Against Natality: Political Action and the Biopolitics of Medicalized Childbirth

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Natality Revisited

> Beginning, before it becomes a historical event, is the supreme capacity of man; politically, it is identical with man's freedom… beginning is guaranteed by each new birth; it is indeed every man.[1]

In the final lines of *Origins of Totalitarianism,* Hannah Arendt charged birth with a remarkable theoretical task, the role of representing the human capacity to act, even under conditions of severe oppression. Arendt claims that "the very capacity for beginning is rooted in natality, in the fact that human beings appear in the world by virtue of birth."[2] Despite these statements, which position natality – as a philosophical concept – as the source of political possibility, Arendt explicitly rejected the idea that childbirth could be a site of political beginning or freedom. Instead, she named physical birth a social event "impenetrable to human knowledge," an enchanting phenomenon beyond theoretical inquiry.[3]

As feminist scholars note, Arendt's rejection of childbirth is perplexing, not only politically and ethically, but conceptually. How can natality serve as a useful metaphor for freedom and political beginning, if it is unpredictable and indiscernible? If its character cannot be known, on what grounds are we to believe that natality is a helpful tool for conceptualizing political activity? In her recent work on natality in the work of Arendt and Adriana Cavarero, Fanny Söderbäck notes that the concept of natality has yet to be closely considered in connection

[1] Origins of Totalitarianism, 479.
[2] *On Revolution*, 211. For more on natality as a philosophical concept, see Bowen-Moore, 1989; Beiner, 1984; Champlin, 2013; and O'Byrne, 2010. For Arendt and biopolitics, see Vatter; 2016.
[3] *The Human Condition*, 63. Cavarero 1990. Adriana Cavarero argues that in centering the newborn, Arendt's natality erases the agency of birthing people. In Cavarero's view, Arendt's claim has philosophical consequences too, in that it posits that political individuals emerge from nothingness, or an "unknowable twoness."

with lived experiences of childbirth.[4] In tune with Söderbäck's appeal, Lori Marso argues that Arendt too cleanly separates "the natality of physical birth from natality as the appearance of the new in public space." Marso holds that "the encounter between mother and child (and others, if others are present) at the moment of physical birth is itself a political moment where freedom might be seized, diminished, or squandered."[5] This paper responds to these calls, working to form a political theory grounded in histories of physical birth, and rethinking political action through the biopolitics that govern birth.

Natality, emblematic of Arendt's challenge to the totalitarian erasure of human difference, reflects her commitment to human plurality and uniqueness. In response to Western philosophy's reliance on "man as the mortal," a perspective in which death serves as the defining event of human existence, Arendt argued for birth as an alternative site through which to understand human life. Building on Arendt, Adriana Cavarero argues that the failure of philosophy to account for uniqueness amounts to a failure to recognize the fact of birth. In this way, Cavarero's understanding of natality challenges the cultural erasure of women and the invisiblization of the power relations that influence reproduction.[6]

Through the concept of natality, Arendtian scholars continue to bring human plurality and the experience of birthing people into philosophical discourse, and in so doing, challenge conventional ideas about power and human agency. Clarifying natality's conceptual intervention, Söderbäck writes that through the lens of natality

> Humans first and foremost get identified as having a supreme capacity for beginning – the fact of birth conditions us to break out of predictable patterns, to institute change, to

[4] Söderbäck, 267. Söderbäck elegantly asks, "what does it mean to be born? What does it mean to think the human condition as marked not only by death (and a meaningful relation to our death-to-come) but also by birth (and the capacity to reflect on our having-been-born)?" Söderbäck's reading highlights Arendt's philosophical contribution, decentering the masculine preoccupation with death, while also calling for a closer examination of natality in conjunction with childbirth.
[5] Emphasis Marso's. Marso, 2018.
[6] Söderbäck, 276. I draw on Söderbäck's reading of Arendt and Cavarero in making this point.

> take initiative, and to bring about novelty. The human capacity to revolt, as Arendt points out in *On Revolution*, is a result of our natality.[7]

As an alternative to the idea that power is a result of the human struggle against mortality, natality highlights human creativity, the potential for human beings to generate new relationships, appear in new ways, and resist systems of oppression. In this way, natality not only highlights the productive character of power, but challenges Western philosophy's focus on endings, and the ways in which they might be avoided or delayed. Decentering questions of political stability, the maintenance of the status quo, and the loss involved in dismantling existing relations, Arendtians center beginning anew as a defining moment in human existence.

By shifting the focus from death to birth, end to beginning, Arendt made room for conversations incompatible with existing, top-down notions of power. Natality has its limits, however, and much is at stake in its use as an enchanting political metaphor. For one, birth's association with uniqueness and newness risks glorifying events understood to be beginnings and obscuring the political potential of everyday acts, those that may appear routine or established. Beginnings and endings, as temporal markers, are produced through power, and whether they are good depends on the relations of power through which they emerge. A creative beginning can extend justice or diminish it, just as an ending can extend justice or diminish it.[8] As Söderbäck notes, Western philosophy's preoccupation with death covers over the reality that new things, like revolution, might extend freedom. But the Arendtian emphasis on creativity and beginning leans in the other direction. It risks concealing the potential violence of world-building – the fact that novelty and freedom often depend on the perpetuation of unjust relations.

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[7] Söderbäck, 275.

[8] If, as Arendt suggests in the final lines of *Origins,* every end contains a beginning, and every new organization of power "bears the germs of its own destruction," the contours of beginning are politically constituted and therefore contestable. At the same time, natality has a role in privileging a particular set of legible political actions over everyday practices of struggle and survival.

With these things in mind, the first aim of this paper is to trouble natality's limits, and to question whether or not the Arendtian concepts it signifies can adequately represent power and action in scenes of birth. I unpack the interpretive problems that emerge when creativity, newness and beginning are presented as good and bound up with the idea of freedom. Challenging these theoretical relationships with historical narrative, I detail the emergence of medical power over physical birth in the United States. I conclude that natality has a limited capacity to guide political inquiry, and that, on account of its relationship to freedom and beginning, it perpetuates the theoretical illegibility of field of political acts of struggle and survival. While questioning the limits of Arendtian theory, I use the work of historian Dierdre Cooper Owens, the thought of Saidiya Hartman, and the scholarship of political scientists Annie Menzel and Lauren Hall to move toward a new framing of political agency in scenes of birth, one sensitive to the power relations and counter-practices that slip through an analysis centered on freedom, newness and beginning.

Secondly, this paper contributes to the specific conversation surrounding the gap between natality as a concept and lived experiences of birth. As mentioned above, Lori Marso and Fanny Söderbäck hold that scenes of birth, in which power relations converge and are reconfigured, offer a place through which to revise natality, so that it is "grounded not in the 'second birth' of human action" but the "first birth that we all share in common."[9] Such efforts highlight the importance of including women's experiences in the development of concepts, representing "an attempt to formulate and embrace an ethics grounded in maternal subjectivity and the lived experience of childbirth."[10] While I share these goals, I depart from Arendtian scholars to argue that the use of birth as a political metaphor works against the acknowledgement of lived

[9] Söderbäck, 4.
[10] Söderbäck, 4.

experiences of birth as political scenes in which power relations are reconfigured.[11] I argue that equating natality with human birth at a symbolic level requires its depoliticization, for a notion actually reflective of physical birth cannot hold as a placeholder for political abstractions. Further, the use of birth as a metaphor sustains its mystification and supports its continued exemption from theoretical inquiry. As natality circulates in scholarly discourse, it influences perceptions about the character and meaning of birth. In the present moment, the ongoing crisis in maternal and infant wellness deserves the widespread attention of both theoretical and empirical scholars, and a politicized and robust conceptualization of birth supports such endeavors. I argue that theorists ought to set natality aside in forming such a theory.

In this way, tracing a history that details the power relations that govern birth and the everyday acts of resistance that appear in scenes of birth, I critique the effort to reform the concept of natality. My argument against reforming the concept progresses as follows: given that birth is not an exceptional experience, but a complex site of political relations, I suggest that the concept of natality has little to contribute to the goal of understanding lived experiences of birth. Its association with concepts such as freedom, newness, and spontaneity obscure, rather than clarify, the political relations that govern birth. To the response that bridging natality to lived experience is just that, an effort to address the concept's inadequacies, I present an argument about the function of natality within scholarly discourse. In order for natality to function as a metaphor for political things, as its proponents desire, the concept must remain outside of the political domain. The moment that birth becomes a site in which to think about political questions, a place to identify freedom, violence, and action, for instance, natality loses its metaphorical usefulness. Thinking about lived experiences of birth with the metaphor of birth

[11] Söderbäck, 274. Marso, 2018.

only maintains preconceived notions about what birth signifies, what it looks like, or ought to look like.

As I noted in my opening comments, Arendt rejected the notion that real birth had anything to do with natality; fidelity to physical birth was certainly not a part of her agenda. Scholars have also noted that Arendt's natality is oddly abstract, and that it is overdetermined, representing a wide range of political ideals.[12] These problems are not discrete. If birth had been understood as a legitimate scene of political inquiry, Arendt could not have formed such a flexible and overdetermined concept, instead, she would have looked elsewhere for a tool through which to study freedom and action. Analogously, while it would not be helpful to study a battlefield through the metaphor of a battlefield, lived experiences of battle might guide our thinking about another event, like a political debate, for instance. In thinking about the politics of battle, we might draw on concepts like violence, freedom, or domination. But our conception of battlefield would be of no use to our study of battle, unless "battlefield" had been abstracted and depoliticized to such an extent as to mean something else, like "a scene of violence."

The mere fact that a word might be studied in relation to itself reveals something important about its social role and its place within theoretical inquiry. Utilizing a human experience in order to explain other human experiences sustains the marginalization of that experience, decentering it within the domain of legitimate scholarship. Natality aids the study of lived experiences of birth only when the concept stands in for something else, when it signifies "a scene of freedom" or "a scene of action." For these reasons, natality ought to be set aside, not reformed. The marginalization of the politics of physical birth is a precondition for its theoretical

[12] Söderbäck, 274. Champlin, 2013.

function. I argue that attempts to reform natality actually work against efforts to examine the workings of power within scenes of birth.

While I hold that the continued use of the concept of natality works against admirable scholarly efforts to generate philosophies and political theories grounded in the experiences of birthing people, I build on existing literature to show that birth is a fruitful site within which to question relations of power, think about counter-practices, and examine the logics and technologies that govern political subjects broadly. Instead of positioning birth as a measure of freedom through which to normatively distinguish care from violence, I think about the ways in which care and violence emerge, often contemporaneously, within scenes of birth. In this way, I respond to Hannah Arendt, Adriana Cavarero, Fanny Söderbäck and Lori Marso, examining carefully the ways in which giving birth and being born, are "situated, contextual, and marked from the very start by normative structures and strictures that we inhabit and navigate differently depending on who we are and by whom we are born."[13]

In the United States, childbirth is a primary site for the reproduction of biopower, and a key site of political counteraction.[14] Scenes of birth are often sites of intense regulation and rule, in which birthing people are given little say in their wellbeing and little room to make claims about the meaning of their experiences. This does not mean, however, that birthing people, newborns, their loved ones and professional advocates do not creatively counteract medical jurisdiction: creative resistance is evident in the past and present action of midwives and doula collectives, and the counteraction of conscious doctors and nurses. Some birthing people counter medical power in refusing to accept unnecessary interventions; others counter medical power in demanding access to necessary interventions. Challenging the concept of natality is a means to

[13] Söderbäck, 285.
[14] Menzel, 2014.

challenge the illegibility of these scenes as sites of power and resistance. We must question the relationship between natality and physical birth in order to interpret the biopolitics of birth realistically and constructively.

Natality's Limits: Rethinking Action in Scenes of Medicalized Birth

A birth scene consists of a particular set of relations. Bodies, matter, discourse, governing knowledges, and social positionalities configure to shape the terms of political action. In the United States, nearly all births occur in hospitals, and most are overseen by a medical professional. This is a recent phenomenon: in 1900, almost all U.S. births occurred outside a hospital, the vast majority within homes under the care of traditional midwives. In 2018, 99% of births occurred in a hospital, and 92% occurred under the care of a gynecologist or an obstetrician.[15] These statistics capture a cultural and technological transformation, the medicalization of pregnancy and birth. In pathologizing normal bodily processes and states, medicalization, the domain of medical authority, promotes the development of medical technologies, and operates according to a logic of management and risk prevention.[16] On account of the pervasiveness of medical discourse and the power of medical knowledge, even births that occur outside of hospitals are shaped one way or another by medicalization.

The transfer of birth to the medical domain was certainly not without benefits. As Lauren Hall notes, overall infant and maternal mortality rates plummeted with the advent of modern obstetrics, mostly on account of the implementation of sanitation procedures. In situations in which there is great physical risk to the birthing person, medical intervention can and does save

[15] Goode, 12.
[16] Clesse, 162.

lives. However, evidence suggests that for low-risk pregnancies, hospital births are less safe than out-of-hospital births, since doctors are incentivized to intervene unnecessarily in the birthing process, increasing the probability of complications.[17] Over the last decade, as U.S. rates of medical intervention have increased, so have maternal and infant mortality rates.[18] These statistics call into question the reach of medicinal governance, suggesting that the intervention of medical power may only be legitimate in emergency cases, a small percentage of all births. Despite the fact that birthing in a hospital in generally less safe, the vast majority of American women say they would be uncomfortable giving birth anywhere other than a hospital.[19]

How did this transformation come about, and how did the American public come to largely accept the legitimacy of medicalized birth? Tracing the emergence of medicalization, I piece together a frame for considering both contemporary debates over infant and maternal health and mortality, and contemporary efforts to counter medical authority. From a set of scenes, I theorize about the operations of power in biopolitics, calling into question natality's limits and its contribution to the mystification of birth. I also challenge the substance of the notions it implies – freedom, beginning, and newness. My goal is not only to argue that birth has a politics that warrants consideration – that much should already be apparent – but to question whether natality and its conceptual associates can capture the ways in which biopower meets resistance, bodies, and relationships within scenes of birth. I call attention to forms of resistance that slip through an analysis centered on freedom, newness and beginning. In so doing, I argue that searching for natality within these scenes is actually counterproductive. The set of political concepts natality commonly signifies tend toward a particular set of legible actions, obscuring

[17] Healy, Humphreys and Kennedy, 2017.
[18] Hall, 227 and 228.
[19] Hall, 230. Preis, Gozlan, Dan and Benyamini, 2018.

acts of survival, care and everyday practices of resistance, and neither are they equipped to sufficiently reckon with the interconnectedness of biopower and counter-conduct.

Deidre Cooper Owens's recent history of gynecology traces the emergence of reproductive science to the antebellum South, showing the way in which gynecological techniques provided for the maintenance and success of southern slavery, and detailing the synergistic interconnectedness of race theories, public health, and medicine.[20] As she documents, reproductive medicine emerged as a means for white slave owners to determine an enslaved woman's reproductive capacity. During the 1840s, slaves owned by James Marion Sims, the "father of gynecology," built a hospital on his plantation. In the slave hospital, Sims oversaw a team of enslaved nurses, training them to assist him in performing experimental caesarean sections, ovariotomies, and obstetric fistula repairs on enslaved women. Countering the idea that the women involved in Sims's experiments were the passive recipients of violence, Cooper Owens argues that while they were subjected to violence, in resisting experimentation and in caring for the injured their counteraction allowed for the "birthing of the field of gynecology," informing the development of a new form of knowledge, and the development of medical techniques that would later improve maternal and infant health outcomes.[21]

As Cooper-Owens accounts, birth served as a ground for solidifying emerging theories of race formation, and gynecology served as means to this end. Working through and working out theories of racial difference, Sims and his colleagues moved the new science to the North, where they experimented on Irish immigrant women before extending their techniques into white hospitals. Reproductive medicine and white supremacy, inseparable from the start, formed a synergistic relationship with the new field of public health. The knowledge produced within the

[20] This is Cooper Owens's term, 5. Cooper Owens, 26. Roberts, 1997 and 2009.
[21] Cooper Owens, 2.

relation of these logics enabled the rapid transference of birth care from women-centered spaces into a domain of white male expertise, supporting the pathologizing of pregnancy and birth and the widespread implementation of dangerous interventions.

Cooper-Owens's claim that the enslaved women on Sims's plantation played a role in "birthing the science of gynecology," directly confronts the pairing of natality with freedom, action and beginning.[22] Saidiya Hartman writes that under racial slavery, "the work of sex and procreation was the chief motor for reproducing the material, social and symbolic relations of slavery."[23] In this statement, birth sits adjacent to newness and beginning, in the sense that it propagates. The newness that it propagates is the continuation of relations of slavery. In this sense, birth is a non-beginning. Hartman states that reproduction powered slavery, suggesting that while ideas, bodies and relations undergo rearrangement or rescription within scenes of birth – for instance, through the emergence of a new science – birth under slavery ensured no future. Of all the sites in which to think about counteraction under slavery, birth scenes present an incredible challenge. In Hartman's view, the violent reproduction characteristic of enslaved women's experience not only "fails to produce a philosophy of freedom," but casts the "critical lexicon into crisis."[24]

How do these scenes of unfreedom speak to the operation of power over birth, and what do these scenes say about human action? First, these scenes critique of the association of birth with freedom. If we were to use these scenes symbolically, they might serve as metaphors for violence and the perpetuation of slavery, turning over Arendt's use of birth. Such a move, however, would tell us little about the agency of the women involved, likely erasing action

[22] Cooper Owens, 2.
[23] Hartman, 169.
[24] Hartman, 167, 168.

instead of clarifying its expression. It is true that the women whose bodies birthed gynecology and whose reproduction propagated slavery were not free, in any legal or political sense. But, unfreedom in the Arendtian sense denies strategic struggle altogether – the sort of action that natality implies does more to obscure struggle than to illuminate it. Cooper Owens makes this point in context, asserting that in theorizing unfreedom as passivity, scholars credit the ingenuity of a small group of Southern slave owners with the emergence of reproductive science. This is a difficult task, to acknowledge resistance and struggle appropriately, as Cooper-Owens emphasizes, without "imposing yet another burden on black female flesh by making it a 'placeholder for freedom.'"[25] In short, with natality in hand, searching for freedom in the actions of enslaved women within the birth of gynecology risks bypassing the power relations of slavery and overlooking modes of resistance, care and struggle within these relations. Or, if defined narrowly, natality risks dismissing birth under slavery entirely, concluding that there is nothing but violence or unfreedom within such scenes. In this case natality maintains its integrity by erasing not a set of actions, but a set of birth experiences.

If we acknowledge the violence of slavery, while also holding that birthing people do shape scenes of birth, it does not work, conceptually, to associate birth, or beginning, or newness for that matter, with freedom. These scenes of birth, while including expressions of resistance, do not represent new beginnings, or a revolution in political relations. But what about action? Can natality work as a metaphor for counteraction, if that action is no longer deemed good in and of itself, no longer tied to beginning and newness? Theoretically, this is a question of how far the

[25] Hartman, 171. Hartman quotes Christian Sharpe, *Monstrous Intimacies*, 2010. Given natality's legacy as a placeholder, it is difficult to imagine that it would not do just that. If, in Hartman's words "the slave exists out of the world and outside the house," natality must be able to move beyond the political and the social to imagine resistance as it relates to endurance and survival, a jump that natality as freedom, beginning and newness is unlikely to achieve.

concept is able to stretch. To explore this idea, we can look to histories of biopolitical counter-conduct.

Following the birth of gynecology, officials and professional medical organizations rallied to challenge popular discourse in favor of medical birth. Pioneering doctors formulated new ideas about the dangers of birth, the achievements of science, and the unsanitary and dangerous character of midwifery. The new truths legitimized gynecology, steering white mothers into hospitals and facilitating the transition of reproductive medicine from the bodies of black and immigrant women to the bodies of white women. Simultaneously, doctors introduced new forms of pain relief, such as "twilight sleep," promoting the idea that childbirth could be pain-free. Medical birth emerged as a cultural ideal.[26] For the first time, it became the norm for newborns to emerge under the intense scrutiny of medical authority, and for birthing people to experience severe disembodiment and immobilization. White mortality rates plunged, reinforcing the legitimacy of medical power.[27]

Until the 1920s, black mothers were denied access to hospitals in the South. Black midwives continued to practice, using knowledge of medicinal substances and herbs passed down from older midwives to care for mothers and infants.[28] As Annie Menzel argues, the Sheppard-Towner act of 1921 marked a significant shift in biopolitical governance, statistics, race science and public health. She argues that a former race traits paradigm of infant mortality, characterized by explicit disregard for black infant life, was replaced by the Sheppard-Towner

[26] Hall, 228.
[27] Menzel, 29. The change in outcomes was due to both increased access to resources and the sanitation procedures implemented in hospitals. Hall notes, that "an early wave of hospital births in the 1900's actually increased maternal mortality due to poor infection control, with the bizarre outcome that upper class women were more likely to die as a result of childbirth than their poor counterparts, because the latter relied on midwives who cared for women outside of hospital settings," 227.
[28] Fraser, 1998.

paradigm, made up of a complex combination of "expressed concern and practical neglect" for black infant life.[29]

Black women and infants were brought under the governance of biopower, gaining some access to medical technology and new methods of pain management. Despite the benefits of inclusion, Menzel writes that while black infants and mothers in the North gained programmatic access to resources, in the South, Sheppard-Towner funds were used to effectively criminalize the practice of midwifery, deemed the cause of high mortality rates. According to Goode and Rothman, with the gradual opening of hospitals to black women, the American Medical Association expanded licensing requirements, supervising out of hospital births, and further stoking public fears about the supposedly unsanitary methods of the traditional midwives still practicing. As Menzel describes, public health policy put black women in an impossible position.

> Choosing the care of a midwife was increasingly seen by physicians and public health personnel as a sign of maternal indifference, breathing new life into longstanding stereotypes of pathological mothering. Yet even those black women who desired medical rather than midwifery care—spurred in part by the official derogation of midwives—were not likely to have been able to obtain it.[30]

Birthing with a midwife challenged the authority of medical knowledge, while birthing in a hospital meant experiencing substandard care and potentially facing the white doctors' dangerous and nonconsensual intervention and experimentation.

In this context, some black midwives underwent medical training and licensing, gaining access to medical tools and sanitation equipment. As Menzel accounts, these women engaged in "biopolitical counter-conduct," secretly combining medical resources with herbal remedies and traditional knowledge to circumvent the surveillance of the American Medical Association,

[29] Menzel, 9.
[30] Menzel, 42.

providing a desperately needed alternative.[31] While 95% of white births occurred in hospitals, in 1935, these birth practitioners attended over half of non-white births in the South.[32] Despite the successes of black nurses, biopower's incorporation of black women did not improve infant mortality rates. Despite gradual hospital inclusion, medicalization brought about little structural or institutional change. In the South, strict regulation of midwifery constituted the main form of public health intervention on black infant mortality until the early 1960s. Meanwhile, doctors continued to perform forced sterilizations and nonconsensual gynecological and medical experiments on black women, refining medical interventions.[33]

From exclusion from biopolitical governance to formal inclusion and practical neglect, black birth professionals formed alternatives, working illegally to provide necessary care, and undergoing partial medical integration in order to access medical resources. Through what terms can we best understand their opposition and resistance? Problematizing natality in relationship to the birth of gynecology, I argued that the Arendtian framework, in emphasizing freedom, beginning and newness, is poorly equipped to capture actions of struggle and survival. One could argue that midwifery networks made room for relationality, opening up a kind of counter-public in which knowledges and practices were shaped. Thinking of birth as a subversive power in this context is attractive. Reproductive medicine was developed to propagate slavery, and in consolidating power over birth, it excluded and then practically neglected black mothers and newborns. Why not think about birth in the biopolitical context as action that opposes or subverts the power of reproductive medicine?

[31] Menzel, 40, 234.
[32] Goode, 12.
[33] Prather et al., 2018. Prather et. al track the historical record of nonconsensual gynecological and medical experiments performed on African American women in the United States from 1865 to 1975.

There is also the issue of burdening the black female body as a "placeholder for freedom."[34] Theorizing from biopolitical counter-conduct as natality may slide into this error, valorizing action in a way that obscures or diminishes ongoing violence: focusing intently on the character and successes of counter-conduct may fall into the tradition of romanticizing or mystifying birth. In this way there is reason to doubt that natality as counter-conduct could support an adequate analysis of the interconnectedness of medical authority and black midwifery, enabling theorists to grapple with birth as an experience marked by care and violence. The attempt to pinpoint counteraction risks obscuring the ways in which the tensions of medical power and counter-knowledge are shaped within birth scenes, drawing attention away from the ways in which the limits and capacities of biopower, and the limits and care of non-medical practices, are determined through scenes of black birth.

In the following decades, reproductive medicine implemented a host of refined medical technologies. Ultrasonography and fetal monitoring, amniocentesis, episiotomies and cesarean sections entered routine practice, greatly increasing hospital revenues.[35] The logic of risk prevention gained prominence, further solidifying medical authority and the legitimacy of intervention. The emphasis on risk prevention informed new practices that evidenced the necessity of biopower. For instance, patients were first positioned horizontally during birth, and doctors utilized bed restraints to prevent movement.[36] The practice of holding birthing people in position was first deemed a necessary precaution, allowing doctors quick access in case of emergency.

[34] Hartman, 171. Hartman quotes Christian Sharpe, *Monstrous Intimacies*, 2010.
[35] Clesse, 163.
[36] Davis-Floyd, S8.

In these practices, medicalization positioned bodies in opposition to medical technology.[37] In response, a movement of home birth advocates organized to protest the overreach of for-profit medicine, writing against the dehumanization of "natural birth." Calling attention to medical birth as a site for the reproduction of patriarchal power, beginning in the 1970s, the mostly-white home birth movement has worked to find an alternative to medical birth, generating resistance to the prevalence of nonconsensual or coerced intervention, and the psychological effects of disembodiment, isolation, and fear. Since the 1970s, the number of births occurring outside of hospitals increased slightly, though has remained under 2% of all births, due to cultural and structural obstacles. For instance, medical insurance rarely covers out-of-hospital births, limiting the accessibility of homebirth to the wealthy.[38] Today, medical authority continues to forge new technologies in pursuit of its ideal – a predictable, nonspontaneous, risk-free, and pain-free form of birth. The scheduled cesarean section, a trending intervention, comes close to actualizing this aim. The most expensive kind of medical birth, scheduled cesarean sections maximize hospital profits, offer doctors control over the timing and progression of birth, and, with anesthesia, the surgeries eliminate birthing pains. While offering a measure of control over the temporality of birth, cesareans put birthing people and newborns at an increased risk for complications.[39]

Intertwined with the refinement of medical techniques, birth continues to function as a primary site of racialization, a site in which racial hierarchy and medical authority converge in a shared legitimacy.[40] In the United States, black maternal and infant mortality rates are high

[37] Healy et al. 2017.
[38] Hall, 229. Hall cites Hildingsson et al., 2010 and Steel et al., 2015. See also, O'Connor, Bonnie B. "The home birth movement in the United States." *The Journal of medicine and philosophy* 18, no. 2 (1993): 147-174.
[39] Wagner, S27 and Tita, 2007.
[40] Bridges, 2011.

enough to be deemed a public health crisis. Black women are at a higher risk for preeclampsia and pre-term birth, and are less likely to be offered pain reliving drugs or epidurals.[41] False beliefs about biological racial difference contribute to bias in pain assessment and treatment.[42] Racism works alongside unequal access to wealth, education and the effects of built environment to maintain disparities: college-educated black women are more likely to suffer severe complications, such as preeclampsia, during pregnancy and childbirth than uneducated white women.[43] In some cases, contemporary medicalization manifests in the refusal of care altogether, converging with systems of race and class to block a pregnant person from accessing emergency assistance, as in the case of Simone Landrum. In 2016, Landrum nearly died of a uterine abruption after her doctor ignored her complaints, telling her to "calm down" and to schedule a caesarean section.[44]

As Menzel highlights, black midwives and doulas continue to play a crucial role in moderating disparity today, using both medical practice and counter-knowledge to serve marginalized black publics.[45] In response to the black maternal and infant mortality crisis, non-medical practitioners improve in-hospital outcomes, promoting medical accountability while also offering emotional support and information about non-medical practices and remedies. Doulas are able to help birthing people understand the tradeoffs of different modes of birth and the risks and benefits of common interventions, greatly improving birthing outcomes.[46] The presence and care of a birth worker, serving as a source of both counter-knowledge and accountability, can fundamentally alter a birth scene, making room for alternatives in hospital births.[47]

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[41] Matoba and Collins, 2017; Morris and Schulman, 2014; Martin, 2017; DeSisto, 2018.
[42] Hoffman et al. 2016.
[43] Angley, 2016. Manatoba, 358.
[44] Villarosa, 2018.
[45] Menzel, 288.
[46] Hall, 230.
[47] Menzel, in conversation with Shafia Monroe, the director of the International Center for Traditional Childbearing.

As these scenes demonstrate, birth has a politics, and it should be given social and political significance in context. But reimagining the meaning of birth is not the same as recasting birth as a metaphor for another human experience. Instead of hunting for the birth within birth, why not study the process for itself, attributing meaning to birth for what it is, and what it is not. It is possible to name the struggle, care and counter-practices that emerged through scenes of birth in their own right, without recourse to beginning, newness or freedom.

Risk, Pain and Contemporary Medical Power

Historically, biopower has governed birth unevenly, and continues to do so in the present. As Menzel argues, medical authority makes some newborns and birthing parents live through intervention, while simultaneously neglecting others, allowing them to suffer or die. Racial hierarchy anchors biopower, and biopower sustains racial hierarchy through its operation.[48] Reproductive medicine emerged in conjunction with racial slavery and theories of racial difference – its function fundamentally depends on racial disparity. Evident in medicalization's ongoing struggle against midwifery, biopower cannot generate instances of letting die unless subjects lack access to alternatives. The rise of medical power over birth necessitated the vilification and regulation of midwifery knowledge and practice, enabling medical birth to emerge as a cultural ideal.[49]

These patterns suggest that instances of letting die or letting suffer stabilize medical power, serving as evidence of the supposed natural danger of birth. Cases of neglect and

[48] Menzel, 2014.
[49] Clesse, Christophe, Joëlle Lighezzolo-Alnot, Sylvie de Lavergne, Sandrine Hamlin, and Michèle Scheffler. "The evolution of birth medicalisation: a systematic review." *Midwifery* (2018). Martin et al. "Births in the United States, 2016." NCHS Data Brief No. 287, September 2017. https://www.cdc.gov/nchs/data/databriefs/db287.pdf.

mistreatment not only perpetuate racial hierarchy but serve as referents, maintaining medical authority in suggesting that opposition to governance might result in suffering, injury or death. In turn, attempts to resist intervention are spun as negligence, irresponsibility, and in some cases, criminality. Medical power asks – don't you want what is best for your baby? Why would you put a newborn at risk? Why would you want to be in pain? These same questions steered white birthing people away from midwifery and into hospitals at the turn of the 20th century. For black birthing people, these questions reiterate the impossible position of the 1920s: while medical care may be necessary, and may constitute the only form of care available, entering a medical setting introduces new dangers.

Medicalization depends on a number of truths that work with racial logics to sustain its biopolitics. This section examines these truths and their influence on resistance, and considers how natality functions discursively to and corroborates these assumptions. I have argued that the depiction of birth as a positive event associated with good things, like freedom and spontaneity and newness, does not hold theoretically, doing little to clarify the contours and character of political struggle. In mystifying birth politics, natality (inadvertently, perhaps) likely perpetuates ideas about the nature of birth, its unpredictability and contingency, contributing to its mystification. Even though natality signifies good things, because it does not present birth as a complex site of political struggle natality sides with medicalization, and its racialized production of risk and suffering.

Medicalization presumes, first and foremost, that there is such a thing as natural birth, and that this phenomenon is dangerous. Pitting the body against its techniques, gynecology and obstetrics are presented as a means to safety. This primary truth works in conjunction with a pair of conflations – the equation of uncertainty and danger in risk prevention, and the

misidentification of pain as suffering. As mentioned above, since birth must be inherently risky in order for medical power to hold legitimacy, medical discourses blur the line between low-risk births – cases in which non-medical birth is safer than medical birth – and high-risk cases, in which medical intervention may be necessary. For instance, it is not uncommon for medical professionals to warn birthing people of hypothetical emergencies in order to justify unnecessary surgeries, all for the sake of eliminating risk.[50] Scheduled caesarean sections are assumed to be less dangerous than a non-medical birth, because they resolve some of the contingency of the birth process. In the end, the merging of danger and risk is a matter of knowledge: obstetricians are surgeons, surgery is the known domain in which they hold expertise, and without knowledge of non-medical practices or access to alternative care, birthing people opt for unnecessary surgeries that actually increase risk.

At the same time, medicalization works with racial frames to deny real danger and real pain, preventing medical professionals from recognizing (or caring, perhaps) about actual threats. In 2016, Landrum's doctor failed to recognize glaring symptoms, mistaking the danger of preeclampsia for anxiety about uncertainty. He assumed a scheduled caesarean section would remedy her distress. In both instances – in its pathologizing of low-risk births and in its disregard for black pain – medical authority demonstrates a shocking inability to distinguish actual danger from the anxiety of uncertainty. More than instances of malpractice, these scenes show that medical knowledge works through this conflation. Regardless of whether biopower is overextended or denied, medicalization figures the contingency of physiological birth as the primary source of danger.

[50] Cole, 4. Regardless of how far natality can stretch, it is worth noting that the concept effortlessly supports medical discourse and fits in with paradigms of natural birth, which have historically supported exclusive counter-strategies.

This focus on uncertainty works alongside the conflation of pain and suffering. If pain is comprised of physical, emotional and/or psychological discomfort, we might think of suffering as pain accompanied by disempowerment, pain without a way out, or a state of distress in which the affected person has neither the capacity nor agency to remedy the situation. In some scenes, medical professionals administer anesthesia and epidurals, techniques that relieve pain at the cost of disrupting labor and decentering the role of the birthing person, and increasing the probability of physical complications and distress.[51] Non-medicalized approaches to pain relief have been shown to be highly effective, working with the progression of the body to relieve discomfort.[52] Some evidence also suggests that the psychological anticipation of pain correlates with high birth satisfaction and shorter, easier labors. Many studies indicate that the social support that doulas provide – especially valuable today because fewer women have traditional support networks – lowers anxiety about birth, thus reducing medical intervention.[53] The medical approach to pain management assumes that disembodiment is preferable to any pain, flying past the actuality that pain can be remedied through techniques that work with and not against birthing bodies.

Medicalization's assumption that all pain is suffering plays out within contemporary birth activism, shaping counter-knowledge and practices and working to deprioritize the alleviation of black suffering. For instance, some members of natural birth and home birth movements reject medical pain management, maintaining that discomfort is a natural and helpful component of the birth process.[54] While non-medical alternatives to medical pain management are immensely valuable for birthing people wanting to resist unnecessary interventions, they fail to account for

[51] Westergen, 60. Some birthing people experience unfeeling as a loss of agency, and in other cases interventions cause birth to occur either too quickly or too slowly for the body, increasing the likelihood of trauma.
[52] Jouhki, 39. See Shaw, Morris.
[53] Hall, 230.
[54] Cole, 2. Jouhki, 39.

situations in which birthing people are denied access to pain-relieving medications, an outworking of medical power experienced disproportionately by women of color.[55] Not only are medical professionals less likely to take the pain of black patients seriously, but women of color are more likely to experience failure in their pain medication. At the same time women of color are more likely than white women to face pressure from medical staff to accept an epidural or anesthesia.[56] In short, pain is another issue around which racial hierarchy and medicalization converge, to the effect of making it less likely that black women's pain management choices will be acknowledged or accepted.

In this way, the conflation of pain and suffering – the idea that all pain is bad, in the case of medical power, or that all pain is beneficial, in the case of natural birth paradigms. The conflation veils both disembodied suffering, and the reality that some suffering is propagated through medical power's refusal to recognize and relieve pain. In this way, a hyper-focus on the disempowering effects of medical interventions and pain-relieving technologies occludes other implementations of biopower marked by suffering. Distinguishing between pain that is manageable and pain that is bound up with disempowerment (suffering), makes room for both scenes in which pain relief is either inaccessible or unjustly denied, and scenes in which pain relief is administered through coercion, resulting in disempowerment and psychological discomfort.

Since white women, especially wealthy white women, are likely to encounter the making live function of medical intervention, the assumptions of medicalization – the fact of dangerous natural birth, the merging of uncertainty for danger, and the conflation of pain and suffering –

[55] Hoffman et al. 2016.
[56] Morris, 188.

work with racial hierarchy to engender coalitional cleavages.[57] While the natural birth paradigm has enabled the spread of valuable information about the operation of medicalization, the idea that birth is a healthy and organic process that technology threatens bypasses the context and violence in which gynecology emerged, and erases the role of midwives in generating and sustaining counter-knowledges and practices. It also suggests that natural birth is inherently empowering, coming close to suggesting that casting off of medical technology will result in birthing freedom. Natality effortlessly supports this logic, and this logic depends on the erasure of biopower's letting die. Natural birth as freedom ignores the reality that reproductive medicine holds a monopoly on resources and knowledge, and that strategic integration – biopolitical counter-conduct – is sometimes the best means to save lives.

From the birth of gynecology, a science formed to perpetuate slavery, to medical power's ideal, a birth free from uncertainty and pain, medicalization pursues its ongoing aim to understand and harness the "unknowable twoness" of pregnancy and birth. Modern techniques maximize professional access to information about birth, attempting to control the progression of embodied labor.[58] The idea that birth is something mysterious and spontaneous, awe-inspiring and dangerous, sits at the heart of biopower, anchoring the legitimacy of medical power over birth. The concept of natality, whether it signifies freedom, newness, action, or something else, is bound up in this discourse. Why not theorize in a way that politicizes birth instead? Instead of searching for natality, why not craft other terms through which to capture practices of struggle, care and resistance? There are theoretical and political reasons to do so.

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[57] In arguing that the racial bifurcation of medicalization steers activism, I do not mean to suggest that mostly-white movements are not racist, or are somehow free of the influence of racial logics. My point here is that the idea that natural birth exists and is in fact good is bound up in the history and logic of medical knowledge and racism. See Wren Serbin and Donnelly on the impact of racism on the field of midwifery.

[58] Clesse, 162, Davis-Floyd, S7.

An End to Natality

From the 1840s to the 1970s, gynecological techniques first produced through experimentation upon enslaved women in the South were implemented and refined in hospitals. Public health officials drew on racist ideas about competence and sanitation in order to form conclusions about midwifery and promote public acceptance of its dangers, gradually extending the domain of medicalization. Today, scenes of neglect sustain the legitimacy of medical birth, sustaining fears about the dangers of birth and maintaining the discourse that disparities can be rectified through simple means of inclusion. These "racially bifurcated" biopolitics of birth operate through risk prevention, through the conflation of uncertainty and danger, and the assumption that all pain constitutes suffering.[59] Black midwives, doulas and their allies play a crucial role in mitigating current disparities, creating out of hospital alternatives and promoting medical accountability in medical settings.[60] Both medical and non-medical practitioners have improved in-hospital outcomes, sharing support and information about alternative practices and remedies.

This history does not suggest that there is something unique about birth that sets it apart from other social arenas; it does not have a special character that makes it an appropriate metaphor through which to identify freedom within other human experiences. Childbirth is no more a field of spontaneous action or performance than any other social space. Birth is often a stage marked by routine, procedure and sameness, like a home, workplace, community organization, or a conversation among friends. Scenes of birth often include expressions of both

[59] Menzel, 18.
[60] Menzel, 288.

care and violence, agency and biopolitical control. Arendt wrote that birth is "every man," a statement which is true in the literal sense, for all people are born. In the governance of birth, power is afforded the unique capacity to imprint upon every life – its universality makes birth a crucial site for the reproduction of relations and social positionalities. The way in which a society governs birth announces its commitments, and signals to the broader circulation and operations of power within it. For these reasons, to sidestep birth politics is to bypass a field of theoretical resources and insights, as Söderbäck asserts. Birth is "every man" in a second sense, for the fact that every person emerges within a scene of political struggle points to the truth that no person, group or scene holds a monopoly on agency, as Cooper Owens and Marso contend.

As I have described, in Arendt's thought and in contemporary theoretical discourse, the concept of natality is not only associated with freedom and action, but invokes a number of other theoretical ideas, bringing together notions of spontaneity, beginning, and newness. Birth in context carries far reaching implications, highlighting the fact that the contours and substance of newness and beginning are politically determined. Birth also presents a challenge to Arendt's theory broadly, pointing to the fact that the social phenomenon through which Arendt imagined freedom and action is actually a complex social space in which relations of power are reproduced.

Discursively, natality carries Arendt's judgments with it, contributing to the continued depoliticization of birth. The use of birth as a theoretical metaphor perpetuates the mystification and exclusion of birth, working against efforts to ground scholarship in lived experiences of birth in affecting its uptake as a legitimate field of political action. The concepts that we employ to interpret the world make legible particular sites of human life and agency, and the discursive operation of natality leaves much to be desired. Working within natality's limits, theorists risk

obfuscating the dynamics of coalitional cleavages and political opportunities in the present. More broadly, granting birth its politics opens up the possibility of political resistance beyond what we can identify as newness, spontaneity and beginning. Possibilities emerge within the maintenance of traditions and within the deconstruction of others, within the leadership of institutions as well as the construction of new ones, in the ending of relationships and in the formation of new ones. If there are fragments of possibility in both the cooperation of doctors and patients, and in moments in which care is refused – in both a nurse's strategic efforts to make room for consent, and in the formation of birth collectives, for instance – there are new places in which to theorize counter-conduct, beyond the limits of Arendtian natality.

While this paper calls for an end to natality, it certainly does not suggest that parenthood, motherhood, birth, pregnancy or death are enchanting matters beyond the scope of human interpretation. These relations and transitions should be given social and political significance in context. But reimagining the meaning of birth is not the same as recasting birth as a metaphor for other political ideas. Instead of hunting for the birth within birth, why not study the process for itself, attributing meaning to birth for what it is, and what it is not. It is possible to name the violence, struggle, care, and counter-practices that emerge in scenes of birth in their own right.

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