

Birth Pleasure: Meanings, Politics, and Praxis

Little research has directly focused on the spectrum of pleasure experienced in birth, which until now has lacked a scholarly description or definition. In this article, I present the concept of birth pleasure and offer an introduction and preliminary definition synthesized from published experiential accounts, existing research and scholarship, and relevant lay literature. Through an intersectional and matricentric feminist lens, I offer implications of including birth pleasure in birth justice praxis.

“What was that?” I recall thinking, still reeling in an unexpected tsunami. How to describe it? A life-swallowing sensation? A cellular-level magnetic reorientation? Something pulled all of my exhausted, trampled pieces back together in a warm wave of light and colour. I was made whole by this—a pleasure beyond comprehension. I felt immense gratitude and aliveness. This baby, this shimmering little lifeforce looking me in the eye, transformed me. When it came time to share about my birth experience, I was at once at a loss for words and conflicted to tell the truth of that moment, particularly with other mothers. As an intersectional feminist scholar, a public health professional, a woman, and a new mother, I grappled with naming and integrating this experience as well as its meanings and politics. This article is the result of this inquiry. I will present birth pleasure first as a paradox, a popularized taboo. I then offer clarifications of the key terms thus far used for birth pleasure, explore published experiential accounts, and review the modest research literature that has directly addressed pleasure as experienced in birth. From these components, I synthesize a definition of birth pleasure. To conclude, I offer some preliminary implications of birth pleasure in the movement for birth justice.

Pleasure in Birth: The Paradox of a Popularized Taboo

Birth pleasure could read as a paradox to some. Pain surely remains the dominant frame in the modern Western construction of birth. Despite a few higher profile publications that have drawn considerable media and academic attention and criticism, pleasure experienced in birth remains largely invisible, ignored, or actively ridiculed. Several authors—mostly in the midwifery, childbirth education, and childbirth preparation realms directed towards lay pregnant women—have documented pleasurable birth. They have asserted that orgasmic and ecstatic pleasure in birth not only exist but are possible for many (if not most) birthing people under supportive circumstances (Buckley; Davis and Pascali-Bonaro; Davis-Floyd; Gaskin; Kitzinger). Midwifery scholarship has long acknowledged the possibility of pleasure in birth, based largely on practical observation across the field. Midwifery texts, for example Denis Walsh and Soo Downe’s *Intrapartum Care*, cover pleasurable and sexual aspects of birth typically omitted from obstetrics textbooks focused primarily on pathogenesis. Still, laypersons and health professionals alike do not typically receive messages about pleasure in birth at all.

Often, experiential accounts expose an intuited sense that the pleasure experienced in birth is in some way taboo, inappropriate, and dangerous to share with others. Virginia W. Bath’s account, as quoted by Elizabeth Davis and Debra Pascali-Bonaro, highlights layers of social construction in birth but especially illustrates the felt sense that one should censor the experience, for fear of the judgment or estrangement that would follow:

The orgasmic sensations during second stage were completely unexpected and took me weeks to discuss with anyone. My husband was relieved when I told him—he was shocked at how sensual the experience had been and was happy it had been so for me. Still, I edit out the orgasmic element when telling my story, as most people are not aware of it as a possibility and would think I was completely insane! (vii)

Media, the blogosphere, news coverage, and other public commentaries have either ignored the issue or castigated the concept of pleasure in birth and women’s interest as “hedonistic” and as expecting birth to be “like a spa treatment,” “superficial,” and “self-indulgent” (“Natural Childbirth”). Women have been informed that “childbirth is not like Burger King” that “you can’t have it your way” (Larimore). National Public Radio did not participate in the flurry of coverage of Ina May Gaskin’s work or her observations about ecstatic birth in 2009. They did, however, publish a commentary from a mother titled “MSNBC Makes Me Click Headline about ‘Orgasmic Birth,’” wherein she declares “orgasmic birth makes a great headline,” and via photographic

evidence, she conveys the trauma of her experience (McKinney).

This kind of “not me” shout-down is not uncommon online. Some who have reported experiencing pleasure during labour and birth in online forums have been called “perverted” and “liars” (Caffrey 19). It would appear that pleasure in birth remains scandalous, as it was in the Victorian era when some British obstetricians went so far as to argue against the development of analgesia for birth to prevent inappropriate sexual sensations from arising in the birthing mother:

May it not be, that the physical pain neutralizes the sexual emotions, which would otherwise probably be present, but which would tend very much to alter our estimation of the modesty and retiredness proper to the sex.... Chastity of feeling, and above all, emotional self-control, at a time when women are receiving much assistance as the accoucheur can render, are of far more importance than insensibility to pain. They would scarcely submit to the possibility of a sexual act in which their unborn offspring would take the part of the excitor. (Dr. Smith in 1847, qtd. in Poovey 142)

Such thinking persists, it would seem, as pleasure is seldom discussed or studied in scientific fields dealing with birth. There has been some recent theorizing about socially constructed discourses and narratives around orgasmic birth, specifically as found in white and upper-class home birth and natural birth spheres. Some authors challenge natural and orgasmic birth narratives as problematic insofar as they create oppressive norms for new mothers to achieve under a guise of female liberation (Vissing; McClintock; Rossiter). Kate Rossiter critiques an orgasmic birth ideal popularized, marketed, and sold to pregnant women as a problematic product of neoliberal ideology, and I am prone to agree.

Although the power situated in hierarchical constructions of so-called good birth deserve interrogation, birth pleasure and its potential relationships to maternal or newborn health outcomes deserve investigation. To date, no representative population-level studies have examined the incidence or prevalence of pleasurable birth. I recall the invisibility of my own experience when it happened. As a researcher, I was struck by the fact that my experience of birth pleasure was absent from my medical chart, where much maternal health research data originates. My actual experience was a nonfactor. In the literature on maternal health at large, pleasure is all but absent. A handful of peer-reviewed and unrefereed scholarly articles have addressed pleasure in birth directly by many names—notably, “orgasmic birth” (Caffrey), “ecstatic birth” (Buckley; Caffrey; Tanzer; Vaughan and Maliszewski), “childbirth climax,” “obstetric orgasm,” and “obstetric pleasure” (Postel), and “birthgasm” (Mayberry and Daniel).

Clarifying Terms: Orgasmic Birth, Ecstatic Birth, and Beyond

Currently, the dominant framing of pleasure experienced in birth is orgasm. There are several definitions, or rather explanations of orgasmic birth, none of which are especially clear. In their popular birth preparation guide *Orgasmic Birth*, Davis and Pascali-Bonaro offer the following semidefinition: “Whenever a woman can look back on these [birth] moments with joy, when physical and emotional aspects of birth are fully experienced as pleasurable, we call this orgasmic birth.” (xi). Thierry Postel uses such terms as “childbirth climax” and “obstetrical orgasm” without offering definitions, but in reference to “physical pleasure experienced by mothers during obstetrical labor” and childbirth (e89). However, pleasure and orgasm are not synonymous. In her 2007 dissertation on sexual experiences of women in childbirth, Danielle Harel drew the term “birthgasm” from an informant and used it to develop the terms “unexpected birthgasm” and “passionate birth” to distinguish unintentional and spontaneous orgasmic sensations from intentional sexual stimulation during birth. Lorel Mayberry and Jacqueline Daniel use birthgasm in title only, and do not define it; instead, they rely on a definition of coital orgasm and apply that to birth. There is much more that could be said about the politics embedded in the literature around female orgasm itself—especially the ways male blueprints of sexuality are superimposed on the female body, including in birth—but that is beyond the scope of this paper.

Another key conceptualization of pleasure in birth is ecstatic birth. Ecstasy has been defined as “a state of being beyond reason and self-control; a state of overwhelming emotion; especially rapturous delight; a trance; especially a mystic or prophetic trance” (“Ecstasy”). In her work on ecstatic birth published in 2002 and 2003, Sarah Buckley offers no definition but provides a dissection of the word ecstasy: “ec” meaning outside, and “stasis” meaning usual state. Deborah Tanzer used the term “peak experience” to convey a similar concept in 1968. In their study of ecstatic and mystical birth psychology and phenomenology published in 1982, Barbara Vaughan and Michael Maliszewski define ecstatic states as “states of consciousness that are characterized by an overwhelming sense of joy or rapture” (115).

Mystical experiences are “intense momentary periods in consciousness lying beyond the limits of ordinary experience which are characterized by the expansion of consciousness or awareness that exceed an individual’s customary known or familiar concept of self-identity” (115-16). Birth pleasure is a broader concept that can be thought to incorporate the ecstatic and orgasmic. The experiential accounts to follow will help to illustrate the multifaceted, nuanced, and diverse spectrum of experiences of pleasure in birth.

Experiential Accounts

Many of the authors who have written about pleasure in birth have featured the voices of those who have experienced it, and I am thankful to coalesce their rich testimonies here to construct this concept I call “birth pleasure.” In Shelia Kitzinger’s *Birth & Sex*, pleasure in birth is conceptualized as predominantly orgasmic in nature, on the paradoxical “almost razor-edged separation, between intense pleasure and pain” (15). She provides snippets of interviews in which this edge is explored by her informants: “Orgasm is like a pain, a sweet pain that gets bigger and fills you up. Then as it ebbs you are left feeling content and throbbing,” and “Sometimes the pleasure is so acute it is almost too much to bear, almost painful” (15). These descriptions are consistent with those of others who report a concurrence of both pleasure and pain in birth, as opposed to some who have reported painless birth with pleasure or orgasm, as discussed below.

Robbie Davis-Floyd presents vivid accounts of childbirth based on one hundred interviews in her classic and highly cited work, *Childbirth as an American Rite of Passage*: Here is the experience of one woman:

Labor for me was a total turn-on. Yes, there was pain—a lot of pain, and the most effective relief for it was stimulation of my clitoris. Larry rubbed my breasts and my clitoris and kissed me deeply and passionately for hours until the baby came. And when he had to go out of the room, I masturbated myself until he came back. I had lots of orgasms. They seemed to flow with the contractions. Even when I was pushing I wanted clitoral stimulation. It was the sexiest birth ever! And I loved every minute of it. I was completely alive and alove [sic]—turned on in every cell of my body. I felt that the totality of Larry and me—the fullness of everything we were individually and together – was giving birth to our child. (69)

Davis-Floyd complicates the desexualization of birth further and explores the continuity birth as an expression of one’s sexual life-course. She quotes Jeanine Parvati-Baker’s vivid birthing account from 1988:

I feel the baby come down. The sensation is ecstatic. I had prepared somewhat for this being as painful as my last delivery had been. Yet this time the pulse of birth feels wonderful! I am building up to the birth climax after nine months of pleasurable foreplay. With one push the babe is in the canal. The next push brings him down, down into that space just before orgasm when we women know how God must have felt creating this planet. The water supports my birth outlet. I feel connected to the mainland, to my source. These midwife hands know just what to do to support the now crowning head, coming so fast.

How glad I am for all those years of orgasms! Slow orgasms, fast ones, those which build and subside and peak again and again. That practice aids my baby's gentle emergence so that he doesn't spurt out too quickly. He comes, as do I. (71)

Others describe it differently, of course. From seven interviews with women who reported pleasurable experiences of birth (all white upper-class English women recruited online), Anna Caffrey distilled three main categories of experience: pleasure, orgasm, and euphoria. Some of the women denied the sexuality of these pleasurable sensations; others drew parallels between sexuality and the pleasure they experienced while maintaining a difference between the two. Others emphasized the sexuality of their birth pleasure sensations. Regarding the balance of pleasure and pain, one informant described their experience as follows: "I don't think it was that it didn't hurt, it was probably more that there were other things, overriding feelings that were, um, more important, which is that, I just had this real sense of purpose and just being able to get on and do what I needed to do.... I think I did feel pain, it just didn't feel bad" (qtd. in Caffrey 21).

The physicality of the birth process was experienced and interpreted in different ways. Now, I will excerpt several interviews from Caffrey's work that exemplify powerfully the different ways that birth pleasure is described.

I could feel, um, my son descending, and as he descended he sort of stimulated as he went down, and I could feel his head. And there was still no pain at all, and all I could feel was, it was just this really weird primal state where it just felt like it was just me and him together.... I felt really, sort of filled up, really complete, sort of sexual, but it wasn't, because he was only going one way and I knew that, you know, I was in labour and this was a baby. (qtd. in Caffrey 21)

But it was definitely stimulation, and it was definitely pleasurable, but it wasn't sexual. It was sort of, a stretching and a massaging, um, of the inside of me, and I didn't orgasm and there was no, I didn't feel him touch G spots, or anything, inside, it was just a feeling of being stretched and stimulated that was pleasant. (22)

I'm a very physical person, I think, I just, I love the physicality of it. I love the stretching. And the, the, sort of like a big yawn. Like a big, stretchy yawn. It felt like that. (25)

Whereas some authors highlight orgasm as a central defining typology of sensation in birth pleasure (Davis and Pascali-Bonaro; Kitzinger 15-17), orgasmic sensations were not the highlight of even the interview captions categorized as "orgasmic" in Caffrey's study. Rather, the use of the term "orgasmic" served as a conceptual anchor to make sense of a completely new experience:

The wiggling thing is what ... was probably the first sign that there was something physically pleasurable about the whole thing, because I know that, um, a wiggle like that, I'm about to have an orgasm. (qtd. in Caffrey 23)

[It] was very much more like sort of the long build up you get to an orgasm, more than the actual orgasm itself.... It wasn't exactly the same, it's just that it's the closest parallel. (24)

The “euphoric” headspace these women experienced involved psychological and spiritual aspects:

[The] hour after they were born I was as high as a kite. (qtd. in Caffrey 25)

[It] was just ... it was euphoric. Yes, euphoric. And so there was ... it was painful, but it was euphoric in, in a sort of deeper sense.... And it, in some ways, it was like swimming. Nothing to do with being in water, but swimming in a ... deep down, deep, deep, dark blue river, sense. (25)

Um. It felt ... like ... it felt like I was giving something really brilliant to somebody. To me. Um. To the world. I don't know. To God. I don't know. Ah. I felt like I was producing a really, really brilliant sculpture. Um. If you ... it feels like ... it felt like a fusion. It feels like a fusion of nature and humanness. A fusion of love of my husband and me, I guess. Um, a fusion of me and, and the world, in a, um, you know, all these kind of things that sound quite hippy. Um. Cheesy. It, but it is, it does feel like that. Like a big ocean, like, ah. Just trying to find, probably, I don't know, words to just help you understand what it's like. It's like a universal kind of thing, like, like the whole universe comes together in that moment. It is wonderful. (25)

Such minimizing of the magnitude of the experience with diminutive language about the “hippiness” or “cheesiness” of their experiences speaks to some of the social values and beliefs constructing birth—that pain is more grounded and real than pleasure or joy and that pleasure is in some way frivolous, detached, or even delusional.

One woman emphasized the difference between her first birth, which had left her traumatized and her second pleasurable birth. She reflected on its impact on her relationship with the new baby:

I just felt this massive rush of hormones, and I just could not keep a smile off my face. Ah, they sent me to have a shower, and I was just grinning and grinning and grinning in the shower, and I just sort of, couldn't believe that I'd had such a wonderful experience.... I carried

him in a sling because I didn't want to be apart from him, and just, it was a much better bonding experience, and that I felt like he was my son, and he was my, sort of, special gift, and I just wanted to just smother him in love, in a way that I never felt with my daughter. (qtd. in Caffrey 23)

It is notable that none of Caffrey's informants reported that births which were in some way pleasurable were in any way negative or traumatic. Several categorized their pleasurable birth as healing or empowering in some way, particularly if a previous birth was a traumatic or negative experience (Caffrey 18).

By acknowledging the importance and authority of their lived experience and knowledge, I prioritize birthing people in knowledge production around birth. Though by no means representative of all experiences of birth, these accounts serve to ground the concept of "birth pleasure" in its textured, three-dimensional realness in the lives of these mothers. As an intersectional feminist (Crenshaw; Cho; Denis) and matricentric feminist (O'Reilly), with a commitment to research justice (Data Center), I aim to uplift the knowledge of those impacted—in this case, birthing mothers and gender nonconforming birthing people. The studies cited above have significant limitations. They involve mostly white and high socioeconomic status informants. We must hear from women of colour as well other women with diverse identities, including low-income, lesbian and/or queer, teenage or advanced age, disabled, immigrant, incarcerated, gender nonconforming, and transgender people.

Studies of Pleasure in Birth

Few refereed studies have directly examined phenomena associated with what I have collectively refer to here as "birth pleasure." These studies tend to draw heavily on similar sources regarding the hormonal, neurological, and anatomical underpinnings of birth pleasure in their efforts to document and affirm its objective existence. Postel's study from 2013 draws attention to "obstetrical orgasm" or "childbirth climax" in a survey of 109 midwives about their practices and reports they had received about obstetric pleasure as well as in the accounts of nine birthing women. Although "obstetric orgasm" is not defined in Postel's study, she synthesizes the responses into a more generalized description of "obstetric pleasure" as "a physical sensation with no accompanying erotic ideation," which "lasts from a few seconds to a few minutes and occurs during fetal expulsion" and is marked by a "complete desensitization to pain" (e90). Out of the nine women who provided testimony, seven reported such pleasure without an epidural and two with "ineffective epidural anesthesia" (e90). Not all of the incidents of obstetric orgasm reported by midwives were corroborated by the mother. There was no distinction made

between pleasure or orgasm stimulated intentionally (via clitoral contact for example) versus spontaneously arising sensations. Postel considers the experience of obstetric pleasure to be “unpredictable” and rare, and idealization or sexualization of birth based on this study is discouraged (e91).

Mayberry and Daniel headline their 2016 paper with the term “birthgasm”; their paper examines orgasm as a potential complementary and alternative therapy for pain in childbirth. They mostly draw on physiological studies based on the neuroendocrine pathways of oxytocin and beta-endorphin as well as some qualitative reporting. Their analysis presents orgasmic birth as free of pain early in the paper, yet they do not examine nonorgasmic kinds of pleasure or the concurrent experiences of pain and pleasure present in several experiential accounts. They propose more institutional support for orgasm in birth as a therapy for pain while suggesting further study. There is an interventionist point of view inherent in the proposal that birth pleasure should be used as a treatment for pain, as it is reflective of the biomedical model of birth.

Few studies have examined or tried to approximate how common pleasure in birth is. No representative population-level studies exist. Most studies done on the topic have also involved predominantly white women of middle or high socioeconomic status, and many of these studies are well over thirty or even forty years old. In 1977, Kathleen Norr et al. published a study of 249 postpartum mothers on their relative experiences of pain and enjoyment in birth, but it conflated the concepts of “enjoyment” and “pleasure” in their instruments. They did not publish the raw data regarding how many women reported experiencing enjoyable births. Their findings do not tease apart experiences of pleasure from a generalized sense of enjoyment of the birth process (due to total blockage of pain by epidural analgesia, for example). Through regression analysis they found that difficulty in delivery was the strongest inhibitor of birth enjoyment, even more so than pain.

In 1982, Vaughan and Maliszewski conducted a study of birth ecstasy involving fifty-nine women in the first twelve to eighteen months postpartum using validated instruments and their birth experiences inventory. Twenty-four respondents reported one to two ecstatic states or mystical experiences during birth, and nineteen reported three or more. The authors conclude that women experience such ecstatic or mystical states in birth more commonly than is recognized but offer no further estimations of frequency. They also did not include any measures of physical pleasure, such as orgasmic or other pleasurable bodily sensations.

Meanwhile, more recently, non-obstetric female sexual dysfunction has been estimated to be commonplace, affecting between 22 per cent and 43 per cent of women (Goldstein S152). There is, perhaps, a connection between such sexual dysfunction and the absence of birth pleasure. But no studies have

examined this, beyond Baxter's study in 1974 that found anorgasmia prior to first birth was related to more difficult births and increased likelihood of forceps delivery. Social determinants also likely play a role. Given the widespread population incidence of sexual dysfunction in females, it would be important to not only focus on the individual-level biological etiology but also on the psychological and social etiology as well. A complete account of the relevant literature related to this topic in terms of biology, psychology, and sociology is beyond the scope of this paper, but I look forward to expanding on this work to present those dimensions of the birth pleasure concept, which could be viewed as a biopsychosocial phenomenon (Engel).

Birth Pleasure: Synthesizing a Definition

Birth pleasure is the presence of enjoyable somatic, mental, and/or emotional states and/or sensations, including sensual, sexual, and nonsexual sensations, orgasm or orgasmlike sensations, joy, ecstasy, and/or euphoria, regardless of the presence of pain or other states, emotions, sensations typically considered unpleasant, in the process of a person giving birth, including all stages of labour, parturition, and the immediate postpartum period.

Concluding Thoughts: Pleasure and Birth Justice Praxis

Many scholars and activists have argued that childbirth should be studied differently. Mothers and birthing people should be at the centre of analysis; research should start with their voices and be motivated by their concerns (Oparah and Bonaparte; Davis-Floyd; Gaskin; Kitzinger; Jordan; Data Center). Childbirth scholarship can and should directly examine birthing people's experiences to incorporate the embodied and social realities of birth in research and practice efforts, thereby improving birth outcomes (Oparah and Bonaparte). Maternal health research overwhelmingly focuses on pain and pathogenesis, or the causes of disease. Salutogenesis, or the causes of health, are also a worthy focus for the field (Mittelmark). Examining the kinds of pleasure that are experienced in labour and what impact they have, if any, on labour and health outcomes is warranted. Such data may illuminate practice and policy opportunities for improved care delivery and health outcomes, particularly for those most at risk of maternal morbidity and mortality within the current maternal care paradigm, due to the compounding oppressions of race, class, gender, and beyond—including, Black and Indigenous women and queer/gender-nonconforming people, low-income people, younger and older people, and those with cultural and religious beliefs about birth that are inconsistent with the biomedical model of birth management (Oparah and Bonaparte).

However, movements for birth rights and birth justice are not waiting for published studies from the ivory tower to operationalize and leverage pleasure in transforming birth (Oparah and Bonaparte; Paltrow and Flavin; Ross and Solinger; Silliman et al.). Karen Scott, for example, highlights sexuality and pleasure in her SACRED birth model and calls for participatory reimaginings of birth care by and for Black birthing people as well as an end to “obstetric racism” (a term coined by Dána-Ain Davis). Pleasure has recently been highlighted for its radical and revolutionary potential in its own right (brown). Struggle and resistance are the keystone concepts in the rhetoric of social justice, but what brown and colleagues point out is that there is political power in pleasure—it moves us towards things we need and want. I offer this preliminary definition of birth pleasure to advance and expand the scholarship around this spectrum of experience to build salutogenic maternal health knowledge and achieve birth justice. Understanding birth pleasure can shed light on the path towards a just birth culture for people bringing forth life.

Works Cited

- Baxter, Sam. “Labour and Orgasm in Primiparae.” *Journal of Psychosomatic Research*, vol. 18, no. 3, 1974, pp. 209-16.
- brown, adrienne m. *Pleasure Activism: The Politics of Feeling Good*. AK Press, 2019.
- Buckley, Sarah J. “Ecstatic Birth: The Hormonal Blueprint of Labor.” *Mothering*, vol. 111, March-April 2002.
- Buckley, Sarah J. “Undisturbed Birth: Nature’s Blueprint for Ease and Ecstasy.” *Journal of Prenatal & Perinatal Psychology & Health*, vol. 17, no. 4, 2003, pp. 261-88.
- Caffrey, Anna. “Experiences of Pleasurable Childbirth: Uncovering a Blind Spot in Anthropology.” *Popular Anthropology Magazine*, vol. 5, no. 1, 2014, pp. 17-27.
- Cho, Sumi, et al. “Toward a Field of Intersectionality Studies: Theory, Applications, and Praxis.” *Signs: Journal of Women in Culture and Society*, vol. 38, no. 4, 2013, pp. 785-810.
- Crenshaw, Kimberle. “Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics.” *University of Chicago Legal Forum*, vol. 1989, no. 1, 1989, p. 139-67.
- Data Center. “An Introduction to Research Justice.” *Data Center*, 2013, www.datacenter.org/new-toolkit-an-introduction-to-research-justice/. Accessed 11 June 2019.
- Davis, Dána-Ain. “Obstetric Racism: The Racial Politics of Pregnancy, Labor, and Birthing.” *Medical Anthropology*, vol. 38, no. 3, 2018, pp. 1-14.

- Davis, Elizabeth, and Debra Pascali-Bonaro. *Orgasmic Birth: Your Guide to a Safe, Satisfying, and Pleasurable Birth Experience*. Rodale, 2010.
- Davis-Floyd, Robbie E. *Birth as an American Rite of Passage: With a New Preface*. University of California Press, 2004.
- Denis, Ann. "Review Essay: Intersectional analysis: A Contribution of Feminism to Sociology." *International Sociology*, vol. 23, no. 5, 2008, pp. 677-94.
- "Ecstasy." *Merriam-Webster.com*. Merriam-Webster. 4 Dec. 2017, www.merriam-webster.com/dictionary/ecstasy. Accessed 3 July 2020.
- Engel, George L. "The Biopsychosocial Model and the Education of Health Professionals." *Annals of the New York Academy of Sciences*, vol. 310, no. 1, 1978, pp. 169-81.
- Gaskin, Ina May. *Ina May's Guide to Childbirth*. Bantam, 2008.
- Gaskin, Ina May. *Birth Matters: A Midwife's Manifesta*. Seven Stories Press, 2011.
- Harel, Danielle. *Sexual Experiences of Women during Childbirth*. 2007. The Institute for Advanced Study of Human Sexuality, PhD dissertation.
- Jordan, Brigitte. *Birth in Four Cultures: A Crosscultural Investigation of Childbirth in Yucatan, Holland, Sweden, and the United States*. Waveland Press, 1992.
- Kitzinger, Sheila. *Birth & Sex: The Power and the Passion*. Pinter & Martin Publishers, 2013.
- Larimore, Rachel. "Childbirth Is Not Burger King. You Can't Always Have It Your Way." *Slate*, 19 Oct. 2009, www.slate.com/human-interest/2009/10/childbirth-is-not-burger-king-you-cant-always-have-it-your-way.html. Accessed 11 June 2020.
- Mayberry, Lorel, and Jacqueline Daniel. "'Birthgasm' A Literary Review of Orgasm as an Alternative Mode of Pain Relief in Childbirth." *Journal of Holistic Nursing*, vol. 34, no. 4, 2016, pp. 331-42.
- McClintock, Elizabeth Aura. "Is There a 'Right' Way to Birth a Child?: Both Sides of the Debate—Natural and Medical—May Undermine Women's Agency." *Psychology Today*. 17 Jan. 2017. www.psychologytoday.com/blog/its-man-s-and-woman-s-world/201701/is-there-right-way-birth-child. Accessed 11 June 2020.
- McCormack, Karen. "Stratified Reproduction and Poor Women's Resistance." *Gender & Society*, vol. 19, no. 5, 2005, pp. 660-79.
- McKinney, Tricia. "Commentary: MSNBC Makes Me Click Headline About 'Orgasmic Birth.'" *National Public Radio*, 25 Feb. 2008, www.npr.org/sections/bryantpark/2008/02/msnbccom_makes_me_click_with_headline_about_orgasmic_birth.html. Accessed 3 July 2020.
- Mittelmark, Maurice B., et al. *The Handbook of Salutogenesis*. Springer, 2017.

- “Natural Childbirth at Home.” *MSNBC Today Show*, season 58, episode 182. 11 Sept. 2009, www.tv.com/shows/the-today-show/season-58/. Accessed 3 July 2020.
- Norr, Kathleen L., et al. “Explaining Pain and Enjoyment in Childbirth.” *Journal of Health and Social Behavior*, vol. 18, no.3, Sep, 1977., pp. 260-275.
- Oparah, Julia Chinyere, and Alicia Bonaparte, editors. *Birth Justice: Black Women, Pregnancy, and Childbirth*, Routledge/Taylor & Francis, 2015.
- O’Reilly, Andrea. *Matricentric feminism: Theory, Activism, and Practice*. Demeter Press, 2016.
- Paltrow, Lynn M., and Jeanne Flavin. “Arrests of and Forced Interventions on Pregnant Women in the United States, 1973–2005: Implications for Women’s Legal Status and Public Health.” *Journal of Health Politics, Policy and Law*, vol. 38, no. 2, 2013, pp. 299-343.
- Poovey, Mary. “Scenes of an Indelicate Character: The Medical ‘Treatment’ of Victorian Women.” *Representations*, vol. 14, 1986, pp. 137-68.
- Postel, T. “Childbirth Climax: The Revealing of Obstetrical Orgasm.” *Sexologies*, vol. 22, no. 4, 2013, pp. e89-e92.
- Ross, Loretta, and Rickie Solinger. *Reproductive Justice: An Introduction*. Vol. 1. University of California Press, 2017.
- Rossiter, Kate. “Pushing Ecstasy: Neoliberalism, Childbirth, and the Making of Mama Economicus.” *Women’s Studies*, vol. 46, no. 1, 2017, pp. 41-59.
- Scott, Karen A. “Redesigning Perinatal Quality Improvement: Community Driven Measures, Meanings, and Methods.” *Brooklyn Grows Blog*, 3 Nov. 2019, www.brooklyngrows.com/blog/2019/11/3/redesigning-perinatal-quality-improvement-community-driven-measures-meanings-and-methods?fbclid=IwAR0WuMloB6weP-ZLWc-rlPoBOtIaXfvgPXLIOCz7Vbm mPwANgHiKtw453Z8. Accessed 11 June 2020.
- Ross, Loretta, et al., editors. *Undivided Rights: Women of Color Organizing for Reproductive Justice*. Haymarket Books, 2016.
- Tanzer, Deborah. “Natural Childbirth-Pain or Peak Experience.” *Psychology Today*, vol. 2, no. 5, 1968, pp. 17-21.
- Vaughan, Barbara J. and Michael Maliszewski. “Ecstatic Components of Childbirth: A Psychological and Phenomenological Investigation.” *Birth Psychology Bulletin*, 1982.
- Vissing, Helena. “Triumphing over the Body: Body Fantasies and Their Protective Functions.” *Journal of the Motherhood Initiative for Research and Community Involvement*, vol. 6, no. 1, 2015, pp. 168-75.
- Vissing, Helena. “A Perfect Birth.” In *A Womb of Her Own: Women’s Struggle for Sexual and Reproductive Autonomy*, edited by Ellen L. K. Toronto, et al., Taylor & Francis, 2017, pp. 171-183.
- Walsh, Denis, and Soo Downe, editors. *Intrapartum Care*. John Wiley & Sons, 2013.

