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Modern Representations of Childbirth in American Comedy Television Shows

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RUNNING HEAD: CHILDBIRTH IN MODERN TV COMEDIES

Modern Representations of Childbirth in American Comedy Television Shows

Emily Smith

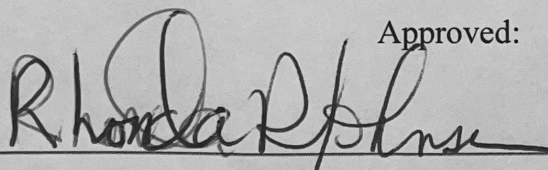
South Carolina Honors College

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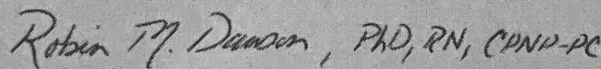
Submitted in Partial Fulfillment
of the Requirements for
Graduation with Honors from the
South Carolina Honors College

December 2021

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Abstract

This is a concurrent, mixed methods pilot study that combines quantitative analysis and qualitative observations with the aim of examining the portrayal of childbirth in modern American comedy shows. 38 episodes airing from 2010 to 2020 (n=38) were analyzed according to objective elements of representation (e.g., location of birth, interventions employed, etc.), as well as coded for common themes. Quantitative data revealed that the most represented births in comedy shows on American television from the 2010s were vaginal (82.1%), in the hospital (69.2%), uncomplicated (66%), and represented technological interventions (66%). Qualitative analysis found six main themes: chaos surrounding childbirth; disgust for birth and the physiological changes in female anatomy; reliance on medical providers; lack of modesty and autonomy; futility of non-pharmacological pain management during labor; and dismissal of midwifery and doulas. Overall, these findings align with Robbie Davis-Floyd's technocratic model of birth (2018). Further research should focus on how these representations on television impact the perceptions of nulliparous young women who want to have children in the future, as well as how birth is portrayed in newer forms of media, including TikTok and birth vlogging on Youtube.

Keywords: childbirth, media, comedy, technocratic model, holistic model

INTRODUCTION

“Entre broma y broma, la verdad se asoma” is a Spanish phrase most popular in Mexico that translates roughly into “between jokes, the truth appears.” Essentially, though a person may joke about a matter, beneath the surface lies insight into what that person believes is true about reality. Television is a part of culture that both influences and reflects public perceptions in that specific time of the episode airing. More specifically, sitcoms and comedies provide the means to communicate deeper meanings and hard truths under the guise of comedy and light-heartedness (Macey, Ryan, & Springer, 2014).

Television shows incorporate a variety of portrayals of important life events, including pregnancy and childbirth. More importantly, these portrayals can significantly impact the viewer’s attitudes and opinions about childbirth. Overmedicalized reality television shows can increase fear and decrease self-efficacy that women of child-bearing age feel towards having children of their own. In one study, women were divided into three groups to view videos of birth: one group watched an episode of a reality television show that depicted a highly technological birth; another watched an episode of a reality show with two midwife-attended births focusing on holistic medicine; and the final group watched an anatomical animation of the three stages of labor (serving as the control group). Following the viewings, the women from each group were surveyed on their feelings of self-efficacy and fears towards birth. In comparison to the control group, women reported lower levels of self-efficacy and higher levels of fear after watching the medicalized episode than after watching the holistic, midwife-assisted episode (Vitek & Ward, 2019).

Evidently, the media influences how women of child-bearing age view birth, but what exactly is the American media portraying to women about birth in recent years through television comedies? In an article from 1998, the author took a deep dive into early American sitcoms from

the 1950s to the 1990s to explore what was represented on television regarding pregnancy, birth, and motherhood (Kutulas). Another article critically analyzed a singular sitcom *Mom* (Feasey, 2017) while another broke down specific episodes of *Jane the Virgin* and *Crazy Ex-Girlfriend* (Cummins, 2020). However, the gap in the literature emerged when trying to find a more comprehensive look at several popular sitcoms/comedy shows of the 2010s.

While birth is portrayed in reality television, dramas, medical shows, etc., these shows have been much more researched than comedic television shows. Limiting my analysis to these sitcoms bridged this gap in the available literature on popular media representations of childbirth.

PURPOSE

The purpose of this study was to examine the way American writers depict labor and childbirth in comedic television shows. This study sought to answer the following research questions:

1. How do modern American comedy television shows portray childbirth?
2. How is the technocratic model of birth represented in American comedy television shows?
3. How is the holistic model of birth represented in American comedy television shows?

FRAMEWORK

Medical anthropologist Robbie Davis-Floyd proposed three models to describe childbirth across cultures: the technocratic model, the humanistic model, and the holistic model (2018).

First, the technocratic model reflects the Western value placed on science and technology, and it separates the mind from the body. The human body is viewed as a machine in need of repair that is incapable of fixing itself without intervention from modern medicine, and the patient is an object from which the practitioner distances himself or herself.

Second, the humanistic model of birth is a paradigm born out of opposition to the technocratic model wherein the body is an organism - not a machine - that is connected to the mind. This model aims to humanize medicine, primarily led by the values of compassion, relationship, and connection between the patient and the provider.

Last, the holistic model does not define the body as an organism or a machine but rather presents the body as one energy entwined with the spirit and mind. Healing, which comes from the inside out, is the primary focus of this model, and there is careful consideration for each individual.

For this research project, I focused my discussion on the technocratic model and the holistic model, as the humanistic model often serves as middle ground between the two opposing paradigms. The models consist of 12 tenets each that go into more depth to explain the two distinct viewpoints. Understanding the differences between these two models differentiates two attitudes towards birth.

Tenet I: Mind/Body Separation vs. Oneness of body/mind/spirit

Separation of the mind and body refers to the technocratic idea that the human body and the human mind should be considered separately, i.e., a laboring woman's physical body should be viewed outside of the context of her emotions, thoughts, and feelings. On the other hand, the holistic model supports oneness of body-mind-spirit, meaning that addressing the woman's physiological state is as equally important in her care as checking her dilation status.

Tenet II: The body as a machine vs. The body as an energy system interlinked with other energy systems

In the technocratic model, the mechanisms of the human body are viewed as parts of a well-functioning machine. More specifically, the *male* body is considered to be the prototype,

whereas the *female* body is defective, and birth is “an inherently imperfect and untrustworthy mechanical process” (Davis-Floyd, p. 6). To further develop the metaphor, obstetricians have created tools and technologies to aid in the defective birthing process, which molds birth into a “one-size-fits-all” assembly-line model that is mass-produced within factories, or, in this instance, hospitals. Rather than a machine, the holistic model of birth views the body as an energy system interlinked with other energy systems. Therefore, a midwife or doula will intervene first to influence the energy in the laboring process before considering intervening with technology. To positively influence the mother’s energy, a midwife may open up windows to allow the fresh air in, suggest intimate touches and caresses between the woman and her partner, or even encourage the mother to dance around to relax and loosen up.

The holistic model thinks of the body as a physicist might see the body: an energy source which can be tapped into using less formalized methods, as Western hospitals define them. These methods include acupuncture, therapeutic touch, and magnetic field therapy. Practitioners who utilize this model seek to “redirect energy” within the birthing process in order to ensure that no other type of intervention would be required (Davis-Floyd, p. 28-30).

Tenet III: The patient as an object vs. Healing the whole person in whole-life context

Under the technocratic model of birth, the birthing woman is considered as an object for medical intervention. As one would not consider the mind or spirit of an inanimate object, neither will the provider consider the mind or spirit of the birthing woman. On the contrary, the holistic model of birth considers the woman in the context of her entire life and her environment, promoting health with the understanding that there is no singular approach that will lead to a healthy pregnancy and childbirth.

Tenet IV: Alienation of practitioner from patient vs. Essential unity of practitioner and client

When considering a woman as an object, as a defective machine, a provider is subsequently able to distance themselves from forming a personal connection with his or her patient, as this level of emotional involvement is not valued in the technocratic model. As a defense mechanism, providers keep conversations with patients short to avoid over-involving themselves in a patient's emotions and thereby opening up the potential for heartache (Davis-Floyd, p. 6). Distinctly, the holistic model of birth views the practitioner and the woman as one: working together cooperatively and openly (Davis-Floyd, p. 31).

Tenet V: Diagnosis and treatment from the outside in (curing disease, repairing dysfunction) vs. Diagnosis and healing from the inside out

In technocratic medicine, it is essential to gather diagnostic information using highly technological machinery, such as through continuous fetal heart monitoring, and to then treat from the outside in. Davis-Floyd gives the example that in order to maintain hydration, laboring women often receive intravenous fluids from the hospital rather than simply hydrating themselves through drinking fluids normally during labor (p. 6-8). In fact, a systematic review of ten randomized control trials encompassing 3,982 total low-risk women with singleton pregnancies revealed that women who were allowed to eat and drink more freely during labor had shorter durations of labor when compared to women who were only allowed ice chips or sips of water. Furthermore, less-restrictive measures on oral intake did not influence outcomes for the mother nor the infant, nor did vomiting increase in the mother (Ciardulli, et al., 2017). The most current Cochrane review included 19 additional studies that reveal similar results, leading the authors to conclude that there is no justification for restricting oral intake in low-risk women during labor (Singata, Tranmer, & Gyte, 2013).

In the holistic model of birth, providers take a different perspective. Instead of an “outside in” approach, providers who ascribe to this method prefer to treat from the “inside out.” Rather than ordering an exorbitant number of tests and seeking to have precise knowledge of everything that is happening during birth, the practitioner will rely on his or her previous experience and on his or her intuition, which is discounted in the technocratic model (Davis-Floyd, p. 31).

Tenet VI: Hierarchical organization and standardization of care vs. Lateral, networking organizational structure that facilitates individualization of care

In the technocratic model of birth, care is standardized. Each woman is subject to the same routines and practices according to the institution’s standards. This method of care can be compared to an assembly line, where every part receives the exact same treatment, regardless of individual differences within the pieces (Davis-Floyd, p. 8-9).

Meanwhile, the holistic model of birth emphasizes individualized care over standardization of care. This is not to say that practitioners who focus on the holistic model do not have some standard practices in procedures. However, individual needs and differences are accounted for within this model. A practitioner using this model would use his or her intuition within various situations in order to discern the best approach based on a situation. An illustration provided by Davis-Floyd is that a midwife dealing with a stalled labor case might make use of different approaches to handle the issue based on the woman. For one woman a midwife may suggest dancing, to another a long walk, and to another a lovemaking session with their partner to increase oxytocin levels (p. 32-33).

Tenet VII: Authority and responsibility inherent in practitioner, not patient vs. Authority and responsibility inherent in each individual

The provider holds the authority and responsibility of the events of labor in the technocratic model of birth. At times, this authority comes at a price for the provider. For example, the provider must assume the legal responsibility of adverse birth outcomes, even when there was nothing the provider could have done to control the situation. At the same time, the authority of the provider allows his or her preferences to trump the wishes of the mother (Davis-Floyd, p. 9-10).

Empowering patients is the basic tenet of the holistic model of birth. Those that operate using this ideology believe that an individual must want to get better, have a natural delivery, etc., and that the provider is only a small part of the patient's experience. Patients must be educated to make the best decisions possible for themselves (Davis-Floyd, p. 33-34).

Tenet VIII: Supervaluation of science and technology vs. Science and technology placed at the service of the individual

Science and technology are highly valued in a technocratic society. Within this society, it is believed that the more sophisticated a technology is, the better it must work. The difficulty that underlies this thought process is that the data may not always support this conclusion. However, a technocratic society is one that desires the more complex option, even if research has definitively proven it to be less efficacious. Davis-Floyd gives the example of a technocratic provider who uses this model when he or she prefers the results of an EKG or an EFM instead of actually using a stethoscope to listen to the mom's and baby's heartbeats, an example which perfectly encapsulates this tenet of the technocratic model (p. 10-11).

Meanwhile, a holistic approach to childbirth seeks to not overvalue science but rather to place science in its appropriate place. Providers who practice using this approach would seek to combine the usage of higher technology and lab diagnostic tests with the methods of healing

with less invasive methods. Specifically within childbirth, this may look like using a birthing ball or administering oxygen to a woman in labor while also checking her lab numbers when appropriate (Davis-Floyd, p. 34).

Tenet IX: Aggressive intervention with emphasis on short-term results vs. A long-term focus on creating and maintaining health and wellbeing

Davis-Floyd highlights a technocratic society that believes aggressive intervention with emphasis on short-term results to be true and one that thinks nature can and must be controlled. She goes on to say that a society that believes this might cause an unwanted effect due to technology will then try to invent new technologies to fix the unwanted problem(s). Within birth itself, this ideology might be seen in a provider wanting to speed up the birthing process, such as with the use of synthetic Pitocin, which leads to a greater incidence of perineal tearing and more pain for the mother (Davis-Floyd, p. 11-12).

Holistic practitioners place more emphasis on patients making a long-term commitment to their health, whether that be through the stoppage of smoking, the stoppage of drinking in excess, or the use of a better diet, among other things. Specifically, a holistic birth-oriented practitioner would be extremely focused on this tenet due to the fact that, in dire cases, the health of the baby and the life of the mother could be at risk without lifestyle changes (Davis-Floyd, p. 36).

Tenet X: Death as defeat vs. Death as a step in a process

In the technocratic model of birth, death - whether of the mother or the baby - is seen as defeat, meaning that it signifies a horrible human failure. Therefore, in order to prevent this failure, providers are overly cautious to the point of creating more problems through unnecessary intervention. Davis-Floyd describes this mindset:

The more able we become to control nature, including our natural bodies, the more fearful we become of the aspects of nature we cannot control. Death becomes the ultimate signifier of defeat, proof that in fact we have not succeeded in transcending nature's limitations, and thus the ultimate enemy to be battled at all costs...The underlying ethos behind the routine application of so many unnecessary procedures to birth is fear of death. These procedures...do what most rituals are designed to do: *keep fear at bay* by giving both practitioners and birthing women the illusion of control and therefore safety (p.12).

On the other hand, through the holistic lens, death is viewed as an essential part of life. Rather than seeing death as defeat, as do the technocratic adherents, those that follow the holistic philosophy see the body as a source of energy. When one dies, their spiritual self lives on, while their body's energy returns back to Earth as it decays and may power growth of new life. (Davis-Floyd, p. 36).

Tenet XI: A profit-driven system vs. Healing as the focus

Given that capitalism drives the United States economy, it follows that economic profit influences healthcare as well. A system following the technocratic approach to medicine would see its healthcare costs soar, as technology gets more complex and as a hospital seeks to make the most possible profit. Within the United States specifically this increase in cost can be compounded by the fact that not all insurance providers are created equally, and some may pay less than others, leading to huge increases in cost for some. This system is profit-centered, rather than patient-oriented. Davis-Floyd provides an example of how the United States is like this today within the practice of labor and delivery by explaining that childbirth is a great source of

economic profit for the US healthcare system, as an uncomplicated vaginal birth in a hospital may cost up to almost \$15,000, while a caesarean birth could be much more (p. 13).

A holistic provider conceptualizes money differently from a technocratic provider. A holistic provider sees healing, not money, as the end goal of their work. With that in mind, a holistic provider may not be employed by a hospital, where they would be able to make the most money but would also incur much more daily stress, but instead be self-employed and not have a system dictate how much time they spend with their patients and dictate their schedule. A holistic provider also takes more of a genuine interest in how a patient is going through their healing process and may even apply it to their own daily life (Davis-Floyd, p. 37).

Tenet XII: Intolerance of other modalities vs. Embrace of multiple healing modalities

In the technocratic model of medicine, the standard of practice is allopathic technocratic medicine. Other modalities, such as midwifery or naturopathic medicine, encompass “alternative medicine” and are not valued in technocratic practicing of medicine (Davis-Floyd, p. 13).

In the holistic model of medicine, the standard of practice is to do whatever works for the patient and to treat them as a “whole” person. Holistic practitioners desire to work with other specialties within medicine and would place a high value on interdisciplinary medicine. Healthcare birthing teams would be made up of doctors, nurses, midwives, doulas, and possibly even acupuncture specialists, rather than just the typical technocratic positions (Davis-Floyd, p. 38).

Overall, the purpose of this framework is to investigate which of these attitudes prevails in popular American television comedy shows. Robbie Davis-Floyd outlines concrete examples of how these two perspectives translate into real life, and by using these frameworks, I will be able to more clearly identify examples in the comedy shows.

METHODOLOGY

This is a concurrent, mixed methods pilot study combining quantitative analysis and qualitative observations regarding the portrayal of childbirth in modern American comedy shows.

To begin, I selected 38 episodes from 27 different American comedy television series. In order to investigate the most popular, and therefore most influential, episodes portraying birth, I searched Google with the phrases: “top birth scenes on television,” “best birth scenes,” “funniest birth scenes,” and “funniest labor scenes.” I read through the articles, searched the websites, and watched the videos that populated on the first three pages of results. I also read the comment sections for additional insight (Bruncati, 2021; Genzlinger, 2011; MsMojo 2021; Pennington et al., 2020).

I used consecutive, or total enumerative, sampling to reach a goal of 35 episodes (Sharma, 2014). Examples of series include lighthearted sitcoms, such as *The Office* (2005-2013) and *Brooklyn Nine-Nine* (2013-present), as well as more gritty comedies, such as *Shameless* (2011-2021) and *Girls* (2012-2017). As I later discovered that several series featured more than one birth episode, the total number of episodes eventually surpassed the goal of 35 and reached 38 episodes (see Appendix A).

To focus my analysis only on modern representations of childbirth, I used the following qualifying criteria:

- The episode is from an American comedy television show.
- Active labor is shown.
- The birth is a central plot point of the episode.
- The episode aired after January 2010 and before January 2021.

A total of 38 episodes of popular American sitcoms and comedies were viewed at least twice from beginning to end. While viewing each episode, I took notes on what was objectively represented in each labor and delivery, including place of birth, caregivers, interventions, complications, and more (see Appendix B). I performed data analysis using Microsoft Excel to create tables and graphs that highlighted these findings.

Additionally, I transcribed quotes of characters discussing their attitudes towards, knowledge of, and experiences related to childbirth. I then analyzed these quotes for common themes between the variety of episodes by coding the quotes according to thematic elements and assessing which themes emerged most frequently.

RESULTS

Of the 38 episodes analyzed, 11 different networks and streaming services were represented. Their demographics are represented in Table 1.

Table 1
Demographics of Episodes

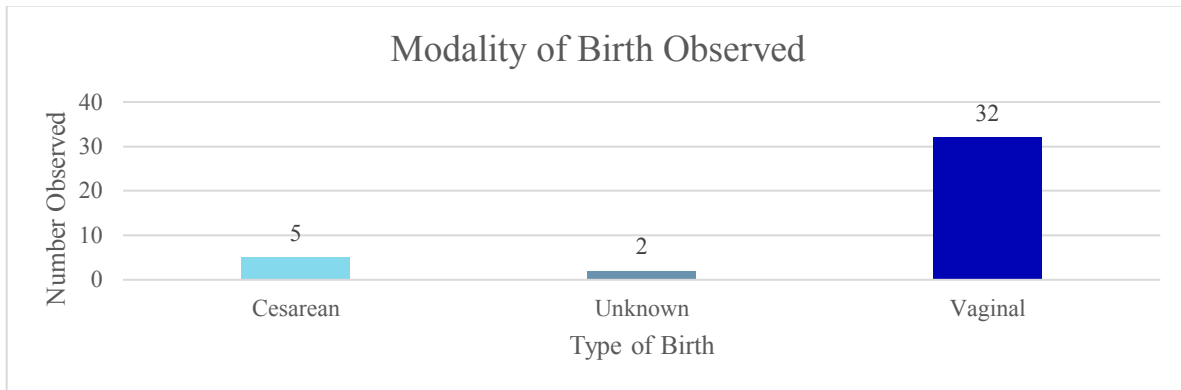
Airing Network										
<u>ABC</u>	<u>CBS</u>	<u>CW</u>	<u>Fox</u>	<u>FX</u>	<u>HBO</u>	<u>Hulu</u>	<u>NBC</u>	<u>Netflix</u>	<u>Showtime</u>	<u>TBS</u>
4	6	3	6	1	1	1	8	4	3	1
Streaming Service Used to Access										
<u>Amazon Prime</u>		<u>Amazon Video</u>		<u>HBO Max</u>		<u>Hulu</u>	<u>Netflix</u>		<u>Peacock</u>	
2		1		4		15	14		2	
Original Air Date										
<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>
4	3	4	1	2	9	4	3	5	2	1

Two different modalities of birth were observed— vaginal delivery and Cesarean section. Overwhelmingly, the results indicated that the majority of television comedies portrayed vaginal deliveries.



Figure 1

Modality of Birth Observed



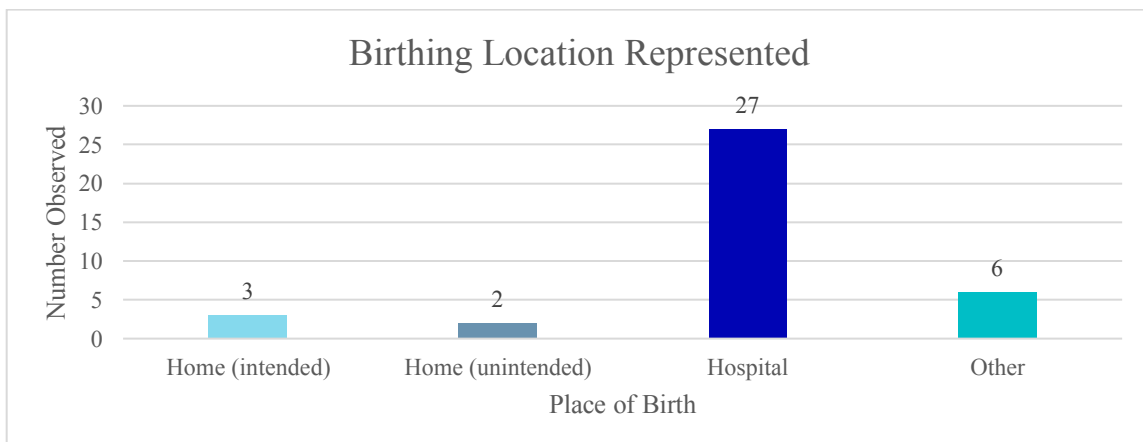
Note: There are 38 episodes represented, yet for this graph and following graphs, n=39.

This is due to the fact that in the fifth episode of the fourth season of *Superstore* entitled “Delivery Day”, two women, Dina Fox and Amy Dubanowski, give birth simultaneously.

When looking at where the deliveries took place, two main birthing sites were observed, which were the hospital and one’s house. The results demonstrate that the hospital was the preferred location in which women gave birth, and even some women who gave birth at home or in other locations (e.g., a police precinct, community college, etc.) had originally intended to give birth in the hospital.

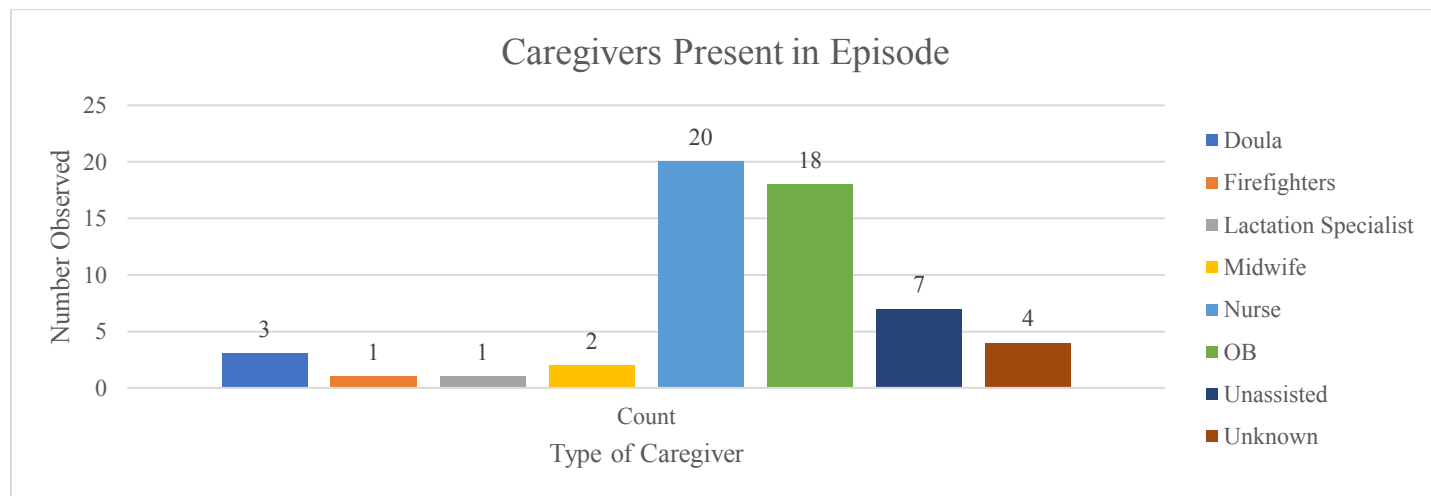
Figure 2

Birthing Location Represented



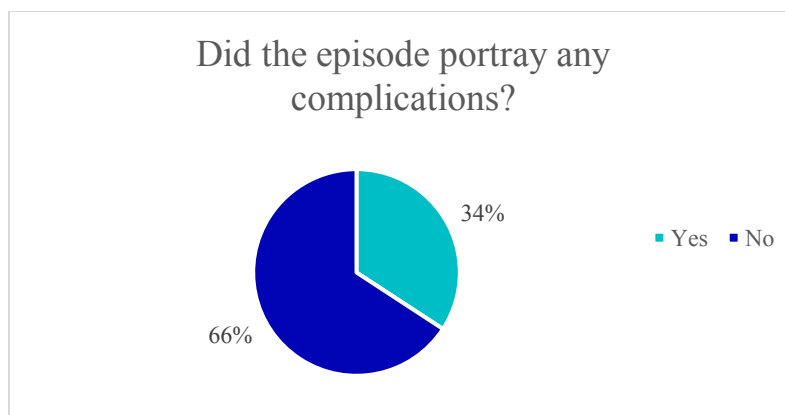
Six different types of caregivers were present in the television comedies, which included doulas, midwives, doctors, and nurses. Since the hospital was the most popular place to give birth, as displayed in Figure 2, it makes sense that OBGYNs and nurses were seen at a much higher rate than other providers. The results also indicated that seven births went unassisted.

Figure 3
Caregivers Present in Episode



Of the 38 television shows analyzed, 25 of them portrayed no birthing complications, which comprised about two-thirds of all of the episodes. The remaining thirteen episodes demonstrated various complications, as described in Table 2.

Figure 4
Portrayals of complications



Of the 13 episodes which portrayed complications with labor or delivery, 12 different types of complications were shown including breeched infant, hemorrhage, and preeclampsia, among others. These episodes demonstrated a myriad of different outcomes.

Table 2

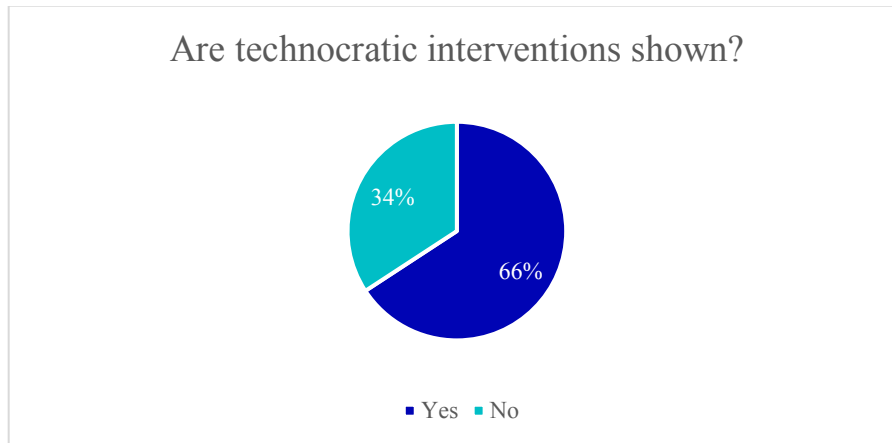
Complications Represented

Complication	Count
Breech	3
Cephalo-pelvic disproportion	1
Fetal hypoxia	1
Hemorrhage	2
LFGA infant	1
Multiparty	1
Perineal Laceration	1
Precipitous labor	2
Preeclampsia	2
Premature labor	1
Thrombocytopenia	1
Transverse lie	1
Total	17

Additionally, 25 episodes displayed direct technocratic interventions in the episode. The specific interventions observed are described in Figure 6. The remaining 13 episodes displayed no technocratic interventions.

Figure 5

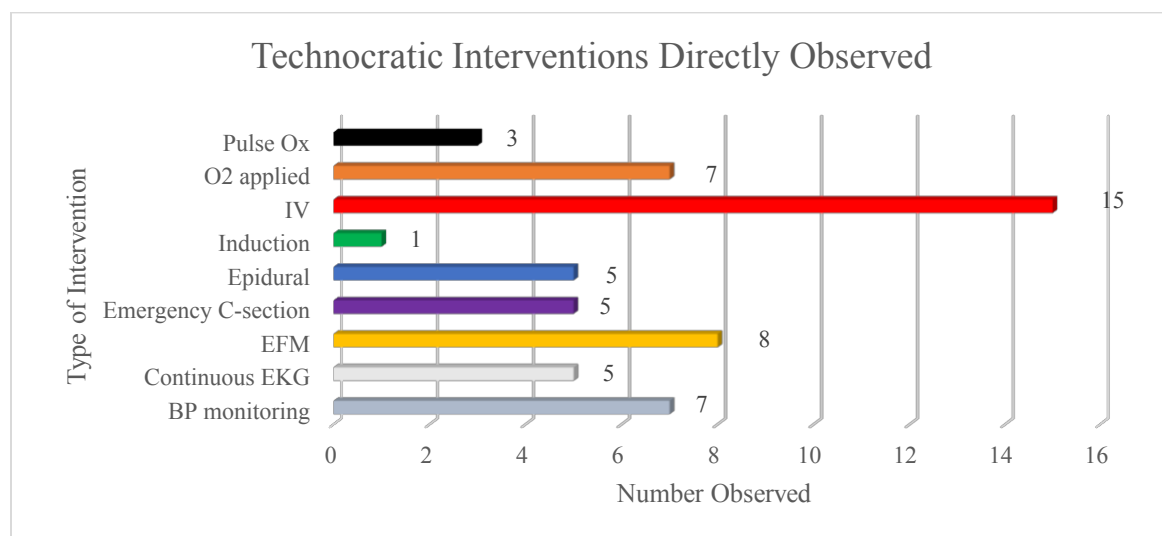
Displays of technocratic interventions



Various different technocratic interventions were directly observed on the television episodes, including administration of IVs, use of epidurals, emergency C-sections, and electronic fetal monitoring (EFM). The most commonly observed intervention was IV administration, while induction was the least common, directly observed observation. Many of these interventions were alluded to in the various episodes; however, unless an intervention was directly displayed, it was not included.

Figure 6

Technocratic Interventions Directly Observed



The comedy episodes demonstrated numerous different expressions of pain throughout the birthing process including the mother screaming, crying, asking for drugs, or saying, “I can’t do this” (or a variation of this). Many of the television episodes displayed several of the expressions of pain within the same episode. The most commonly observed expression of pain was screaming, which was seen in almost 90% of all episodes, while the least commonly observed representation was no expression of pain, which was only shown in one episode.

Table 3

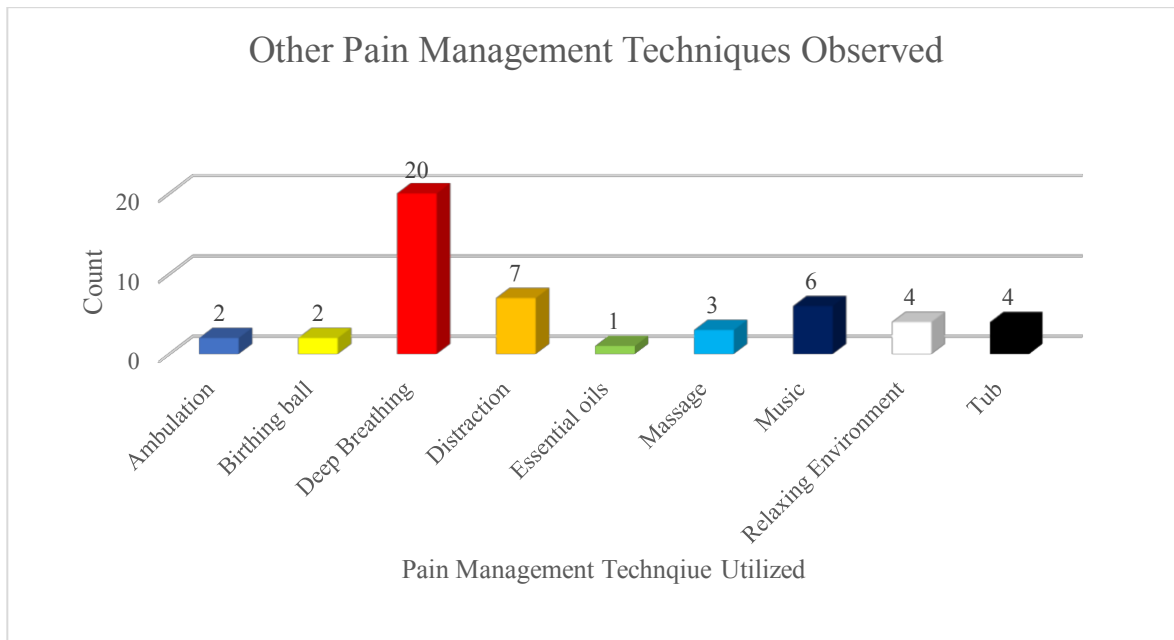
Representations of pain

Representation	Count	Frequency
Asking for drugs	10	26.32%
Berating others	15	39.47%
Crying	12	31.58%
Hyperventilation	5	13.16%
“I can’t do this”	9	23.68%
“Kill me”	2	5.26%
Screaming	34	89.47%
None	1	2.63%
Unknown	2	5.26%

Many of the 38 episodes highlighted pain management techniques that did not directly involve technological interventions. Examples include deep breathing, distraction, use of a tub, use of a birthing ball, and massage. The most observed non-technocratic pain management technique was deep breathing, while the least commonly observed method was the use of essential oils.

Figure 7

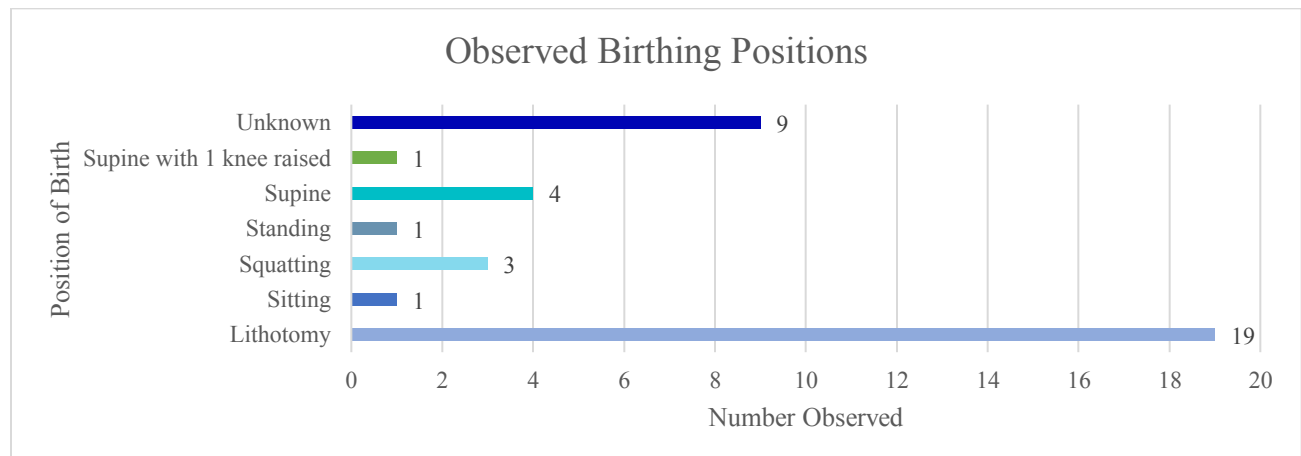
Other Pain Management Techniques Observed



The 38 comedy episodes spotlighted six different birthing positions, including the lithotomy, supine, squatting, and standing positions. By far, the most commonly observed position was the lithotomy position, which is most commonly utilized in hospitals, while the least commonly observed positions were standing, sitting, and supine with one knee raised.

Figure 8

Observed Birthing Positions



Next, after carefully reviewed notes and quotes from each episode, the several main themes emerged. The following six themes occurred most commonly and had the biggest impact on how childbirth was represented:

1. There is a general sense of chaos surrounding birth, and something is bound to go wrong during labor.
2. The reality of birth is disgusting, and the normal physiological changes that a woman's body undergoes are uncomfortable for others to view.
3. It is important to rely on the instruction of the provider during labor.
4. Providers have no responsibility to protect a patient's modesty nor autonomy during labor.
5. Means of non-pharmacological pain management during labor are ultimately futile.
6. Doulas and midwives practice "backwards" and risky medicine.

Theme 1

Theme 1: There is a general sense of chaos surrounding birth, and something is bound

In almost all of the episodes, regardless of the model of birth represented, there always seemed to be something that caused panic. To begin, in *How I Met Your Mother* (7x23 "The Magician's Code: Part 1"), Lily's husband is stuck at a casino in Atlantic City when she goes into labor, and he does not make it until the very last second when it is time for Lily to push. Similarly, in *Brooklyn Nine-Nine* (7x13 "Lights Out"), Amy's husband is stuck in unending traffic due to a city-wide power outage, and he must ride on a bachelorette party bus and later on a live horse in order to make it back just as Amy is implied to be crowning. The situation of a partner or other important support person rushing to get back to the laboring woman occurs as

well in *Brooklyn Nine-Nine* (3x08 “Ava”), *Community* (2x22 “Applied Anthropology and Culinary Arts”), *Grace and Frankie* (4x13), *Superstore* (4x05 “Delivery Day”), *Mom* (1x22 “Smokey Taylor and a Deathbed Confession”), *The Mindy Project* (4x02 “C is for Coward”), and *Jane the Virgin* (1x22 “Chapter Twenty-Two”; 2x14 “Chapter Thirty-Six”).

In *Glee* (1x22 “Journey to Regionals”), Quinn delivers a baby girl while her glee club is participating in a competition with other high schools in the region. After Quinn’s water breaks, the entire glee club rushes her to the hospital, pushing her in a wheelchair as they run through the hospital hallways in their matching costumes. As Quinn is laboring, the episode cuts back and forth between shots of her screaming in pain and a rival glee club, Vocal Adrenaline, performing a theatrical cover of “Bohemian Rhapsody” by Queen. The quick camera shots, Quinn screaming in tandem with lyrics from the high-intensity rock and roll song, and the flurry of constant movement all intensify the chaos of the scene.

Lastly, in *Bones* (7x07 “The Prisoner in the Pipe”), Dr. Temperance “Bones” Brennan and her partner Agent Seely Booth are investigating a jailhouse murder when a brawl breaks out between inmates in the cafeteria. In the midst of fighting, Bones’s water breaks, and she goes into labor. The prison brawl is chaotic by itself, but as the pair drives back from the jail, it becomes evident that the baby is coming quickly. With the nearest hospital ten miles away, Bones demands that Booth pull over at a nearby inn so that she can deliver the baby in a more comfortable place rather than in their SUV. However, when Booth pulls up to the inn, the manager tells him that they are completely booked, and there are no rooms available. Eventually, after going back and forth for some time, the innkeeper offers a secluded stable behind the inn as a quiet place for Bones to deliver. The scene comically parallels the Nativity story where there is

no room in the inn, so the Virgin Mary gives birth to baby Jesus in a stable. The swift pacing creates a whirlwind of chaos.

Theme 2

Theme 2: The reality of birth is disgusting, and the normal physiological changes that a woman's body undergoes are uncomfortable for others to view.

Often, when the reality of birth is discussed in these episodes, characters use graphic language to paint a repulsive picture.

In *The Office* (6x17-18 "The Delivery"), customer service representative Kelly Kapoor is seen tucked away in the back annex of the office building scrolling through vivid photographs of placenta on her computer screen. When interviewed, Kelly says, "Did you know that labor can last weeks? And then they take your insides out and they just plop 'em on a table. And sometimes epidurals don't work, and you can poop yourself." Later in the episode, regional manager Michael Scott checks in on his employee Pam Halpert, who is laboring in a hospital room. He enters the delivery room with a fistful of balloons, not realizing that Pam was actively in labor. Upon seeing Pam in labor, most likely exposed in the lithotomy position, he immediately rushes out of the room. His expression is filled with disgust, and he appears to be traumatized as he tells the cameraman he needs to "go wash [his] eyes" and that "that kid's gonna have a lot of hair."

Additionally, in both episodes of *Brooklyn Nine-Nine*, jokes are made repeatedly throughout about various characters being disgusted with childbirth. In season 3, episode 8 entitled "Ava," Gina Linetti works in the police precinct where police sergeant Terry Jeffords's wife goes into labor, and she continually shows exaggerated discomfort in interacting with Mrs. Jeffords as she labors. When asked to help out, Gina says it "better not be pregnancy-related,

‘cause that crap is nasty.’ When another detective refers to childbirth as the “miracle of life,” Gina rolls her eyes and replies, “Dress it up however you want. That’s some disgusting animal kingdom nonsense.” This disgust as a punchline continues several seasons later in 7x13 “Lights Out,” except this time, another detective named Rosa Diaz is the main person showing her revulsion. As Amy’s water breaks, Rosa immediately urges Amy to go to the hospital because she doesn’t “want a birth happening around [her],” as “it’s way too gross.” Amy appears to be slightly hurt, retorting, “I’m sorry my baby grosses you out, Rosa.” Rosa continues to voice her discomfort throughout the episode any time birth-related topics are mentioned, and though she stays to support Amy throughout the birth, Rosa burns the outfit she was wearing, clearly indicating she wants to distance herself from the event.

Community (2x22 “Applied Anthropology and Culinary Arts”) reveals that this disgust with childbirth extends to even those who are educated and heavily involved in women’s rights issues. Brita attends community college with her laboring classmate, Shirley, and she is portrayed to be an involved feminist throughout the episode. Brita speaks often of natural childbirth, discussing the connectedness women have with their bodies, using eucalyptus root as an alternative to antacids, and the “endorphin rush of a chemical-free birth.” Regardless, when Brita volunteers to check Shirley’s cervix and lifts up Shirley’s dress, the audience is given a dramatic scene of Brita’s facial expressions transforming into horror as spooky music plays in the background. She jumps up and runs to a nearby trashcan and vomits, to which another classmate sarcastically says, “I take it the head has reached the cervix.”

In *Shameless* (2x11 “Just Like the Pilgrims Intended”), several family members and friends burst into the delivery room just as the baby is about to be delivered. There is a camera shot of eight people watching the baby being born from the perspective of Karen’s perineal area.

Six out of the eight have their mouths open in what appears to be shock, surprise, and disgust. There are exclamations of “ew” and “vagina”, and one woman remarks that she does not ever want to give birth.

Lastly, 1x01 “Pilot” of *Life in Pieces*, the OB-GYN reinforces to her postpartum patient that she should view her own body negatively. Instead of educating the new mother about monitoring for postpartum infections or the warning signs of excessive bleeding, the OB-GYN tells her patient that for the first six weeks postpartum, “do not, no matter what, under any circumstances, for any reason, EVER, look down there.” There is later an overly dramatic scene where the mother uses a mirror to look at her perineum, screams in horror, and describes it to her husband as “when the Predator took off his mask.”

Theme 3

Theme 3: It is important to rely on the instruction of the provider during labor.

In *The Office* (6x17-18 “The Delivery”), the plot of the first half of the extended-length episode revolves around expectant mother Pam Halpert who is in labor but attempts to act like everything is okay to delay going to the hospital until after midnight. Pam and Jim intentionally wait until Pam’s contractions are two minutes apart to go to the hospital because their insurance covers two days in the hospital, and if they arrive at midnight, they will maximize their time in the hospital. Excitedly, Pam says, “If we check in after midnight, I get an extra day to recuperate surrounded by doctors.” They find security in being around nurses, doctors, and even a lactation specialist, and they do not leave the hospital until the very last minute when their postpartum nurse urges them out the door.

In *Grace and Frankie* (1x10 “The Elevator”), when Mallory is actively in labor and seconds from delivery, her husband, an OB-GYN, commands her to wait until they get to the

hospital. In the chaos of everything, the family looks to the obstetrician to take control. The family exclaims, “Mitch, do something!” He responds, “I’m telling her not to push!” Though Mallory expresses the strong urge to push, the OB-GYN tells her to ignore this and wait for them to get to the hospital.

However, in *Community* (2x22 “Applied Anthropology and Culinary Arts”), Abed, a fellow classmate who had previously learned how to deliver babies, challenges this notion of relying on the doctor during labor. He coaches another classmate, Annie, on how to help Shirley deliver her baby by instructing Annie to tell Shirley to push as the next contraction. Annie is confused, and questions, “that’s it?” Abed comically replies, ““Don’t tell any doctors I said this, but at this point in time, the bus pretty much drives itself.”

Theme 4

Theme 4: Providers have no responsibility to protect a patient’s modesty nor autonomy during labor.

Throughout several episodes, the women in labor are shown as passive agents while the medical providers intervene and monitor freely. In *Up All Night* (1x06 “Birth”), Reagan ultimately gives birth via C-section after laboring for hours without progressing, likely due to cephalo-pelvic disproportion, and her autonomy, preferences, and privacy are not acknowledged throughout the episode. When they first get to the hospital, her husband, Chris, sits on the hospital bed with his legs in the stirrups, and says, “I don’t know about you, but I feel super vulnerable like this,” to which Reagan replies, “Try it with your pants off.” Soon after, a male OB-GYN introduces himself to the couple. Reagan asks instead for a female doctor so that she can feel “comfortable in an already very delicate situation.” The male doctor tells her she does not have a choice in the matter and that he will be assisting in her delivery. Perhaps there is a

simple reason for this, such as all the other female doctors are in other deliveries or otherwise not on call, but for whatever reason, this doctor decides not to communicate this with Reagan. He simply takes away her choice without explanation, and he continues this later in the episode as he recommends a C-section. Reagan tells him, “No thank you,” as she desired to deliver vaginally, but rather than providing education on the necessity of the c-section, the doctor states, “Actually, it’s not optional.”

In *Baby Daddy* (6x11 “Daddy’s Girl”), Riley Perrin tells her partner that they are going to need a car seat before being allowed to take their baby home from the hospital. Her partner gives her a questioning look, and she explains that she “read that in a pamphlet when [she] was flashing [her] vagina to 12 med students.”

In *Life in Pieces* (4x04 “Birth Meddling Jacket Denial”), the opposite is actually portrayed, though not in a necessarily positive way. Eliza, a midwife, is assisting in the delivery of a baby, and she decides to do one last vaginal examination to determine if the patient has progressed to the pushing stage of labor. Before performing the exam, she asks permission from the laboring woman by saying, “Sasha, please welcome me in.” When Sasha nods her head in agreement, the midwife clarifies that she needs her verbal consent, and Sasha responds, “You may enter.” The scene is meant to parody a natural, holistic childbirth by portraying obtaining consent for this invasive exam as silly.

Finally, in *Brooklyn Nine-Nine* (3x08 “Ava”), Mrs. Jeffords explains the lack of autonomy she felt during her first birth experience: “Last time we went to the hospital, they pushed me to have a C-section, didn’t have enough rooms, and the anesthesiologist was a med student who stabbed me in the spinal cord ten times before he got it right.” However, Mrs. Jeffords does not passively accept this to be her experience again, and she instead plans to have a

home birth with a doula this time. The way she shares the story of her previous birth is meant to bring light to the issue of women lacking autonomy in labor, rather than portraying this as something to be expected.

Theme 5

Theme 5: Means of non-pharmacological pain management during labor are ultimately futile.

Repeatedly, drugs during labor are seen as the normal standard for pain control, and there is rarely acknowledgement of other forms of pain management. In a few instances, women even look forward to receiving drugs, such as in *Community* when Shirley says, "I'll take whatever they got. An epidural is a proper Christian woman's only chance to get wrecked."

Similarly, Dr. Mindy from *The Mindy Project* (4x02 "C is for Coward") says that she wants to be "so drugged out for [her] c-section that when [she] wake[s] up, Donald Trump will have started his second term." It is later revealed that in planning her scheduled C-section, she opted for the "five-day c-section knockout package." Her labor begins spontaneously later in the episode, and when offered sage for pain relief, Dr. Mindy yells, "Nature sucks! I need drugs! Somebody give me drugs!"

In other shows, even when women are not begging for drugs, other methods of pain control are still portrayed as ridiculous. In *The Big Bang Theory* (11x16 "Neonatal Nomenclature"), Howard reminds his wife about what she learned in birthing class, referring to breathing and alternative pain management exercises, to which she responds, "I remember thinking 'This is stupid,' and I was right."

In *Orange Is the New Black* (3x12 "Don't Make Me Come Back There"), one of the women suggests that the inmate giving birth should utilize guided imagery and "think about

floating in the ocean.” This alternative means of pain management is immediately dismissed with a forceful “F*ck off!” Moreover, in *Bones* (10x08 “The Puzzler in the Pit”), the doula suggests to her patient Daisy several alternative pain management strategies, but eventually, Daisy screams at her, saying, “Get out! I can’t listen to you anymore! Get your crystals and get the hell out!...Go! And screw the tub! Screw the birds!...I want shiny machines that beep, and I want the lights on. And I want an epidural!”

Most importantly, in *Up All Night* (1x06 “Birth”), Reagan prepares a birth plan in which she does not want to have an epidural. Though she is in pain, she says she is 100% sure that she does not want an epidural and shouts “no pain killers!” as the time 7:00 p.m. flashes along the bottom of the screen. Then, as the time 7:10 appears, Reagan is relaxed with the anesthesiologist at the bedside; she sighs and says, “Ah, I feel so much better” and then continues to wonder out loud why she did not have an epidural sooner.

Theme 6

Theme 6: Doulas and midwives practice “backwards” and risky medicine.

While obstetricians and nurses are most commonly seen in these episodes, midwives and doulas are occasionally represented. However, instead of being shown as valued members of the healthcare team, they are portrayed to be an unsafe alternative to modern medicine.

In *Life in Pieces* (4x04 “Birth Meddling Jacket Denial”), a midwife assists a mother in a home birth. As she performs a final vaginal exam, the midwife, Eliza, does not wash her hands nor wear gloves before the assessment. As she removes her fingers, she wipes them off on her tank top. The lack of hand hygiene by this midwife is extremely uncharacteristic of how a midwife would practice, but the joke is played up to discredit the validity of the profession.

In the *Mindy Project* (4x02 “C is for Coward”), Mindy is an OB-GYN who owns her own fertility clinic, and she is completely opposed to midwifery. She and other members of her practice constantly look down on the midwives, and her partner, another OB-GYN, describes midwifery as “superstitious hoodoo for dum-dums.”

In *Bones* (10x08 “The Puzzler in the Pit”), the aforementioned doula is portrayed as very overbearing and foolish. She tells her laboring patient that yelling during childbirth will “make the baby feel unwanted,” as well as that by using the right crystal, she can “channel positive into [Daisy’s] womb and make the birth painless.” Several characters refer to her “foolish” and “ignorant” throughout, and they make sure that Daisy is also seeing a “real doctor” for her prenatal visits.

In *Girls* (4x10 “Home Birth”), the woman laboring, Caroline, is on her way to becoming a doula. As she goes into preterm labor, she decides to “self-doula,” along with the help of her unlicensed partner, Laird, and she attempts to give birth at home. Caroline is very opposed to the idea of giving birth in a hospital, even if it would perhaps be safer in her specific case. Her brother, Adam, along with her friends try to convince her to go to the hospital because the baby was one and a half months early and in the breech position, but she instead argues back, “F*ck the modern f*cking medicine, okay? I am not going to distance myself from the beautiful and natural process that is birth by tubes and drugs and f*cking white lab coats. I am going to inhabit my body and bring this baby into a world of aware, peaceful individuals and not f*cking drug-addicted robots.” Adam asks if she would have open-heart surgery in her living room, and Caroline tells him that maybe she would.

Conversely, several shows mention the reduced rate of infection associated with home births. In *Grace and Frankie* (4x08 “The Lockdown”), Frankie tells her daughter-in-law, “Recent

studies have shown that home birth, done with care, reduces the risk of infection and enhances bonding.” In *Blackish*, Bow’s brother Jonah urges her to have a water birth at home, emphasizing, “You’re not exposed to all those germs at the hospital.” Lastly, in *Bones* (7x07 “Prisoner in the Pipe”), Bones tells her hospital that she wants to have her baby at home, as she explains, “Hospitals are breeding grounds for antibiotic-resistant super germs, leading to a high incidence of E. coli and staphylococcus infections.”

Furthermore, *Jane the Virgin* (4x03 “Chapter Sixty-Seven”) portrays a home tub birth assisted by a doula. When the laboring mother is asked what will happen if something goes wrong during the birth, and she replies, “Then we’ll drive the 17 minutes to the hospital where my OB will be ready for us. I’m not stupid. I have a contingency plan, but I want to try to do this my way. I want to experience the magic of childbirth.” In this scene, it is clear that the doula is well-educated and knows when to escalate to a higher level of care if necessary. The baby is the breech position, but in spite of this, the doula is able to assist this mother in delivering a healthy baby at home without any harm to the mother nor the baby.

DISCUSSION

This project evaluated how childbirth is portrayed in American comedy television shows from the 2010s, specifically how the technocratic model and the holistic model of birth were represented in this form of popular media. Several elements of both models were seen in the episodes, but the technocratic model was much more well-represented.

Quantitative data reveals that the most represented births in comedy shows on American television from the 2010s were vaginal (82.1%), in the hospital (69.2%), uncomplicated (66%), and used technocratic interventions (66%). The most common interventions represented were

electronic fetal monitoring and IV use, which reflects the fifth tenet of the technocratic model of diagnosis and treatment from the outside in.

Qualitative analysis also reflects tenets of the technocratic birth, more so than the holistic model. The theme of chaos surrounding birth largely relates to the tenth tenet: death as defeat. This tenet fears the acknowledgement that humans have not mastered nature, and therefore unplanned events can happen during labor. The chaos of so many of the birth scenes reinforces this fear that things can go wrong for any woman giving birth, and so it is important to prevent these potential complications as best as one can.

The theme of disgust for the birth process relates well to the second tenet: the body is a machine, albeit a defective machine. The reliance on medical staff during delivery points to tenets seven and eight: inherent authority and responsibility in the provider and supervaluation of science and technology.

Dismissal of non-pharmacological pain management ties in with the supervaluation of science and technology, as well as the intolerance of other modalities, as characters often refused to consider anything other than drugs for pain management during labor. The theme of midwives and doulas practicing risky medicine also relates to the intolerance of other modalities, as hospital births with nurses and doctors were shown to be the best, safest way to deliver. However, the mentions of decreased infection rates in home births is a part of the ninth tenet of the holistic model, which aims to promote health and well-being in the long run.

CONCLUSION

Overall, the technocratic model of birth on these television shows reflects American culture and the value placed in the technocratic model throughout the United States. This study is limited by the small sample size of 38 episodes as well as by the consecutive sampling method.

This sample was not randomized and therefore could be influenced by non-probability bias. However, the 38 episodes do incorporate a wide variety of television shows from a variety of networks, streaming services, and air dates, which presents a very broad sample.

While this project analyzed the content represented in American comedy shows, it did not investigate the effect of this representation on the viewers, especially young women who hope to give birth one day in the future. Media is one of the most important contributors to young women fearing childbirth (Stoll et al., 2014), so if I were to take this project further, I would want to investigate how what is represented on television impacts the perceptions of nulliparous young women who want to have children.

Also, in future studies, it will be important to examine the content of newer forms of media. As comedy television decreases in popularity, other media forms are on the rise, including TikTok, YouTube, and Instagram. Recently, healthcare workers have begun to use these platforms as a way of distributing information about sexual and reproductive issues (Willebrand, 2020). Additionally, birth vlogging on YouTube is also rising in popularity. One parenting website describes the current role of birth vlogging:

Live birth videos are unlike most Hollywood depictions or medical explanations of birth. Birth videos keep it real. They offer an uncensored view of what it's really like to be in the delivery room, as if you're right there with them. They provide details about who does what during birth, how long it may take from the first contraction to the last push, as well as some of the complications that may arise. These real childbirth videos offer clarity about, for instance, the role of nurses, doulas, and midwives, how much pain relief a hot bath actually provides, and how long a C-section normally takes. With so many

fears centered around the unknown, watching childbirth videos can help parents visualize and prepare for the big day (Kelleher, 2021).

While comedy television has clearly portrayed the messy parts of childbirth, these new forms of social media often portray only the highlights of a woman's birth experience. Therefore, the effect this new media form has on women's expectations of birth should be analyzed in order to expand upon previous research and provide new insight into the birth information women are currently receiving.

REFLECTION

From this experience, I learned much about myself as a person and as a future nurse. I identified weaknesses in myself throughout the project - poor time management, perfectionism, and an overall unwillingness to admit that I cannot do everything by myself. When I came up with my topic over a year ago, I did not solidly map out deadlines for myself to achieve small steps, which led to me constantly feeling overwhelmed by the huge task ahead of me. Moving forward, I have gained practical skills for breaking down large projects into smaller tasks and tackling those individual tasks one at a time.

I also was able to recognize a large degree of perfectionism in myself over the course of this project. I spent entirely too much time writing and re-writing small sections, re-labeling axes on my graphs, etc., that I could often lose sight of the bigger picture. I was forced to lay down my perfectionism to complete this project on time, which was anxiety-provoking yet also freeing. Freedom also came along with finally asking for help. I continued to become more and more anxious about reaching out to my director, yet when I eventually did, I was met with grace and understanding. When I reached out to my friends with feelings of being overwhelmed, I was met with offers for coffee shop dates where I could work on my thesis alongside friends who

loved me and were supporting me. My roommates and family members prepared meals for me when I barely had time to eat, much less cook meals. My boyfriend assisted me with making graphs and charts because though I was overwhelmed after not having used Excel in years, he uses it weekly in his own research and could easily show me how to add columns and organize my data. Finishing this project revealed to me that I do not have to figure out everything on my own and that I do not need to have everything together before I can reach out for help.

Furthermore, viewing these television shows gave me insight into the type of nurse I want to become. After graduation, I will begin to work on a postpartum floor where I will care for new mothers and their newborn infants. I want my patients to feel like they have autonomy in their own healthcare decisions. I do not want to make my patients feel embarrassed or disgusted with their own bodies. I want my patients to feel empowered in their recovery and in their entrance to parenthood. I have seen through these shows where healthcare members can improve in how they treat new mothers, and through this awareness, I can evaluate myself frequently to ensure that I am truly upholding the values that my nursing education has instilled within me.

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Appendix A

Sitcom	Episode	Air date
Baby Daddy	6x11 "Daddy's Girl"	May 22, 2017
Black-ish	3x24 "Sprinkles"	May 10, 2017
Bones	6x23 "The Change in the Game"	May 19, 2011
Bones	7x07 "Prisoner in the Pipe"	April 2, 2012
Bones	10x08 "The Puzzler in the Pit"	November 20, 2014
Brooklyn Nine-Nine	3x08 "Ava"	November 22, 2015
Brooklyn Nine-Nine	7x13 "Lights Out"	April 23, 2020
Community	2x03 "The Psychology of Letting Go"	October 7, 2010
Community	2x22 "Applied Anthropology and Culinary Arts"	April 28, 2011
Cougar Town	6x02 "Full Grown Boy"	January 13, 2015
Fuller House	4x13 "Opening Night"	December 14, 2018
Girls	4x10 "Home Birth"	March 22, 2015
Glee	1x22 "Journey to Regionals"	June 8, 2010
Grace and Frankie	1x10 "The Elevator"	May 8, 2015
Grace and Frankie	4x08 "The Lockdown"	January 19, 2018
How I Met Your Mother	7x23 "The Magician's Code: Part 1"	May 14, 2012
Jane the Virgin	1x22 "Chapter Twenty-Two"	May 11, 2015
Jane the Virgin	2x14 "Chapter Thirty-Six"	March 7, 2016
Jane the Virgin	4x03 "Chapter Sixty-Seven"	October 27, 2017
Life in Pieces	4x04 "Birth Meddling Jacket Denial"	May 2, 2019
Life in Pieces	1x01 "Pilot"	September 21, 2015
Modern Family	4x12 "Party Crasher"	January 16, 2013
Mom	1x22 "Smokey Taylor and a Deathbed Confession"	April 14, 2014
New Girl	7x07 "The Curse of the Pirate Bride"	May 15, 2018
Orange is the New Black	3x12 "Don't Make Me Come Back There"	June 11, 2015
Parks and Recreation	7x12 "One Last Ride"	February 24, 2015
Shameless	6x10 "Paradise Lost"	March 20, 2016
Shameless	10x01 "We Few, We Lucky Few, We Band of Gallaghers"	November 10, 2019
Shameless	2x11 "Just like the Pilgrims Intended"	March 25, 2012
Superstore	1x11 "Labor"	February 22, 2016
Superstore	4x05 "Delivery Day"	November 1, 2018
The Big Bang Theory	10x11 "The Birthday Synchronicity"	December 15, 2016
The Big Bang Theory	11x16 "The Neonatal Nomenclature"	March 1, 2018

The League	4x01 "Training Camp"	October 11, 2012
The Middle	2x07 "The Birthday Story"	November 3, 2010
The Mindy Project	4x02 "C is for Coward"	September 22, 2015
The Office	6x17-18 "The Delivery"	March 4, 2010
Up All Night	1x06 "Birth"	October 19, 2011

Appendix B

Place of Birth

- (1) Hospital
- (2) Home (intended)
- (3) Home (unintended)
- (4) Other

Complications

- (1) Breech
- (2) Preeclampsia
- (3) Hemorrhage
- (4) Premature labor
- (5) Precipitous labor
- (6) Perineal tearing
- (7) Multiple birth
- (8) Fetal distress/hypoxia
- (9) Thrombocytopenia
- (10) Transverse Lie
- (11) LFGA infant
- (12) Cephalo-pelvic disproportion

Caregiver represented

- (1) OB
- (2) Midwife
- (3) Doula
- (4) Nurse

(5) Lactation specialist

(6) Firefighters

(7) Unassisted

(8) Unknown

Birth Modality

(1) Vaginal

(2) Cesarean section

(3) Unknown

Interventions Shown

(1) Epidural

(2) Induction

(3) Emergency c-section

(4) IV

(5) EFM

(6) Continuous pulse oximetry

(7) O2 applied

(8) Continuous BP monitoring

(9) Continuous EKG

Expressions of Pain

(1) Hyperventilation

(2) Screaming

(3) Crying

(4) Berating others

(5) Asking for drugs

(6) Supine with one raised knee

(6) "I can't do this"

(7) Unknown

(7) "Kill me"

(8) None

(9) Unknown

Other pain management

(1) Massage

(2) Deep breathing

(3) Birthing ball

(4) Tub

(5) Distraction

(6) Ambulation

(7) Essential oils

(8) Music

(9) Relaxing environment

(10) None

(11) Unknown

Position

(1) Lithotomy

(2) Sitting

(3) Standing

(4) Squatting

(5) Supine