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Visualizing Birth Stories from the Margin: Toward a Reproductive Justice Model of Rhetorical Analysis

Shui-yin Sharon Yam

ABSTRACT

Through a rhetorical analysis of Romper's YouTube series *Doula Diaries*, I demonstrate how the reproductive justice framework helps illuminate the need for an intersectional approach to advance birth justice. While the video series brings obstetric racism to light, portrays empowering birth experiences among women of color, and prioritizes the shared experiences and communities among non-normative birthing people, it falls short on supporting the rights for lesbian, gay, bisexual, transgender, and queer+ people to have children. I further argue for rhetoric scholars to adopt the reproductive justice framework in order to more critically interrogate how intersecting social forces and power structures influence the reproductive lives of individuals across positionalities.

KEYWORDS

Feminism; race; reproductive justice; rhetoric; women of color

In 2018, Romper, a digital media outlet that targets millennial mothers from diverse backgrounds, released a YouTube series called *Doula Diaries*. Each episode introduces the audience to an expecting family and their doula, following them during the late stage of pregnancy, all the way into the early postpartum period. The series exclusively features primarily working-class people and families of color whose birth stories are not commonly circulated and celebrated in mainstream media. The series received overwhelmingly positive reactions from its audiences: as of early 2019, it's official Facebook group has garnered 195K followers, many of whom identify as mothers or doulas, and posted appreciative comments regarding the episodes and the families they portray. *Doula Diaries* draws the fine line Romper touts as a consumerist digital media platform that generates profit through user traffic among millennials, a population that is increasingly concerned with politics (Cilluffo et al.). On the one hand, it must produce and circulate content that would appeal to a largely liberal group of millennial mothers; on the other hand, it must also ensure that its content remains palatable to mainstream viewers and advertisers in order to generate profit (Paterik).

Because of its, albeit imperfect, intersectional approach to marginal birth experiences, I treat *Doula Diaries* as my primary object of study to explore what a reproductive justice (RJ)-informed model of rhetorical analysis looks like. Existing rhetorical research has focused primarily on reproductive rights, specifically on legal rights and access to abortion. However, as Black feminist activist-scholars point out, securing individuals' rights not to have children is alone insufficient in addressing the compounding systems of oppression that marginalized communities face in their reproductive lives (Ross and Solinger). I therefore propose a model of rhetorical analysis that is informed by the intersectional framework of RJ. I argue that this model not only advances rhetorical studies in reproductive politics, but it also helps foster spaces for coalition-building and inclusion across difference outside of institutional contexts.

Informed by the RJ framework, in my analysis of *Doula Diaries* I pay attention to the intersecting power dynamics, including those that are overtly portrayed in the series, and those that are omitted. While the series counters dominant racist perceptions and stigma against Black families by

representing Black love and birth as normal and wholesome, and by bringing to the forefront evidence-based research and firsthand narratives of “obstetric racism” (Davis 2), I argue that *Romper* relies on recognizable visual tropes of heteronormative families to make the series palatable to its targeted audience of millennial, cis, white women. By doing so, the series obscures the fact that queer people and people in non-normative relationships often experience discrimination and oppressive treatments in pregnancy and birth. The series, thus, leaves unchallenged heteronormative assumptions and naturalist ideologies prevalent in mainstream birth discourse: namely, that only a woman can give birth, and that the only births worth celebrating are the ones that result in a nuclear cis- and heterosexual household.

The Reproductive Justice Framework

In 1994, transnational grassroots organizations led by women of color coined the term “reproductive justice” after the United Nations International Conference on Population and Development (Ross 6). Shortly after, a growing coalition of advocacy groups in the United States championed RJ as a more inclusive and intersectional framework than one that focuses primarily on individual choice (Price). While mainstream reproductive health and reproductive rights frameworks respectively focus on health care service delivery and legal protection to abortion, RJ distinguishes itself as a more holistic “movement-building and organization framework that identifies how reproductive oppression is the result of the intersection of multiple oppressions and is inherently connected to the struggle for social justice and human rights” (Ross and Solinger 69). For Loretta J. Ross, co-founder of the RJ framework, RJ provides “a theory, strategy, and practice for organizing against ... multiple, interlocking reproductive violences ... by placing Indigenous women and women of color at the center of [its] lens” (8). RJ activists and scholars, in other words, are attuned to the ways in which communities are multiply marginalized by intersecting systems of power and oppression.

Privileging an inherently intersectional and systematic approach to reproductive freedom, RJ is distinct from the natural birth movement and the pro-life/pro-choice framework that are historically dominated by white feminists (Price; A. Smith). Rather than relying on the individualist and consumerist framework of choice, RJ urges activists to understand “the struggle for access to birthing alternatives [as] inseparable from struggles for racial, economic, and social justice, and the fundamental transformation of global maternal-care systems” (Oparah and Bonaparte 15). To that end, RJ centers the experiences of people who are disenfranchised by intersecting power structures, such as incarcerated women, women of color, trans and gender nonconforming people, undocumented immigrants, and people with disabilities (Oparah with Black Women Birthing Justice).

The RJ framework aims to protect three intersecting pillars of reproductive freedom: “The right not to have a child; the right to have a child; and the right to parent children in safe and healthy environments” (Solinger and Ross 9). These three pillars cover the full spectrum of reproductive experiences. Activists and scholars across disciplines who adopt the RJ framework have articulated how reproduction is inherently connected to diverse social justice issues, such as racism, misogyny, transphobia, ableism, environmental toxicity, and immigrant rights (Briggs; Gaard; Piepmeier; s. e. smith, “Disability and Reproductive Justice”). This framework, thus, calls for an intersectional approach to advocacy and activism that creates room for coalitions across different positionalities.

A Reproductive Justice Model of Rhetorical Analysis

While there is a burgeoning body of rhetorical scholarship prompted by the RJ framework to intersectionally examine structural forces that bar individuals from exercising their rights to have and parent children (de Onís; Fixmer-Oraiz; Murphy; Vinson), most existing rhetorical studies on reproductive politics are based on the reproductive rights framework, focusing specifically on abortion access and women’s rights not to bear children (e.g., Condit; Edgar; Stormer; Tonn).

This current body of scholarship has done the important work of advancing public understanding of reproductive rights discourse; however, its orientation has the following limitations.

First, because the reproductive rights framework is “a legal and advocacy-based model” (Ross and Solinger 69), this body of scholarship commonly treats policies, court cases, and mainstream public discourse on abortion as its main objects of study. Everyday practices of reproductive survivance and coalition-building among marginalized communities are often not within its purview. Second, by centering on women’s legal rights to abortion, the second and third pillars of reproductive freedom—namely, the right to have children, and the right to parent in a safe environment—are often neglected. As Natalie Fixmer-Oraiz points out, such an emphasis on abortion rights betrays “ways in which whiteness, heteronormativity, and class privilege inform mainstream feminist advocacy” (25). More attention ought to be placed on individuals who reside outside of the dominant reproductive and familial framework, and thus face institutionalized barriers when they attempt to enact their right to bear and parent children. Third, because the reproductive rights framework is dominated by pro-choice narratives historically championed by white feminists, its approach does not always take into account the interlocking systems of marginalization that communities of color and other non-normative communities face (Price; A. Smith). Thus, rhetorical studies that only examine how certain practices constrict or expand individual choice, agency, and access to abortion is inadequate in fostering reproductive freedom for all if they do not also take into account how such practices interact with interconnecting systems of power and oppression.

I argue that rhetorical analysis informed by the RJ framework could not only help address these issues but could also allow researchers to identify and amplify rhetorical practices of survivance and coalition-building from the margin. Since RJ is co-founded by women of color and Indigenous women, it centers the lived experiences, knowledge, and rhetorical practices of those who are excluded from dominant public discourse. An RJ-informed model of rhetorical analysis, thus, actively seeks out objects of study that lie outside dominant legal and institutional contexts. By engaging with artifacts from the margin, rhetorical scholarship can mount more poignant critiques on oppressive networks of power, and further illuminate possibilities for coalition across different social movements.

RJ’s intersectional orientation has the potential to enrich studies in the rhetorics of health and medicine (RHM). Existing scholarship in RHM has done the important work of interrogating the underlying ideologies, histories, and sociopolitical effects of mainstream medical literature, epistemology, and beliefs (e.g., Jensen; Seigel; Teston). However, there has not been sustained engagement on how rhetorical practices in health and medicine differentially influenced the experiences of patients and audiences who occupy intersecting positionalities. An RJ-informed framework of analysis prompts scholars to more critically examine how interlocking networks of power influence the production, circulation, and effects of medical discourse, and also how the relationship among medical institutions, providers, and patients is differently based on the patients’ identities and sociocultural positions. For example, when analyzing the rhetorical effects of medical documents and practices on birth, rhetoricians who adopt an RJ-informed model will address the cis-heteronormative assumptions in pregnancy and birth discourse, and interrogate how non-normative users interact with these artifacts based on their specific lived experiences, compared to mainstream audiences.

Finally, an RJ-informed model would promote more critical and inclusive language use in rhetorical scholarship. Because most people who become pregnant and/or get abortions are cis women, mainstream public discourse and rhetorical scholarship on reproductive politics commonly deploy gendered, women-centered language. This discursive practice disguises the fact that people across the gender spectrum, such as people who are trans or intersex, need abortion care as well. As s.e. smith points out in “Women Are Not the Only Ones Who Get Abortions,” “the same people fighting abortion rights are often the ones lobbying against anti-discrimination protections for trans people” (para. 8). It is, therefore, more conducive to reproductive freedom when we deploy the inclusive language and intersectional lens that the RJ framework offers. Outside of research on abortion rhetoric, most existing rhetorical scholarship on birth,

pregnancy, and parenting centers the experiences of white, straight, and cis women, and uses gendered language that reinforces the assumption that only cis women bear and parent children (e.g., [Hensley Owens](#); [Koerber](#); [Seigel](#)). While women-centered language helps articulate and reclaim the specific history of misogyny and cis-sexism, it inadvertently excludes trans and gender nonbinary people. An RJ-informed model urges rhetoricians to be more mindful and intentional in their language use and to expand their scope of study to encompass the pregnancy and birthing experience of queer, trans, and gender nonconforming individuals to account for the intersections between reproductive and gender politics.

Storytelling as Transformative Vehicle

Following the feminist rhetorical tradition, the RJ framework values personal narratives and storytelling as “a vehicle for social and personal transformation” ([Ross, Roberts, Derkas, et al.](#) 22). For RJ advocates and scholars, stories promote solidarity across difference by shedding light on the ways structural, historical, and political factors influence reproductive experiences and choices across positionalities. As Ross and Solinger point out, each story is a lens through which one describes their specific reproductive experiences. Because “no one story (lens) can describe everyone’s experience [and] no lens (story) is incorrect” (59), acts of storytelling highlight the need to embrace polyvocality in reproductive discourse and practice. Stories are particularly significant for marginalized rhetors because they insist the readers recognize the storyteller as “real and whole, [and as] a person who must be heard” ([Solinger](#) 10). Contrary to individualistic stories that advocate a neoliberal market-based approach to reproduction, acts of storytelling championed by the RJ framework require the rhetor and audience to grapple with the structural causes of their lived experiences and narratives.

The telling of birth stories is valuable in advancing birth justice, as it allows birthing people the opportunity to reclaim their experiences and reaffirm social bonds ([Davis-Floyd, Birth](#)). In her analysis of birth stories as performative acts, [Della Pollock](#) argues that, through telling their birth stories, birthing people engage in an act of becoming agentic. Birth stories, Pollock points out, are also “viscerally relational” (25): they affectively link storytellers, listeners, and potential audiences in ways that invite public dialogs about birth, particularly the ways birth connects to reproductive and biopolitics beyond the individual. The affective power of stories propels the storytellers and rhetors to cross a threshold that prevents them from cultivating coalition across difference ([Stone-Mediatore](#)).

While birth stories constitute a popular narrative genre among middle-upper-class women, populating mommy blogs and mainstream TV shows ([Friedman](#); [Van Cleef](#); [Winderman](#)), firsthand accounts from non-cis-white people are not widely circulated. This gap in birth narratives poses two problems: first, it invalidates the reproductive experiences of those who do not fit into the dominant imaginary of birthing people; and, second, it obscures the reproductive injustice, such as the racism and transphobia in obstetrics, commonly experienced by non-normative birthing people ([Davis](#); [Hoffkling et al.](#)). The birth stories of marginalized people, particularly stories that involve traumatic experiences in medical encounters, are “untellable” in dominant public discourse because it is difficult for mainstream audiences to accept that the institutions and birth practices that they have confidence in can be deeply dehumanizing and even deadly for some ([Shuman](#) 22).

Doula Diaries serves as an important artifact to examine how Romper, a popular lifestyle digital media outlet that targets liberal millennial mothers ([Paterik](#)), negotiates how to reframe and visually represent untellable birth stories through an RJ framework that would simultaneously appeal to its primary audiences, and help the platform establish its ethos as a cutting-edge media on feminist reproductive politics. By reframing these birth stories through the more intelligible and readily accepted category of heteronormative nuclear familial tales, Romper is able to promote aspects of the RJ framework without alienating its targeted audiences. However, by omitting the reproductive experiences of gender non-normative people and families, the video series inadvertently undermines the inclusive spirit of RJ and further reinforces the heteronormativity prevalent in existing pregnancy and birth discourse.

Visualizing Reproductive Justice

In an interview with *Adweek*, the lead content creators of Romper and its parent company Bustle demonstrate that they are well aware of their rhetorical ecology, and are strategic in creating content that would not only appeal to its millennial women but also help promote the brand's ethos as an inclusive and politically aware digital publisher (Paterik). As Wheeler Johnson, Romper's managing editor, explains, the targeted audiences of the site tend to engage with personal narratives more than expert advice; and while they enjoy seeing the nitty gritty in Romper's content on parenting, they prefer the materials to be overall uplifting and positive (Paterik). Unlike conventional mommy blogs that tend to avoid political critiques and commentary, Romper, based on a recent poll it conducted among its readers, actively addresses political issues that concern millennial mothers (Paterik). Given that this demographic is largely left-leaning, it is not surprising that Romper's content, including *Doula Diaries*, reflects similar ideologies (Pew Research Center). To cater to the different lifestyles, identities, and parenting experiences of its audiences, Romper reveals that it strategically uses images of diverse families and parents on its site (Paterik).

The two seasons of *Doula Diaries* exhibit all the rhetorical features Romper has identified as appealing to its targeted audiences: personal stories from primarily people of color, current research and statistics on obstetric racism, ableism, and racial disparities in maternal health, and marginalized birth experiences portrayed as empowering (see Table 1). While critics skeptical of a profit-driven publishing platform may dismiss *Doula Diaries* as a pandering commercial instrument used to generate more traffic to Romper, I argue that we must hold that in tension with the series' ability to promote reproductive freedom for all.

In explaining her approach to filming *Doula Diaries*, producer Sneha Antony evokes concepts and arguments championed commonly by RJ advocates:

With every story I approach, I ask myself: who are the people and what are the narratives that are often missing when these stories are told? Being a filmmaker and person of color, I know how empowering, and frankly life-changing, it can be to see stories representing my experiences told in a nuanced way. ... We found stories that showed an alternative narrative to the hospital birth stories we are familiar with. ... These are the conversations that are often unheard of when speaking about birth because of stigma or a general lack of awareness, and we are passionate about bringing these stories to the forefront. Our hope is that highlighting these stories will increase funding and support for all kinds of people going through birthing experiences.

Table 1. Summary of episodes.

Title	Demographics	Central topic(s)
Season 1	Middle-class, married, heterosexual mixed race couple (Christie and Michael); Black doula (Emilie)	Unplanned home birth
Ep. 1: "Not Making it to the Birthing Center"		
Ep. 2: "Going through 3 Days of Labor"	Working-class, married, heterosexual Black couple (Manyell and Jamal); Black doula (Regina)	Previous miscarriages
Ep. 3: "The First Days after a C-section"	Middle-class, married, heterosexual Black couple (Malika and Andrew); Latina doula (Maria)	C-section; postpartum care
Ep. 4: "Doulas are for Dads, too"	Middle-class, married, heterosexual Asian couple (Vivian and John); white doula (Christine)	Switching gender roles in the domestic sphere
Season 2	Middle-class, married, heterosexual Black couple (Brittany and Aaron); Black doula (Lynsey)	Planned home birth
Ep. 1: "Choosing a Home Birth"		
Ep. 2: "My Baby Saved Me"	Working-class, single mother (Amy); white doula (Melissa)	Nonviable pregnancy; single parenthood
Ep. 3: "Natural Birth Seemed Impossible"	Working-class, engaged, heterosexual Black couple (Khadija and Kevin); Black doula (Efe)	Previous birth trauma; obstetric racism
Ep. 4: "Giving Birth while Deaf"	Middle-class, married, deaf, heterosexual Black couple (Niesha and Dale); two deaf white doulas (Brittany and Ally)	Deafness; planned home birth

Antony is explicit about her belief in the transformative potential of narratives. By focusing on the birth experiences of marginalized communities, and the barriers they experience when trying to give birth in a safe environment, Antony's vision reflects an RJ approach. As Antony explains, she and her team members—all of whom identify as women—began cultivating relationships with the pregnant person several weeks in advance: they would follow the person and her family through their day-to-day life to establish trust and to ensure that the production team understands how the family and their doula would like to be portrayed. In the following sections, I enact an RJ-informed model of analysis outlined above to examine *Doula Diaries*'s effectiveness and limitations in advancing reproductive freedom through a visual social media platform, noting specifically the ways in which the series challenges, and sometimes adheres to, dominant ideologies on pregnancy, birth, and family formation.

Bringing Obstetric Racism to Light

Coherent with producer Antony's vision and the RJ framework, several episodes in *Doula Diaries* explicitly educate its viewers on how disparity, racism, ablism, and trauma disproportionately influence the birth experiences of Black women. In the episode "Going through 3 Days of Labor," Manyell, a working-class Black woman who works as a financial literacy advocate, has previously experienced a miscarriage. Manyell explains that she wants to hire a doula to help her "understand and make informed decisions" about birth and to provide "the advocacy that [she] want[s] in the hospital" (Bustle, "Going"). Manyell, sitting next to her partner Jamal, tells the camera that she decides to hire a Black doula because she "wanted someone who shared the same experiences" (Bustle, "Going," emphasis added). While the video does not explicitly explain the reasoning behind Manyell's doula preference, Manyell's statement suggests that she does not trust her medical provider and the hospital to provide her with sufficient knowledge and space to make informed decisions during birth, or to take into account her lived experience as a Black woman. Manyell's concerns are validated by research that has shown that Black women, regardless of their social class and education level, are often victims of obstetrics racism, meaning that they disproportionately experience dehumanizing treatment and medical abuse during birth because of their race (Davis; Oparah et al.). Presumed incompetence and medical interventions done without the birthing person's informed choice are, unfortunately, not uncommon among Black women who give birth in hospitals (Bridges; Oparah et al.).

The episode effectively prompts the audience to critically ponder these underlying structural causes by juxtaposing Manyell's birth story with current statistics on the racial disparity in maternal health outcome. After Manyell tells the camera her desire to have a Black doula to advocate for her in the hospital, the video cuts to Manyell's doula, Regina, plainly pointing out that being a Black woman in the United States automatically puts one at greater risk during pregnancy. As Regina speaks through a voiceover, the video shows footage of Manyell and Jamal holding hands and taking a stroll in front of a brightly colored mural. The video then shows in captions that, according to the Centers for Disease Control and Prevention, Black women in the United States are almost four times more likely to die during or after childbirth than white women, and that they are less likely to have access to quality maternity care. These jarring statistics, when presented on their own, may prompt mainstream audiences to look away instead of turn toward the underlying causes of racial disparities because they challenge the dominant imaginary of the United States. However, when superimposed on the vibrant footage of Manyell and Jamal joking with each other in the park, exchanging loving glances, and bickering over how to put the crib together, these numbers take on an affective charge that could move the audience to acknowledge the stark reality of racial health disparities. As Lee Anne Bell posits, stories "help us connect individual experiences with systemic analysis, allowing us to unpack in ways that are perhaps more accessible than abstract analysis alone" (16). By portraying Manyell and Jamal in their home eagerly preparing for the birth of their child together, the video does not only counter the racist perception of Black family and romance as deviant, but it renders

the statistics on racial disparities more particular for the viewers—that the statistics are not abstract numbers but are attached to the everyday lives of people like Manyell and Jamal.

Throughout the video, Manyell makes clear that she wants to be as educated and prepared as possible about the birth. Mainstream medical literature, media, and even pregnancy manuals often represent women, particularly Black women, as inherently defective and unable to make sound choices for themselves and their fetus (Roberts; Seigel). These representations, as Oparah and the Black Women Birthing Justice point out, blame Black women’s “irresponsible choices or unhealthy cultural behaviors” for the pregnancy complications and maternal and infant mortality the community disproportionately experiences, while obscuring the detrimental effects structural racism has on Black birthing people (17). Manyell’s thirst for prenatal education and her distrust of the hospital for providing her with all the relevant information to make informed decisions prompts mainstream audiences to question this dominant explanation for the racial disparity in maternal health outcome. Instead, the episode raises the question: What causes the disproportionately high maternal mortality rate among Black women if they indeed are already making responsible choices by a normative standard? Because of the intimate portrayal of Manyell as a person with loving relationships, hardships, and hopes shared by most, the audience is invited not to identify with her but to extend care toward Manyell as she moves through a significant life event. The viewers are positioned as co-learners with Manyell, rather than voyeurs, as she navigates the many structural barriers Black pregnant people face.

While Manyell’s episode obliquely prompts the audience to question dominant racist assumptions about pregnant Black women, the third episode in season two directly calls out the phenomenon of obstetric racism in hospitals. The opening scene of “Natural Birth Seemed Impossible” shows Khadija, a pregnant Black woman, laboring at home with the support of her Black doula Efe. The scene is accompanied by Khadija’s voice off-screen: “I wanted to get a doula because I felt disenfranchised as a person of color” (Bustle, “Natural”). Quickly, the video cuts to an interview with Efe, who tells the camera: “Navigating the hospital as a Black woman feels like they are expecting us to be trouble” (Bustle, “Natural”). While research has demonstrated that medical institutions and the field of obstetrics, both with a long history of racism, routinely violate Black women’s bodily autonomy and informed choice, most mainstream birth stories do not explicitly articulate the phenomenon of obstetric racism (Bridges; Oparah et al.; Solinger). By opening the episode with Efe’s acute observation, Romper is simultaneously enacting consummatory and instrumental rhetorics. On the one hand, it validates the collective experiences of Black women and birth workers by bringing to light obstetrics racism; on the other hand, it educates and alerts mainstream white audiences, who often have a much more positive experience in hospitals, about the prevalence of birth injustice in the United States.

This episode also poignantly highlights the relationship between obstetric racism and trauma. Khadija recounts her first birth experience, which she finds dehumanizing:

The doctors weren’t explaining anything to me ... where they were just going with the flow, and then just like, “well, do this, do that. We are gonna tell you you have to do this; we are gonna tell you that you have to have an epidural; we are gonna tell you that you have to have a C-section.” And you have no choice or say in the matter. They didn’t even give us enough information, so we couldn’t even make an informed decision. (Bustle, “Natural”)

Khadija’s experience echoes the findings of prominent health anthropologist Robbie Davis-Floyd (*Ways of Knowing*) on the “technocratic model of birth” (4): in a mainstream hospital setting, providers are trained to preserve the status quo and power hierarchy between them and their patients, partly through administering what they consider to be routine procedures without always fully giving patients the opportunities to question and refuse them. The disrespect for the birthing person’s bodily autonomy and informed choice is compounded when the person is disadvantaged by other marginalized positions they occupy.

For Khadija, a working-class Black woman who is marginalized by her race, class, and gender, having a Black woman doula is integral to ensuring that she can enact self-determination in her

upcoming birth. Khadija explains, “I can imagine having a doula then, then a doula could tell me, ‘Okay, you have rights, and your rights are this and that’” (Bustle, “Natural”). In particular, she trusts that Efe, who was assigned to her by a doula collective that serves low-income families, could effectively advocate for her because Efe too understands the feeling of disenfranchisement as a Black woman working in a medical setting. After showing footage of Efe and Kevin physically supporting Khadija at her home as the three of them sway peacefully and intimately in the living room, the video shows, in stark white fonts, that according to a 2018 survey done by Robert Wood Johnson Foundation and the Harvard TC Chan School of Public Health, 21% of Black women avoided seeking health care for fear of experiencing discrimination. The statistics, Khadija’s narrative of her first birth experience, and her intimate and trusting relationship with Efe make concrete the significance of the RJ framework, particularly the need to understand reproductive experiences intersectionally as they affect birthing people across class, race, and gender markers.

In addition, this episode helps audiences imagine a Black woman having the kind of peaceful birth she desires when she is given the right support. After having a coerced C-section the first time, Khadija hopes to have a birth with minimal interventions. The episode shows extensive footage of Khadija laboring at home before her cervix is dilated enough to be admitted to the hospital. While Khadija recounts in a voiceover that she was in a great deal of pain at the time, the audience witnesses the love and connection among her, Efe, and Kevin: the video shows Efe calmly squeezes Khadija’s hip as she leans over a birth ball, moaning; Kevin is seen either supporting Khadija from behind, or kneeling in front of her whispering how much he loves her. The loving atmosphere in this scene challenges the hastiness and disorientation that marks Khadija’s first birth story. Explaining her role as Khadija’s doula, Efe notes that she is there to “help [Khadija] advocate for herself” and to “empower her” (Bustle, “Natural”). Efe’s approach and their unhurried labor process echo what Davis-Floyd calls a “humanistic” model of birth, in which time and productivity—measured by medical providers using the rate of cervix dilation—are decentered in order to focus on the wishes of the birthing person (*Ways of Knowing* 14; *Winderman*).

After Khadija labors at home for hours, her cervix is sufficiently dilated for her to be admitted into the hospital; she is able to give birth vaginally (Bustle, “Natural”). The video shows her and Efe back at Khadija’s living room during Efe’s postpartum visit, lightheartedly joking about the labor and delivery process. At the end of the video, Khadija exclaims excitedly, “I am a success! I don’t have to doubt myself anymore, or doubt what I am going through, or doubt the validity of my concerns. I can do this. ... I thought it was impossible—I didn’t think I was capable of doing any of it” (Bustle, “Natural”). Khadija’s exclamation suggests that her confidence in her own embodied knowledge and ability is restored after having an empowering second birth experience. While the episode begins with the traumatizing effects of obstetric racism and the public health crisis it poses, it ends by validating the possibility for Black women to give birth the ways they want, while exercising self-determination throughout the entire process.

By centering Black joy at the end, the episode enacts a radical form of resistance to counter anti-Black racism in mainstream representations of Black culture. As Kleaver Cruz, activist and the creator of the Black Joy Project writes, “Centering on Black joy ... is about holding the pain and injustice we experience as Black folks around the world in tension with the joy we experience in the pain’s midst. ... The two, joy and pain, are not mutually exclusive, and often we need the latter to get through the former” (para. 13). Khadija’s episode, therefore, not only brings to light the prevalence of obstetrics racism for white consumers, but more importantly, it also provides an opportunity for Black audiences to celebrate and heal despite the structural oppression and ongoing health crisis they experience.

Enacting Reproductive Freedom

While recent mainstream media reports on the racial disparities in maternal health outcomes have contributed to increased public pressure to address the disproportionately high mortality rate among Black birthing women and babies, research suggests that these messages have cultivated a culture of

fear among Black pregnant people (Oparah et al.). Fear, in turn, renders Black women even more “vulnerable to the coercion and control” in a medical setting (Oparah et al. 111). By helping dispel the culture of fear, portrayals of empowering Black birth stories demonstrate that maintaining bodily autonomy during birth is possible, and thus these portrayals are crucial in promoting reproductive freedom.

In addition to Khadija’s positive hospital birth experience, *Doula Diaries* also features several successful planned home births attended by midwives. While midwifery care has a long history in the Black community and a midwife-attended homebirth tends to be more humanistic than the obstetrics model, Black women often cannot afford a homebirth out of pocket or they are led by conservative medical professionals to believe, contrary to what research has shown, that homebirths are unsafe, even for low-risk pregnancies (Davis-Floyd, *Ways of Knowing*; Lay; Oparah and Bonaparte; Oparah et al.). By overemphasizing the risk of homebirths and midwifery care, hospitals and obstetricians are able to retain their authority over women, specifically Black women (Lay; Oparah with Black Women Birthing Justice). Dispelling the misguided fear surrounding homebirth and the midwifery model of care is, thus, integral to RJ, as it ensures that Black birthing people are making fully informed reproductive decisions based on sound evidence.

In the first episode of season 2, Brittany—a young Black woman in the Navy—explains that she chooses to have a homebirth because she wants to “exercise having [her] own options” (Bustle, “Choosing”). Drawing from both existing evidence-based research and Brittany’s birth story, this episode presents homebirth as a valid alternative for birthing people, particularly Black women like Brittany, who do not always want to adhere by the policies and procedures of a hospital. Through an interview with Brittany’s doula Lynsey, also a young Black woman, the episode educates the audience that not only are planned homebirths a safe option for many, research has also shown that they are associated with less medical interventions and a lower rate of C-sections (Bustle, “Choosing”). The episode then shows in captions recent statistics on the benefits of doula care published in the *American Journal of Managed Care*: having a doula present during birth is linked to a 60% decrease in C-section rates (cited in Bustle, “Choosing”).

Juxtaposed with the birth story of a Black woman, these statistics advance an intersectional view of birth justice. Despite the immense benefit in improving maternal health outcome, Black women often eschew seeking a midwife-attended homebirth and doula care because they often are not covered by private insurance and Medicaid, and both services are primarily associated with middle-class white women and second-wave feminists, who championed the natural birth movement in the 1960s (Morton and Clift; Oparah with Black Women Birthing Justice; Oparah et al.). In addition, due to a long history of racist oppression in birth practice, the long lineage of African American and indigenous midwifery has been obscured and rendered illegitimate (Bonaparte; Gonzales; Owens). Given the alarming racial disparities in maternal health outcome, advocates of birth justice and birthworkers of color have been reclaiming homebirth, doula support, and the midwifery model of care to serve marginalized communities (Pember; Simmons). By juxtaposing evidence-based research on the benefits of homebirths and doula support with footage of Brittany’s birth, the episode accomplishes two goals that help promote RJ. First, it educates viewers to more critically examine the preconceptions they have about non-mainstream birth practices, so that they can make fully informed choices. Second, by showing on screen a Black woman being supported by a team of birthworkers who respect her bodily autonomy and birth plan, it shows the audiences, particularly Black women, that while medical interventions and obstetrics racism may be common, they might be circumvented.

To further dispel the misconception that all homebirths are dangerous and unsanitary, the episode portrays Brittany’s labor as a sensual, peaceful, and non-pathological process. Brittany explains through a voiceover that she was fearful during active labor since it was her first birth experience. The image on screen, however, is not anxiety-inducing but is instead calming: It shows Brittany moaning rhythmically in dim lighting, while rocking back and forth in the inflatable pool in her living room. Her partner, Aaron, is supporting her physically inside the pool, kissing her lightly

from time to time. This portrayal also counters dominant representations of physiologic births—or births without medical interventions. As public health researchers have shown, mainstream media typically perpetuates the over-medicalization and pathologization of childbirth “by portraying birth as risky, glorifying obstetric technology, and trivialising adverse effects of obstetrical interventions” (Stoll et al. 224). The same study found that women who are exposed to these portrayals tend to fear birth and are thus more likely to opt for a C-section despite the risk of more serious complications and longer recovery time (Stoll et al.). While this misguided depiction is harmful to all birthing people by impeding their ability to critically evaluate risks and benefits, it is particularly damaging for Black women who are already inundated with news reports on the likelihood for them and their babies to die during or immediately after childbirth (Oparah et al.). By allowing audiences to witness a Black woman engaging in physiologic homebirth without overly romanticizing the process, Brittany’s episode counters the dominant culture of fear and helps visualize the second pillar of the RJ framework: the right for people, especially those who are structurally marginalized, to give birth in a safe environment.

In addition to dispelling misconceptions about physiologic births and homebirths, this episode also illustrates how non-mainstream birth practices can provide the birthing person with more bodily freedom and autonomy. Brittany’s labor, as the episode states, lasted approximately 24 hours. While Brittany’s birth team was prepared to send her to the hospital if need be, Brittany had wanted to continue to labor and deliver without medical interventions at home. The episode captures Brittany, about exactly 24 hours into her labor, sitting straight up in the pool; the midwives surrounding her gently ask if she would like to begin pushing. As Brittany begins to push, the camera oscillates between the midwives’ gloved hands under water ready to catch the baby and Brittany’s face. Right before her big push, Brittany repeatedly says, “I can’t ... I can’t”; the midwives off-screen are heard uttering firmly but gently, “You can. You can” (Bustle, “Choosing”). As Brittany’s baby is finally born, Brittany lets out a long cry while holding her pale and still bloody newborn skin-to-skin on her chest. Aaron, who is supporting Brittany inside the pool during the process, nestles into Brittany’s neck and whispers, “This is you and me together, baby. This is us” (Bustle, “Choosing”). In addition to portraying the intimacy of the family and the beauty and abjection represented by the unadorned physiologic birth, this scene is also accompanied by dramatic piano music that evokes a sense of awe.

The visual and auditory cues prompt the viewers to celebrate Brittany’s labor and delivery process, despite how long it has taken. During her postpartum visit, Brittany’s doula Lyndsey explains the physiologic reason behind Brittany’s long labor and why it never constituted a medical emergency. Lyndsey then remarks, “If you were in a hospital environment, you would have ended up in a C-section” (Bustle, “Choosing”). While this scene is fleeting, it substantiates criticisms mounted by medical anthropologists and RJ birthworkers about the technocratic model of birth in hospital settings: it is procedural for medical providers to offer and administer C-sections if the labor process does not—and most do not—reflect the ideal scenario depicted in obstetric textbooks (Oparah et al.; Winderman). After witnessing and experiencing some of the joy and awe that emerges from Brittany’s physiologic birth, the audience is prompted by Lyndsey’s passing comment to more critically consider the emotional implications of a C-section versus a vaginal birth for the birthing person and family, rather than subscribing unquestioningly to the view that C-sections and medical interventions are always preferable and more technologically advanced because they lessen physical pain. What this episode highlights is that the pain Brittany experiences during labor is not the same as purposeless suffering and thus need not be pathologized and completely eradicated through medical interventions.

It is important to note that, unlike the natural birth movement, the RJ framework does not privilege vaginal birth over C-section: rather, it advocates for all birthing people being able to give birth the way they want (Wilkins). Echoing this principle, *Doula Diaries* features a mother who gives birth via C-section because of her medical history. Birth justice, therefore, is visualized in *Doula Diaries* not as giving birth in one particular way, but as ensuring that birthing people have the

information, options, autonomy, and respect to make the decisions they deem best for them and their family. The role for birthworkers who subscribe to the RJ framework is to support and educate birthing people so that they can have an empowering experience.

Prioritizing Community and Shared Experiences

For RJ advocates, having birthworkers of color serving marginalized birthing people is paramount because the lived experiences they share instill a sense of safety and trust; birthworkers of color are also more likely to understand their clients' concerns and can better help them navigate primarily white medical institutions (Oparah et al.; Valoy). In addition to Manyell, Khadija, and Brittany's episodes that feature Black doulas support Black birthing women, *Doula Diaries* also portrays community rituals and other intimate acts of support among women of color in preparation for the birth. In the very first episode of the series, both the birthing person and doula—Christie and Emilie—are women of color. The main message of the episode is to challenge the dominant culture of pathologization and fear surrounding birth. Portraying birth as a loving community-supported event that centers the birthing person, the episode allows the audience a glance into the blessingway Emilie hosts for Christie. Emilie explains to the group of women of color who have gathered in Christie's living room—and indirectly to the audience off-screen: "blessingways are an ancient ceremony. It is different from a baby shower, which is more focused on the baby. This tradition is centered around the woman. This is Christie's village ... [W]e are here to make her feel loved and nurtured for her upcoming birth" (Bustle, "Not Making It"). Emilie's comment challenges dominant ideologies and practices that prioritize the fetus over the pregnant person, reminding the audience that there are alternative rituals that honor first and foremost the personhood of the pregnant person.

While the visuals in this scene appear very similar to a conventional baby shower, Christie and Emilie function as cultural interpreters for mainstream audiences, clarifying the emotional, cultural, and political significance of this ritual for women of color. Explaining what the ritual means for her, Christie remarks, "it is very powerful for me to be with women of color, to be in solidarity with women of color, to have a doula who identifies as a woman of color, and like what does that mean for our communities—that it's not a thing that's just for upper-class white women" (Bustle, "Not"). Christie's comment highlights the importance of being in community with people who share her lived experiences; it also challenges the historical association between doulas and middle-upper-class white culture. Emilie explains that skewed media representations of birth and the general lack of birth education in the United States have created a lot of fear that does more harm than good for birthing people (Bustle, "Not"). As Emilie describes the enfeebled and suffering birthing woman we usually see in mainstream media, the episode continues to show the women at the blessingway enjoying each other's company.

The juxtaposition of the dominant culture of fear and the ease among the community of women of color prompts the audience to see spiritual and communal rituals as integral to the overall well-being of the birthing person. In other words, it challenges the technocratic model of birth that sees the body as an instrument separate from one's mind, spirituality, and emotions—rather, the episode invites the audience to understand Christie and other birthing people more holistically. As Christie elaborates, prior to the ritual, she was filled with insecurity and fear, but "seeing that [she] has the support of all of these people that she loves gave [her] the courage" (Bustle, "Not"). As Emilie puts it, Christie "needed to see her community in action, to really release onto us for her body to, like, say it's okay to give birth" (Bustle, "Not"). Because the ritual is captured on camera, Christie is not the only one who sees the communal support and solidarity: the audiences also witness the emotional and social significance of the ritual, together with its political implications given the context of obstetric racism and the prevalence of fear surrounding birth.

Echoing RJ's intersectional approach to empowerment, *Doula Diaries* visualizes what reproductive freedom looks like not only at the intersection of race and class but also of race and disability. The fourth episode of the second season features a Black deaf couple—Niesha and Dale—who decide

to have a homebirth after experiencing frustrating communicative obstacles at Niesha's prior hospital birth.¹ As Niesha and Dale's birth story unfolds, the episodes introduce Brittany and Ally—two white deaf doulas the family has hired to support them. While the image of Black homebirth is transgressive to mainstream birth discourse and culture, Black homebirth that features a deaf couple and deaf birthworkers is even more so. Signing to the audience, Niesha explains that she wants to have a homebirth because if she “go[es] out to the hearing world, [she] will have more of a struggle” (Bustle, “Giving”). Audiences who have watched the previous episodes on obstetrics racism will likely make the connection that Niesha will be doubly marginalized by her race and deafness in a hospital setting. After educating the audience on how the technologies she and Dale use to parent their toddler while deaf, Niesha laments, “[hearing people] have preconceived notions that we are helpless. That's one of the reasons I wanted to find deaf doulas” (Bustle, “Giving”).

As the episode unfolds, Niesha, Dale, Ally, and Brittany take turns discussing among each other and explaining to the audience how hospitals that primarily serve hearing people often ignore the needs of deaf individuals. For instance, while there was an interpreter present at Niesha's first birth, the interpreter was unable to properly capture what she wanted to convey. In situations where there are no interpreters who can attend in person, the hospital has to rely on a video relay service that, as Ally and Brittany explain, is often dated and glitchy: deaf birthing people, Brittany points out, cannot focus on their embodied experience of labor and delivery, while also paying attention to a video screen that lags (Bustle, “Giving”). At the intersection of deafness and Blackness, the episode portrays Niesha enacting her reproductive freedom by deciding to have a midwife-attended home birth, supported by deaf doulas who understand her needs and experiences better than hearing people.

Deploying the Nuclear Familial Trope

Among the seven episodes that center on the pregnancy and birthing experiences of people of color, all portray the birthing person—all identify as women—as belonging to a loving heterosexual nuclear family unit. As reproductive justice scholars have pointed out, Black families have been portrayed as deviant and pathological; the high poverty and crime rate among African American communities is, in particular, attributed not to any structural issues, but to the “reproductive (and other) misbehavior of African American women” (Roberts; Solinger 8). By portraying Black people that fit into the normative ideal of a nuclear family, *Doula Diaries* challenges this sordid historical representation, celebrating Black births and joy, and normalizing the experiences of Black birthing people without disguising the structural injustice they face. However, this portrayal inadvertently reinforces respectability politics—that in order for them to gain support from the mainstream public, Black people must adhere and perform the heteronuclear familial ideal. In the whole series, the only protagonist who does not belong to a nuclear household is a white woman (Bustle, “My Baby”). Hence, while challenging the negative stereotypes attached to Black families, the series nevertheless enacts respectability politics by only granting visibility to those who subscribe to the norm.

While the series challenges dominant racist discourse by centering the voices of Black families, an RJ-informed model of analysis urges us to also pay attention to the voices that have been omitted—in this case, the voices of queer, trans, and gender nonconforming birthing people who may rely on assisted reproductive technology (ART) to become pregnant. RJ advocates are aware of the intersecting mechanisms of oppression that doubly penalize queer, trans, and gender nonconforming people of color. As Julia Oparah with Black Women Birthing Justice notes, while it is important to share and listen to the stories of Black women, advocates must be careful not to eclipse the narratives

¹While not all deaf people see deafness as a disability, I analyze this episode based on the assumption that mainstream audiences will consider deafness to be a form of disability. I subscribe to a social model of disability: deaf people are not inherently disabled because of their loss of hearing, but they are disabled by the obstacles imposed by the dominant hearing society (Aldrich).

and experiences of those who do not identify with binary gender identities; otherwise, birth justice advocates could risk reifying the preconception that only women can experience childbirth.

By omitting the experiences of gender non-normative birthing people, the series leaves unchallenged heteronormative and naturalist assumptions about pregnancy and birth. Even among people who advocate for birth justice, transphobic sentiments and resistance against queer families remain strong (MacDonald). Therefore, if Romper has any suspicion about potential audience backlash against portrayals of lesbian, gay, bisexual, transgender, and queer+ birthing people, their suspicion is not unfounded. As a consumerist publishing platform, Romper must strategically negotiate the amount and extent of transgression it can portray to appeal to its targeted audiences without attracting too many criticisms that will drive away traffic. The visual trope of the heterosexual nuclear family is one that is readily intelligible to the mainstream public. The trope of the ideal nuclear family helps soothe audiences who may otherwise feel alienated by *Doula Diaries*'s overt criticisms of obstetric racism, ableism, and racial disparities in maternal health outcomes. While it potentially has expanded the series' audience reach, the repeated deployment of the heterosexual nuclear family trope perpetuates ideologies that run antithetical to the RJ framework.

The family is often used in dominant political discourse as a metaphor for the nation-state (Lakoff). Not only does the family as a metaphor perpetuate the exclusionary logic of citizenship, it also carries with it the long history of eugenics and forced contraception and sterilization imposed on communities of color (Ahmed; Roberts; Wingard). Put differently, while normative subjects who resemble the ideal citizenry—white, middle class, cis, heterosexual—are accepted by the state as part of the nation-family and are encouraged to reproduce, those who do not fit into this norm are cast out of the dominant national imaginary and have systematically been barred from reproduction (Roberts). The ideal and trope of the heteronormative nuclear family, therefore, functions as gate-keeping mechanisms that preclude other non-normative forms of kinship, identifications, and methods of reproduction.

While most birthing families featured in *Doula Diaries* are people of color, they perform the ideal image of the nuclear family that will produce desirable future citizenry without the help of ART. For example, Brittany's episode "Choosing a Home Birth" spends the first few minutes focusing on Brittany and Aaron's military background—both of them are in the Navy, and the episode shows ample photos of them enlisting and working on base in their camouflage uniforms. The episode actively juxtaposes the couple's occupation as active military personnel with their harmonious homelife. In one scene, the audience sees Brittany and Aaron entering their home after work, still donning their Navy uniforms; the episode then shows Aaron taking off Brittany's boots for her in their bedroom since she could no longer bend over. Before this scene, Aaron and Brittany proudly show the camera framed ultrasound pictures of their fetus, as they stand in front of a Bible verse, Jeremiah 1:5, on their foyer wall that reads, "Before I formed you in the womb, I loved you. Before you were born, I knew you" (Bustle, "Choosing"). These scenes present Aaron and Brittany as an exemplary family: not only are they patriotic and in a committed heterosexual relationship, they also adhere to Christian values on fetus and family.

While this particular episode illustrates the perpetuation of the heteronormative familial framework the most poignantly, all but one episode in the series portray heteronormative nuclear families as the norm to which viewers should aspire. In all the episodes, audiences witness the couples' loving interactions with each other, and sometimes with their current child as well. The series' intersectional approach, in other words, stops short at including the reproductive experiences of LGBTQ+ people and kinship networks. By having racialized birthing families perform the established visual trope of the ideal nuclear family, *Doula Diaries* renders them more sympathetic and relatable for mainstream audiences who may not readily subscribe to the RJ framework. As rhetorical critics, we must question what implications this trade-off carries—specifically, whether the perpetuation of the familial trope and selective exclusion of LGBTQ+ reproductive politics ultimately advances or limits reproductive freedom for all marginalized people.

Conclusion

In this article, I outline what an RJ-informed model of rhetorical analysis looks like and argue for the importance for rhetoricians to adopt the RJ framework in order to become more attuned to the intersecting systems of marginalization. Attunement toward intersectionality in methodology, for instance, may translate into overt effort to include, respect, and amplify the voices of marginalized individuals whose reproductive decisions do not conform to white heteronormativity. Such mindfulness in one's research and analytical practices is crucial in producing rhetorical scholarship that is committed to noticing, clarifying, and critiquing how dominant discourses and ideologies in different sociopolitical areas come to inform reproductive politics and regulate the bodies of marginalized people. While access to reproductive health care and rights remains important, RJ urges rhetoricians to expand the scope of research questions and artifacts to encompass intersecting identities, positionalities, and experiences that spill over binary categories. For example, when researching how the heartbeat bill prioritizes fetal rights over pregnant people's rights to bodily autonomy, researchers can extend their study to also examine how such laws impact the experiences of trans men seeking abortions. By foregrounding intersectionality in our understanding of reproductive politics, rhetoricians can become more attuned to the nexus of bodies and experiences that are often excluded from mainstream pro- and anti-abortion discourse. In addition to adopting RJ as a methodology, rhetoricians can also begin to imagine ways in which rhetoric can help foster spaces for coalition across difference in order to achieve reproductive freedom for all.

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