Portrayals of Childbirth: An Examination of Internet Based Media

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Abstract:

More pregnant women turn to reality-based television programs and the Internet than to prenatal classes. Scant research examines the portrayal of childbirth in these new media. Although its impact is unknown, we do know that up to 20% of pregnant women fear giving birth; consequences include avoiding pregnancy, termination, depression, and increased maternal morbidity.

Overall internet content tended to be contradictory but largely reflected two categories: natural and mainstream, with two different portrayals of childbirth. Natural sources focused on eliminating fear, discrediting hospital births, and promoting 'alternative' options such as homebirth and midwifery. Mainstream sources reinforced fears, discredited home births, reported statistics from studies, and employed misinformation. Popular Internet sources tended to have the goal of educating whereas media uncovered in the purposive searches tended towards entertainment goals. Conflicting and misinformation from the Internet may entrench rather than assuage fears. Women may become confused and develop a heavily biased representation of birth. This could strongly impact a woman's approach to and experience of birth.

Keywords

Media, childbirth, Internet, fear

Introduction

Women spend an ever-growing amount of time on the Internet. Media analysis shows that the Internet affects how people communicate and live (Kung, 2008). It has also found traditional media including film, television and print misrepresent childbirth realities (Karpf, 1988). Despite this inaccuracy, more women turn to birth shows than prenatal classes (VandeVusse, 2008). Many also go online for information. As a new trend, scant research exists that evaluates Internet portrayals of childbirth. To learn about women's childbirth choices, it is important to evaluate their information sources—including online text and video.

Twentieth-century medicalization of childbirth has resulted in a loss of community knowledge creating an information void—enter popular media. Many women develop 'experience' of birth through TV, magazines, or web browsing. Many children also learn about birth this way (Kitzinger, 2001). Media analysis shows pregnancy and childbirth are often portrayed as risky (Seale, 2002). A consequence may be a fear of birth.

Tokophobia—pathological fear of childbirth—is characterized by avoiding pregnancy, termination, depression, increased morbidity, and elective caesareans (Hofberg & Brockingston, 2000; Hofberg & Ward, 2003). Although it is reasonable to have some fears and anxieties during pregnancy, especially the third trimester, tokophobia is debilitating (Hofberg & Brockingston, 2000). This little understood phobia affects women young and old:

> Over 20% of pregnant women report fear and 6% describe a fear that is disabling. Altogether, 13% of non-gravid women report fear of childbirth sufficient to postpone or avoid pregnancy (Hofberg & Ward, 2003).

With many fearful and tokophobic women, it is not surprising that suicide is the leading cause of maternal death (Hogberg &Ward, 2003). This fear is in part due to secondhand "knowledge". Many women report fear originating from alarming publications, sex-education videos, or 'horror stories' (Melender, 2002). Some state they must leave the room if a childbirth scene is on television (Sadie, 2007). With a potential link between media and tokophobia, it is imperative to understand the media's portrayal of birth and its impact.

Media studies show television can alter viewer perception and behaviour (Clement, 1997). Change in behaviour after watching certain programs has also been observed. There is evidence that "people alter their estimates of real-world phenomenon in line with television statistics" (Clement, 1997). Women thus perceive great risk in pregnancy and delivery, possibly linking tokophobia with the media. Unfortunately, few studies on childbirth in the media exist, so the true impact of watching clamorous labours is undetermined. Internet studies are surprisingly rare (Seale, 2003) given that pregnant women acknowledge Internet-use as a significant source of information. This study will begin to fill the research gap regarding the portrayal of childbirth in online media.

Research Questions

1. What are the different portrayals of childbirth on the web?

2. How has Internet media influenced women's perceptions of birth?

3. Does the Internet contribute to a cultural fear of childbirth?

Methods

To discover different portrayals of childbirth on the Internet, and analyze their relation to fear, a broad qualitative approach was undertaken involving web searches for

video and text-based information. Both popular and purposive searches were undertaken. Popular searches evaluated the most frequently occurring results of keyword searches. Purposive searches evaluated television programs—*A Baby Story, Baby Week, Deliver Me*—and magazines that are available online. This merging of other forms of media with the Internet is becoming increasingly popular and was therefore important to include in this study.

Data Collection

Data collection was intended to mimic searches by childbearing women by using search terms suggested by Google and YouTube. Popular text and video were found using these common searches.

Google text search-terms included: "childbirth", "birth",

"home birth", "labour pain", "labour pregnancy", "childbirth and labour", "water birth", "birth labor", "labour and delivery", and "childbirth methods". Popular video content was retrieved from YouTube by entering: "childbirth scene", "birth scene", "childbirth", "labour", "birth video", "childbirth pain", "childbirth delivery", "childbirth at home", "labour and delivery", and "labour live" into the search box. The top ten text and video results were evaluated. YouTube viewer comments were recorded as insight into audience perception.

Purposive searches included known popular sources. Sampling also evaluated other media including magazines and online versions of television programs.

Inclusion criteria included English and intrapartum[1]-related content only. Exclusion criteria included blogs, advertised results, PDFs, 'about us' sections, animal birth content, links to external content, pregnancy and postpartum information, news articles, Google results other than 'web' (video, news, scholar etc., academic results, and websites created by midwives, doulas, hospitals or birth centers to recruit clients). Organization websites were included unless selling an item or service. Many sites were dedicated to a book, DVD, etc. and were excluded as their purpose was to sell items rather than inform the public. Those selling a wide variety of items were included in this study as these web pages often sold products from other companies and did not have a vested interest.

Appendix 1 includes URLs and each search's assigned code.

Data Analysis

While searches took place a formal qualitative analysis was conducted. Notable themes, quotations, and information were recorded on coding sheets and a frequency table. This record provided insight into online childbirth portrayal.

Each media source was compared against an analytic/thematic template. Codes were determined based on the existing research and emerging issues such as the location and safety of breech delivery. Blank spaces were left on the coding sheets to allow the addition of further unanticipated/emerging themes during the data collection process. The first time a topic outside the coding template arose it was included in a blank space of the table. Because these themes were added during the data collection process as they appeared it is unlikely content was missed in earlier

data collection. Most changes to the thematic template involved restructuring or reordering the codes. In these cases it was unnecessary to return to data to rerecord information. Both key and representative quotations from data sources were recorded in these templates. Collecting the quotations from ten articles provided sufficient evidence of the tone of the websites and examples of knowledge depth.

Frequencies of codes were also recorded throughout the data collection

process. Each search category (magazines, *Baby Week, Deliver Me, A Baby Story,* popular video and popular text) was recorded separately. The same thematic template used for collecting quotations was used in tabular form. This table will be presented and discussed below (Appendix 2).

Results

Common Themes

Themes throughout *all* media are most likely to be discovered by average consumers, likely having the greatest impact on childbearing women. Common themes were identified based on their presence in all search results.

Host country

Websites and videos were hosted from many countries. Magazines and popular text came from the US, New Zealand, UK, and India with the US and UK most prevalent. Not limited to Canadian content, little mention was made of birth in Canada; thus, not all sites' information is applicable to Canadians.

UK and New Zealand media discussed TENS[2] machines at-length. The following account describes its use during labour:

> I used the TENS[2] machine for the majority of my delivery, and it was a fantastic device. I felt a sense of control during the labor because I was able to adjust the knobs as I desired, to experience more or less of the currents as I needed it. It also gave me something to focus upon and to do during the long hours of labor (Popular Text [PT] 10).

Despite this discussion, TENS machines are not a common option for Canadians. A woman wishing to use the device

must supply her own.

Natural vs. Mainstream content

Two types of content emerged from all searches: what I will refer to as natural and mainstream. Both text and video sources could be divided into natural or mainstream categories.

Natural content highlighted women's ability to give birth without intervention or complications. These sources also emphasized eliminating fear, discredited use of pharmaceuticals and the generally medicalized hospital birth environment, promoted 'alternative' options including homebirth, midwifery, and in some cases, unassisted birth. For example:

> If the mother experiences a lot of pain during labor in a hospital, she will probably be given pain medications, even if she doesn't want them and is trying to have a natural delivery (PT8).

Mainstream websites focused on hospital birth and audience education in procedures and interventions. These tended to promote fears through topic selection, vocabulary, and commentary. They also discredited homebirths by citing out-dated information. Misrepresentation of literature was common in mainstream content. As consumers are unaware when authors cite out-dated or questionable studies, any reference implies validity. Referring to disproved literature is one method in which misinformation was employed. The following describes a procedure sometimes used in labour, however, justification for which is based on old inaccurate literature:

> An episiotomy can considerably shorten the time-consuming, painful and pushing stage of labour. It prevents injury to the muscles of the vagina and perineum and protects the foetal head from being compressed through a smaller opening… Moreover, it is certainly better to have a proper incision made rather than suffering a vaginal laceration (PT5).

Text and Video: Key Differences

Many themes pervaded popular and purposive searches, but differed in text and video sources. Commonalities between popular and purposive searches include in-text references to media portrayal, omissions from video, and viewer comments. Because text and video are seen regardless of search type they likely arise in pregnant women's internet searches, making them important to understand.

In-Text Reference to Media Portrayals

Many of the analyzed textual websites referred to media warping the process of birth:

> You might think that you'll be most comfortable lying on the bed, perhaps because you've seen lots of women in labour on the TV doing so; however, keeping as upright as you can will help your labour to progress and will help you and your baby to cope better during labour (PT2).

> You will hear (particularity on the internet) about how awful inductions are from some women, but others report it being not much different to when they went into labour on

Table 1 Frequency of topics in Text vs. Video: Content (Popular and Purposive)

Code	Text	Video	Code	Text	Video
Episiotomy	20	0	VBAC[4]	12	1
Hypnobirth[3]	6	1	Premature labour	17	0
Tearing	4	0	Use of castor oil	4	0
Placenta	8	0	Childbirth education	11	1
Orgasmic birth	5	1	Birth plan	14	0
Accupuncture/Accupressure	2	0	Stages of labour discussed	11	2
TENS	6	0			

their own (PT10).

Such generalised media analysis is a common theme. Authors may refer to media depictions of birth to make their article sound more authentic, and to discredit opposing claims. Controversial topics such as the safety of epidurals appear especially vulnerable to this type of authentication. For example:

> *While the Internet has immeasurably increased the quantity and accessibility of medical information, it has also fostered the spread of misinformation about pain management and childbirth… Pain management has no effect on labor, except in rare and exceptional cases… Contrary to claims frequently cited on the Internet, there's no credible evidence to show that epidurals or other forms of pain management slow speed of labor, lead to Cesarean sections or are associated with a higher incidence of depressed infants (PT1).*

This quotation sounds convincing, but is not evidence-based. The literature states the opposite: epidurals slow labour, lead to caesareans, and cause the infant to be "sleepy" (Mauberry, 2002).

Video Omissions

Several codes were recorded amongst text-based content (magazines and popular text) that were absent or rare in video content. No topics observed in videos were absent from text. This is likely because texts are intended to inform whereas videos more often seek to entertain. Table 1 shows themes present only in text. A major consequence of video omissions is promoting fear and distorting *when* labour ends

Emphasising the unlikely

Episiotomy is discussed 20 times in texts but never seen in videos: Vaginal birth injury with visible tears or episiotomies are common (PT9).

This is likely because displaying an episiotomy on video would require showing an incision of women's genitalia—avoided for privacy or viewer-rating reasons. There is, however, an option of discussing the procedure on film as it takes place or afterwards. This was not included in video, possibly due to the procedure's rarity. Episiotomy, once routine, is seldom-used and only in emergencies. It is

therefore expected that they are absent from video or text discussions. Their widespread discussion, without demonstration, may lead women to fear what is highly unlikely to happen. It is also worth noting that episiotomies are rarely performed in today's birthing practices, yet are discussed as often as common procedures such as induction or caesarean section. This may be due to fear that women have of episiotomies. No website, however, commented on their rarity.

The end is not the end: Stages of labour

The stages of labour were often discussed in text in conjunction with information regarding childbirth education. Textbook examples of the three stages of dilation and the stages of labour ensue. Not observing a woman in distinct phases of labour makes for a skewed image of labour and delivery. Videos often only show women in transition and stage two - pushing. This suggests labouring women are in intense pain throughout the process. Nuances in the timing and intensity of contractions go unlearned. This information does not create 'drama' and thus is excluded from videos.

The placenta is discussed 8 times in text and not at all in video. Text discussed its importance to the foetus, and its expulsion in the third stage of labour. This stage is omitted from videos, and labour is instead shown to end at the second stage. The third stage is an important part of birth. Many complications, such a haemorrhage, can occur in this stage. Fear would not explain this omission as expelling the placenta is not painful. The sight of blood could explain the placenta's absence.

Viewer comments

Comments on videos often referred to pain during labour, expressing surprise if the mother was not "screaming":

> *OMG!!!!! I'm never having kids! (PV6)*

> *I'm amazed at how calm the mother is. I would imagine she would be screaming her head off at this point (PV7).*

> *Oh no giving birth it's so painful. I don't even want to remember it's painful but real beautiful when u see that baby (PV5).*

This suggests that many viewers are unfamiliar with the birthing process and fear the pain. Misinformation was common in comments:

If I got pregnant I would like to give birth at home too. I was born at home. Risky but so natural (PV7).

Here homebirth is considered less safe than hospital birth—a common myth. Some comment threads include attempts to correct misinformation. This was often done in a judgmental way, and was just as likely to be misinformed:

PITOCIN IS EVIL!!!!! (BS3).

Many viewers were misinformed and demonstrated fear of childbirth. This suggests that popular Internet video does not provide deep understanding of childbirth. Women who feared childbirth appeared either surprised by the calmness of a labouring woman or had fears confirmed by misinformed viewer comments.

Popular and Purposive Searches

Overall, popular searches presented a more balanced portrait of childbirth likely due to education goals. Conversely, the goal of drama and lack of concern over fears and accuracy distanced the purposive samples from the popular. Conflicting information was more common in popular searches though it did occur in the magazines. The natural / mainstream duality was observed across both purposive and popular searches with natural content being more common in popular media.

Topic frequencies can be found in Appendix 2 but will not be discussed at length as their importance to viewer searches relies heavily on which type of search a woman conducts. Thus, general conclusions cannot be formed.

Discussion

The Internet is a popular information destination for pregnant women. For this reason evaluating its accuracy and portrayal of childbirth is important. The findings and implications of this media analysis are discussed below.

1. Childbirth Portrayals

This study examined ways in which childbirth is portrayed in online media. Many portrayals of online media were found. Content could be divided into popular/purposive, text/video and mainstream/natural. Similarities were found across all media, but the differences have unique implications for childbearing women. These differences likely result from competition for an audience.

2. Media's Influence

With an infinite amount of content online, webhosts must compete for audiences. Competition is divided between natural birth and mainstream, video and text, as well as magazines and other texts. Each medium approaches childbirth differently. Beyond the mentioned divisions, sites part further between popular education-driven sites and purposive entertainment media. Competition for consumers has resulted in an invisible battle between hosts. Information from one website to another often conflicts such as the safety of pain medications. Authors resort to strategies such as citing academic journals, credible or not, and referring to media misrepresentation to gain an edge over competitors. The effect of this background battle on consumers is little known. Comments related to videos suggest women are misinformed and scared about childbirth as was seen regarding the safety of homebirth. More research is needed to determine the effects of the internet on women's perceptions of childbirth.

3. Cultural fear of childbirth

Media analysis shows that childbirth is portrayed as risky for mother and foetus (Seale, 2002). This theme is reflected in Internet content in a more complex manner. As on television, women frequently discussed fears of labour, pain being the most common. Purposive content furthered this fearful portrayal by adding physicians' fearful commentary or dramatic narration. As this content originated as television and magazine media, it is possible that these representations have a more fearful overtone.

Popular searches acknowledged the culture of fear around childbirth and attempted to alleviate it by informing readers. This portrayal of fear is quite different from that commonly seen on TV and in the purposive searches. Despite the presence of articles directly targeting fear, others directly contributed to fears. Discussions of interventions, infant deaths, and pain management all had an air of danger.

The natural birth oriented webpages are most likely to be successful in empowering its readers to not fear childbirth. They focused on a woman's natural ability to give birth, as opposed to the mainstream question of whether a woman will be able to endure the pain.

It is thus possible that the Internet contributes to society's fear of childbirth. With such a wide spectrum of portrayal, the fear a woman experiences regarding birth is likely to depend on which type of internet media she subscribes to. To fully understand to relationship between Internet media and tokophobia, more research is required.

Methodological limitations

The Internet, an interactive medium, changes daily. Content analyzed during this study will change over time. Each month, magazines post new articles, new websites and new searches will become popular and viewer comments will change. Although unproblematic in the short term, this will render the results obsolete in the long-run.

Text and video provided different amounts of information making it impossible to quantify data. Frequencies gave only a qualitative sense of themes that are addressed or ignored.

Implications from this study could only be drawn based on existing research and viewer comments. To fully understand the implications of childbirth media on women, further studies are required.

Future Research

The scale of this study presented some limitations. A larger study should be conducted to examine more specific search terms that women would frequently use such as common interventions and diagnoses. A study of what women tend to focus on in searches and self-education would also be useful.

As mentioned above, further studies are needed to determine the impact of study findings on childbearing women. Fear and misinformation should be given particular focus.

Online childbirth education classes are becoming popular amongst childbearing women but were not included in this analysis. A study should be conducted comparing these classes to classes offered by hospitals and childbirth education organizations.

Further forms of media such as news stories further influence the Internet's portrayal of childbirth. Again, due to the small scale of this study, these sources were excluded.

As much of the content analyzed was from international websites, a study of exclusively Canadian sources ought to be done. Since Google has an option to search only Canadian content, some women may limit their searches in this way. Misinformation due to foreign sources of self-education media would be eliminated from such a study.

Conclusion

This study shows there is wide variation in online childbirth portrayal. From unassisted birth to cascading interventions, each portrayal of childbirth has its own set of implications. Misinformation and conflicting information were found to be quite common. Viewer comments suggest that audience members are confused about childbirth—perhaps from this tangled web of misinformation. Further studies should investigate this relationship. The competition to attract women to particular websites may cause of the vast amount of conflicting information. Website authors discredit other media and cite literature to make their website stand out. These messages tell women that each website is authentic, whereas all others should not be trusted. As communicators are granted the ability to shape their information environment, individuals, organizations and public bodies each want a piece of the Internet (Ward, 1993). Search results show that each portrayal of birth takes a different angle in attracting and maintaining an audience. Each source portrays birth in a particular way and these particularities have an important effect on women's attitudes and childbirth choices.

Notes

[1] During labour and delivery.

[2] A transcutaneous electrical nerve stimulation (TENS) machine sends small electrical pulses to electrodes placed on the skin. During labour, the electrodes are placed on a woman's back to relieve pain.

[3] Hypnobirth is a method of childbirth education that focuses on birth guided by natural instinct and self-hypnosis techniques (HypnoBirth, 2009).

[4] Vaginal birth after caesarean (VBAC).

References

Baxley, E., & Gobbo, R. (2004). Shoulder dystocia. *American Family Physician, 69*(7), 1707 1714.

Clement, S. (1998). Television gives a distorted picture of birth as well as death. *British Medical Journal, 317*(7153), 284.

Clement, S. (1997). Childbirth on television. *British Journal of Midwifery, 5*(1), 37-42. Retrieved from http://dx.doi.org/10.12968/bjom.1997.5.1.37

Laboring under and illusion: Mass media childbirth vs the real thing. Elson, V. (Director). (2009).[Video/DVD]

Gaskin, I. (2003). Scary birth gets high ratings. Ina may's guide to childbirth (pp. 164). New York: Bantam Del.

Hofberg, K., & Brockington, I. (2000). Tokophobia: and unreasoning dread of childbirth. *British Journal of Psychiatry, 176*(1), 83-85. doi: 10.1192/bjp.176.1.83

Hofberg, K., & Ward, M. (2003). Fear of pregnancy and childbirth. *Postgraduate Medical Journal, 79*(935), 505-510. doi: 10.1136/pmj.79.935.505

HypnoBirthing® - the mongan method. (2009). Retrieved from http://www.hypnobirthing.com/

Karpf, A. (1988). It's a natural: Childbirth and the media. Doctoring the media: The reporting of health and medicine (pp. 72-81). New York: Routledge.

Kitzinger, S., & Kitzinger, J. (2001). Letters from europe: Childbirth and breastfeeding in the british media. *BIRTH, 28*(1), 60. doi: 10.1046/j.1523-536x.2001.00060.x

Klaus, M., Kennell, J., & Klaus, P. (1993). Mothering the mother. How a doula can help you have a shorter, easier, and healthier birth. Massachusetts: Addison-Wesley Publishing Company.

Kung, L., Picard, R., & Towes, R. (2008). The impact of the internet on users. The internet and the mass media (pp. 86-101). London: SAGE.

Mason, J. (1988). Midwifery in Canada. The midwife challenge (pp. 100-129). London: Pandora Press.

Mayberry, L., & Clemmens, D. (2002). Epidural analgesia side effects, co-interventions, and care of women during childbirth: A systematic review. *American Journal of Obstetrics and Gynecology, 186*(5), S81-S93. doi: 10.1016/S0002-9378(02)70184-1

Melender, H. (2002). Fears and coping strategies associated with pregnancy and childbirth in finland. *Journal of Midwifery & Women's Health, 47*(4), 256-263. doi: 10.1016/S1526-9523(02)00263-5

Merck. (2005). Preeclampsia and eclampsia. Retrieved from http://www.merck.com.proxy.bib.uottawa.ca/mmpe/sec18/ch263/ch263j.html

Nicholas, S. (2007). Are you a tokophobic? the women who are too terrified to give birth. Retrieved from http://www.dailymail.co.uk/femail/article-489776/Are-tokophobic-The-women-terrified-birth.html

Robotham, M. (2000). Fast and furious: Childbirth on TV. *MIDIRS Midwifery Digest, 10*(1), 77-78.

Robotham, M. (2001). In my view. the painful birth of a new television genre. *Nursing Times, 97*(35), 17-17.

Rutherford, M., & Gallo-Cruz, S. (2008). Selling the ideal birth: Rationalization and re-enchantment in the marketing of maternity care. Advances in medical sociology (pp. 75-98). Bingley: Emerald Group.

Seale, C. (2002). Pregnancy and childbirth. Media and health (pp. 198-199). London: SAGE.

Seale, C. (2003). Health and media: An overview. *Sociology of Health and Illness, 25*(6), 513-531. doi: 10.1111/1467-9566.t01-1-00356

Stillerman, E. (2007). The media skews the message. *Massage Today, 7*(10). Retrieved from http://www.massagetoday.com/mpacms/mt/article.php?id=13691

VandeVusse, A. (2008). A baby story as a source of information about childbirth: The messages and their implications. *Journal of Midwifery & Women's Health, 53*(5), 482-482.

Ward, J., & Hansen, K. (1993). Search strategies in mass communication. White Plains, N.Y.: Longman.

Appendix 1: Search Terms and URL Codes

Purposive Sampling

A baby Story
BS1 http://www.youtube.com/watch?v=KI5b4OqPVlU&feature=related
BS2 http://www.youtube.com/watch?v=H8AijSoJjxM&feature=related
BS3 http://www.youtube.com/watch?v=eo5vFKlzJvQ&feature=related
BS4-http://tlc.discovery.com/beyond/?playerId=203711705&categoryId=566566872&lineupId=151749457
BS5-http://tlc.discovery.com/beyond/?playerId=203711705&categoryId=566566872&lineupId=151749457
BS6-http://tlc.discovery.com/beyond/?playerId=203711705&categoryId=566566872&lineupId=151749457
no other videos of a baby story were accessible on the internet.

Baby Week
BW1 http://health.discovery.com/videos/exclusive-i-didnt-know-i-was-pregnant-webisode-part-1.html
Or
http://www.youtube.com/watch?v=CJqqftBWT0w
BW2 http://health.discovery.com/videos/baby-week-amazing-births-part-2.html
BW3 http://health.discovery.com/videos/baby-week-i-didnt-know-i-was-pregnant.html
BW4 http://health.discovery.com/videos/baby-week-quads-with-2-moms.html
No further videos were found

Deliver me
DM1 http://health.discovery.com/fansites/deliver-me/video.html
DM2 http://health.discovery.com/fansites/deliver-me/video.html
DM3 http://health.discovery.com/fansites/deliver-me/video.html
DM4 http://health.discovery.com/fansites/deliver-me/video.html
DM5 http://www.youtube.com/watch?v=S0qc7rRAId0
DM6 http://www.youtube.com/watch?v=_PLl7TbpVs4&feature=related
No additional episodes and videos could be found

Pregnancy magazine
M1 http://www.pregnancymagazine.com/the-big-day

M2 http://www.fitpregnancy.com/yourpregnancy/labor_delivery/
M3 http://www.babyexpert.com/
M4 http://www.askamum.co.uk/Birth/
M5 http://www.todayspregnancy.com/article.htm
M6 http://www.fitpregnancy.co.za/birth/
M7 http://www.ayushveda.com/magazine/category/pregnancy/
M8 http://www.mothering.com/pregnancy-birth
M9 http://www.compleatmother.com/
M10 http://www.parents.com/pregnancy/giving-birth/labor-and-delivery/

Popular Video
Childbirth scene
PV1 http://www.youtube.com/watch?v=YYkpnJtT7vQ
Birth Scene
PV2 http://www.youtube.com/watch?v=JujmtUzEXLc
Childbirth
PV3 http://www.youtube.com/watch?v=6AdFdmE9A84
Labour
PV4 http://www.youtube.com/watch?v=h5bm9-B6Ec4
Birth Video
PV5 http://www.youtube.com/watch?v=yABbpMjYbMk
Childbirth Pain
PV6 http://www.youtube.com/watch?v=_eQFJR8wM00
Childbirth delivery
PV7 http://www.youtube.com/watch?v=brLo2wfFvfM
Childbirth at home
PV8 http://www.youtube.com/watch?v=7E-wULAaD50
Labour and delivery
PV9 http://www.youtube.com/watch?v=gUOsy4bS2ZE
Labour live
PV10 http://www.youtube.com/watch?v=syNRYD1Q1cA

Popular Text
PT1 www.babycenter.com
PT2 www.babycentre.co.uk
PT3 www.childbirth.org
PT4 www.gentlebirth.org
PT5 www.indiaparenting.com
PT6 www.parenting.ivillage.com
PT7 www.unassistedchildbirth.com
PT8 www.waterbirthinfo.com
PT9 www.wikipedia.com
PT10 www.womens-health.co.uk

Appendix 2: Popular vs. Purposive Searches

Code	Purposive Searches	Popular Searches
Interventions		
epidural uneffective or complications	8	2
epidural received/ discussed	2	16
Induction	15	15
Caesarean	18	20
AROM	7	3
Narcotics	5	4
Forceps / vacuum	3	9
IV	1	3
EFM	3	6
Gas and air	2	6
Episiotomy	7	13
Cascade of interventions	2	1
Natural Birth		
Waterbirth	5	14
Homebirth	5	15
Hypnobirth	3	4
Tearing	1	3
Discussion of placenta	2	6
Orgasmic birth	2	5
Body design pos	1	4
Bpdy design neg	2	1
Coping strategies suggested	3	8
Acupuncture / pressure	1	3
TENS	2	4
Position		
- on back	8	7
- all fours	3	6
- side laying	3	3
- squatting	4	3
- other	6	6
Fear—other	7	0
Pelvic disproportion	0	0
Pain	10	9
Panic / cant handle	3	2
Stuck baby	0	0
Maternal / infant death	4	0
Complications	4	1
Fear acknowledged	4	1
Fear addressed by provider	2	0

Code	Purposive Searches	Popular Searches
Confident	1	1
Complications	6	2
Breech	3	11
Undiagnosed health problem	0	0
Pre-ecclampsia / ecclampsia	2	4
Hemorrhage	0	4
Shoulder dystocia	0	3
VBAC	3	10
Baby not breathing well	5	4
Premature	4	13
Fast labour	5	3
Large baby	6	4
Multiple birth	4	8
Place of Birth		
Hospital	18	7
Intended home	0	3
Unintended home	1	3
Birth Centre	1	4
Caregiver		
Ob	9	7
Midwife	11	9
Doula	11	7
Unknown	0	1
Unassisted	1	1
Breathing		
Hyperventilating	1	1
Instructed to break properly	1	5
Breathing well	2	3
Holding breath	1	0
High pitch screaming	3	4
Other		
Water broke and women immediately		
Shown in stage 2 of labour	1	1
Use of castor oil	2	2
Childbirth Education	7	5
Birth Plan	8	6
Stages of labour discussed	5	8