Decision Making and Control in American Childbirth

Control has been identified as a key theoretical principle in how we as an American culture perceive and provide care to women during pregnancy and birth. Matching expected control with received control has been found to be a determinant in satisfaction. I identified two distinct models of care during birth, the biomedical and normative models. I hypothesize that women make decisions while planning their births based on control—those desiring control over their space and person during labor and birth choose options in line with the normative model, while those who desire control over the course of their labor and want options for medical intervention choose to align with the biomedical model. Secondly, to determine how control impacted satisfaction with birth, I interviewed 17 women about their pregnancy and birth stories. I targeted professional, educated women who I believed would have a better acuity for the level of control they felt during pregnancy and birth. I also spoke to 11 care providers on their opinions on their role in birth. Interviews focused on their perception of and thoughts on importance of control in their personal or professional perspectives on birth. I found that, in line with psychological theories on control, women who received control that matched their expectations, regardless of the model, displayed more positive outcomes postpartum than for those who experienced a control mismatch. Positive outcomes included satisfaction with birth, ease of breastfeeding, bonding with their infant, and
a general ease of early parenting. In conclusion, I relate the found importance of control in birth to the movement for universal rights for childbearing women.