort of expectation that any and all issues will be caught and "fixed" immediately. Although there are some very interesting and innovative neo-natal technologies, treatments, and even surgeries that can be completed while the fetus remains in utero these are not always available, effective, or possible depending on the specific condition. These technologies also can not fix or rectify any damage done during the process of labour. "Globally

there is the problem of the over-medicalization of childbirth, but also there is the problem of the under-utilization of lifesaving care…"(Penwell & Davis-Floyd, 2022, p.52). Birth has become something that is looked at as an emergency, because practitioners are looking for a crisis to occur and to search for problems (Cooper, 2022, p.61).

Informed Consent and Birth

The underpinnings of every birth should be consideration, respect, and compassion even when there are complications or things do not go according to the birth plan (Penwell & Davis-Floyd, 2022, p.56). Within and throughout all care; pregnancy, labour, delivery, and postpartum, parents should be the center of all the decisions with the inclusion of anyone that they feel is important. As well as unbiased and unobtrusive medical advice to promote the best outcomes for the birthing parent and infant. It is outlined that the recommended steps for the induction of labour include informed written consent regarding the need for induction of labour be obtained from labouring parent (Deshpande, 2021,p.254). One of the key misses here in this consent is that it is only consent for the induction, not all of the potential subsequent consequences for the induction. As a parent signs that consent form for their induction, usually under pressure from their provider, they are often not told the impacts that the means of induction could have both on themselves as well as their infant.

By law pregnant persons are entitled to informed consent when it comes to the birth of their child. Most parents surveyed in 2005 said that they knew that they could refuse treatment at any time and very few reported feeling pressure to choose induction (White, 2007, p.27). In regards to induction or cesarean section most or all parents felt that they were poorly informed or had an incorrect understanding of the complications that could occur from these interventions (White, 2007, p.27-28).

With the example of the Chrisholm family the detriments of the western patriarchal systems of labour and delivery are clearly displayed. Pregnancy, labour, and delivery have continued to be something of a spectacle for those with power to regulate the bodies and minds of others. As well as to monitor and set arbitrary standards that negate both archaic birthing techniques and modern medical knowledge surrounding birth. Therefore using techniques such as induction, and risking the lives and the general well being of both the birthing parent and the infant to maintain legal obligations or hospital standards. When cases such as that of the Chrisholm's occur the hospital or practitioner is covered under liability insurances that maintain a standard. Negating the fact that birth is not standard and can not be standardized. It is not a one size fits all style poncho. It is a messy, individualist, holistic, and magical experience that must be tailored to in a way that showcases this. The child themselves as an entity, a human being, that will begin to function within the society is scrutinized based on the processes of their birth. A traumatic birth experience resulting in cognitive or physical limitations to the infant can change the course of that individual and their family's life. Only because of the set standard of human or child capital. The labour or earning potential for that child and the investment made into them due to that factor. Children that are thought of as "less than" within capitalist society are not valued instead their potential is set in a dichotomy of grief and fear by both family members and society at large. The cryptic nature of the medical gaze and the modern expectations of surveillance of birth has worked to the detriment of those most vulnerable and aided in gaining power for the capitalist and patriarchal systems that continue to oppress those who do not conform.

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