Experiences of Pleasurable Childbirth: Uncovering a Blind Spot in Anthropology

Anna Caffrey

Introduction

In the past few years, the media has drawn attention to pleasurable childbirth experiences. The headlines tend to be sensational, and readers’ comments range from doubtful to outraged. “Orgasms During Childbirth?” in the New York Times (Belkin 2008), “Orgasm and Childbirth” in the Times Online (2009), and “Yes! Yes! Yes! It’s coming!” in the Guardian (Groskop 2009). Debra Pascali-Bonaro’s 2008 film Orgasmic Birth has been released in over 30 countries, and the follow up book hit bookstores in June 2010 (Davis and Pascali-Bonaro 2010). Although important connections have been made between female pleasure and reproduction in various studies spanning several centuries, and recent media articles, films, and books have called attention to orgasmic birth, Anthropology has remained largely silent on the topic.

Until the second half of the twentieth century, the male dominated field of Anthropology largely omitted childbirth (McClain 1982:37). Men in many cultures are not allowed to attend births, so it would have been difficult for them to observe. For example, Bronislaw Malinowski gives readers, in his nearly 700-page tome The Sexual Life of Savages in North-Western Melanesia, a one-page description of childbirth in the Trobriand Islands, which came to him second-hand (1987:230). Even the few renowned female ethnographers, who would be more likely to have access to childbirth than their male counterparts, overlooked childbirth in their ethnographies; until the 1970s, the little research that had been conducted “tended toward providing long lists of seemingly irrational food taboos and folk beliefs” of indigenous peoples or studied parturition “not for its own sake but as a means for studying ritual and its practitioners” (Davis-Floyd and Sargent 1997:1,3).

Brigitte Jordan’s landmark study Birth in Four Cultures: A Crosscultural Investigation of Childbirth in Yucatan, Holland, Sweden, and the United States (1978) marked a shift in the anthropological study of birth. Jordan’s comparative investigation of childbirth with in-depth field research, from birth in traditional Maya hammocks to hi-tech American hospital rooms, paved the way for a vast anthropological literature of parturition (Browner and Sargent 2007:234). Birth in Four Cultures does not, however, mention sensations other than pain during labour and on the first page, she tells us birth is “universally treated as a life crisis event.” Two anthropological collections followed on the heels of Birth in Four Cultures: Margarita Kay’s Anthropology of Human Birth (1982) and Carol MacCormack’s Ethnography of Fertility and Birth (1994).
Many of these writings describe indigenous birth systems in threat of extinction by constantly increasing hegemony and alluring prestige of the American technomedical/illness model of “managing” childbirth (Davis-Floyd and Sargent 1997:5-6).

Robbie Davis-Floyd explains that female sexuality is threatening to this model, which values a mechanical understanding of the body. This system responds to this threat by marking women’s sexuality as “defective” and “tabu” (Davis-Floyd 2003:69). Institutional birth, with its routines and regulations, masks the “intense sexuality of birth” so successfully that most people do not recognize it (Davis-Floyd 2003:69).

Social anthropologist Sheila Kitzinger notes that observation of childbirth, while important, may be vulnerable to deeply entrenched bias. Observation bias contributes to the finding that “Pain is often the only issue in a discussion of birth” (Kitzinger 2000:91). The following study, conducted in 2010 as part of my MSc in Medical Anthropology at University College London, is a novel ethnography of pleasurable birth experiences in England that uncovers a wide variety of sensations felt during childbirth and reveals links between birth setting and positive birth experiences. Further, this study brings to light connections between pleasurable parturition and improved health outcomes.

**Constructing the Field**

With so much disbelief and shame surrounding this topic, and the private nature of birth experiences in the UK, it is difficult to locate women willing to speak face-to-face. Even on mumsnet.com, an anonymous online forum, women hesitate to share their experiences due to negative responses. For example, one MumsNet member confided, “I’m waaaaay too chicken to post under my real name. But yes I had an orgasmic experience during my birth.”

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**Participant background information**

All names have been changed to preserve anonymity.

<table>
<thead>
<tr>
<th>Name</th>
<th>Background (age, place of origin, education, work, current location)</th>
<th>Birth &amp; Child’s Name</th>
<th>Type of Experience</th>
<th>Birth Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abbie</td>
<td>West Midlands GCSEs Part-time administrator South London</td>
<td>1. Amelia</td>
<td>Positive, Empowering</td>
<td>Home</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Caroline</td>
<td>Ecstatic, Empowering</td>
<td>Home, Waterbirth</td>
</tr>
<tr>
<td>Cecelia</td>
<td>Midlands Bachelor’s in Theatre Studies Opera singer South London</td>
<td>1. William</td>
<td>Fun, Easy, Surreal, Out of Body, Hallucinated</td>
<td>Hospital</td>
</tr>
<tr>
<td>Daniela</td>
<td>Spain (lived in UK for 13 years) Secondary school Former interior designer Full-time mother South London</td>
<td>1. Oliver</td>
<td>Empowering</td>
<td>Home, Waterbirth</td>
</tr>
<tr>
<td>Eliza</td>
<td>Canada (lived in UK for 8 years) Bachelor’s in Management Former immigration officer Full-time mother Oxford</td>
<td>1. Clara</td>
<td>Traumatic</td>
<td>Hospital, Episiotomy Ventouse</td>
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<tr>
<td></td>
<td></td>
<td>2. Lucy</td>
<td>Empowering, Sensual</td>
<td>Home, Waterbirth Husband assisted (midwife came late)</td>
</tr>
<tr>
<td>Hope</td>
<td>Northern England Bachelor’s in Graphic Design Former artist Full-time mother South London</td>
<td>1. Daniel</td>
<td>Spiritual, Empowering, Sensual</td>
<td>Home, Waterbirth</td>
</tr>
<tr>
<td>Maia</td>
<td>Northern England Master’s in Romance Languages Former wine merchant Full-time mother Village near Durham</td>
<td>1. Chloe</td>
<td>Traumatic</td>
<td>Hospital, Episiotomy Ventouse</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Ella</td>
<td>Orgasmic, Empowering, Healing</td>
<td>Home, Waterbirth</td>
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<tr>
<td>Sophie</td>
<td>London Master’s in Ancient History Full-time mother A town northeast of London</td>
<td>1. Carly</td>
<td>Traumatic</td>
<td>Hospital</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Charlie</td>
<td>Orgasmic, Healing</td>
<td>Home</td>
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Other community members replied, calling women claiming this experience “perverted,” “liars,” or men pretending to be women. Once one woman had replied to my interview request online, however, several women followed suit.

A group of seven women – all white, middle class, heterosexual and living in England – is small, narrow, and more research must be undertaken. Even a handful of orgasmic or pleasurable births is significant, however, as these experiences contradict tacit medical knowledge and shine light on a largely ignored possibility. Additionally, it is a sizable enough group to gather a range of perspectives and recognize repeated themes and connections. What “pleasurable” means to each of them differs, just like some other key aspects of who they are, such as their locations, educations, occupations, religions, countries of origin, number of pregnancies and miscarriages, and ideas about reproduction.

Semi-structured interviews were digitally recorded and supported by hand-written notes. First, each woman shared her birth story or stories in her own words. Then I asked open-ended follow up questions, followed by interviews with their birth partners. Women shared additional materials: diaries kept during pregnancy, their own written birth stories, birth films and photos, and their midwives’ medical notes. Interviews were conducted until saturation of themes was reached.

All women interviewed gave birth in England, a country where labour is constructed as a frightening, painful, and medical event, which takes place in the hospital aided by trained professionals and controlled by technology. One London-based midwife, Anya, summed up the cultural context of childbirth in England:

*I must admit, a lot of um, English women... of this culture... for some reason, all of them they have one thing that it's going to be a huge, horrendous pain. They have fear of giving birth, and I would say that they probably don't even understand what it is, and basically they would just probably rather have a Caesarean section.*

She put this fear down to “culture”; a whole generation of women in the UK birthed in hospitals alone, as their partners were not allowed in the delivery rooms, and women in the UK tend to tell one another horror stories about birth. Women are discouraged from sharing positive aspects of birth:

*One other thing I've found, is whenever a woman says to another woman, “Actually I enjoyed my birth,” she actually would feel like an outcast.*

“In any society the way a woman gives birth and the kind of care given to her and the baby points as sharply as an arrowhead to the key values of the culture” (Kitzinger 1978:115). The value of technology in England is evident in its technomedical system of healthcare, the National Health Service (NHS). Living in a context where birth is medicalised means taking on board a lot of assumptions about both reproduction and sexuality and makes it all the more remarkable that these seven women had low-technology, pleasurable birth experiences and that they chose to discuss them. Women often felt at odds with the values of their culture; their feelings of anomie came across acutely when they compared their
experiences with those of their neighbours and friends.

**Separations: Disconnecting Female Pleasure from Childbirth**

In the British Library in London, you can hold an original copy of *The Midwives Book; or, The Whole Art of Midwifery Discovered*, first published in 1671 by British midwife Jane Sharp. It is about the size of a postcard, an inch thick, and smells old and musty. Between its brown leathery cover and surprisingly sturdy pages, readers will discover a special page that folds out into a large diagram, “The Figure Explained,” in which a naked pregnant woman’s uterus unfolds like cabbage leaves, revealing the labelled parts within, including a foetus and placenta. (There is a flower modestly covering her vagina.) The reader will also find in these pages that the female orgasm is essential to conception (see page 56 of the more accessible 1999 edition of the book). Today, science would dismiss this claim; a woman’s pleasure has no bearing on the biology of reproduction. What has changed since Jane Sharp wrote her famous guide?

Historian Thomas Laqueur argues that advances in science cannot account for the radical revaluing, or rather devaluing, of female pleasure (Laqueur 1986:3). Rather, Laqueur traces the separation of orgasm and reproduction back to Enlightenment-era shifts. To justify a new morality without abandoning the subordination of women, great thinkers of the day constructed male and female reproductive anatomy as inherently different and opposing, throwing out the ancient homological construct of woman-as-inverted-man that equated testes with ovaries and penis with clitoris and vagina (4-18). A “reinterpretation of the female body in relation to the male” resulted in the “dramatic revaluation of the female orgasm”; female pleasure was pushed from the centre of reproduction to the periphery, allowing writers and theorists, such as Hobbes and Rousseau, to use these “facts of biology [as] justification for cultural and political differences between the sexes” (17-18). Given what is at stake in maintaining social roles of men and women, it is not surprising that the female orgasm is nowhere to be found in current studies of reproduction.

Midwife Ina May Gaskin observes, “the sexual dimension of labor and birth is almost always ignored” in hospitals. The chief reason for this is that doctors had to downplay the sexual nature of birth for medical men to be admitted to the birth chambers of women during the eighteenth and nineteenth centuries” (2003:239). She also notes, “orgasm during labor and birth doesn’t seem to happen very often in women whose labors are medicated with narcotics, epidurals, or barbiturates” (Gaskin 2003:160-161). Most mothers in the UK (two-thirds) receive pain-relieving drugs during labour and the epidural rate has doubled in the last twenty years (Walsh 2009:89) to nearly 40% in 2013 (NHS 2013). In her second book, *Ina May’s Guide to Childbirth* (2003), she explains, “the application of sexual energy can make labour more effective and less painful without any use of medication” (239). Gaskin notes, “I have never observed even the slightest laceration in a woman who used clitoral stimulation as a relaxation method during birth. Clitoral stimulation seems to increase vaginal engorgement as the baby emerges” (256).

In technorationalist societies like the UK, pain is approached as an always-treatable problem, rather than as an empowering
rite of passage (Gaskin 2003). In birth, however, the treatment of pain does not only block unpleasant sensations, but also numbs the mother, making it difficult if not impossible for her to feel pleasurable sensations. The separation of a woman’s senses from sensation is yet another reason pleasurable birth might be so elusive to both mothers and researchers.

**Reconnections: Sensations during Labour**

While all of the women interviewed experienced discomfort or pain at some point during their labours, they reported that it was manageable, gave a sense of purpose, and overall it was not frightening. In contrast with normative birth discourse, pain does not take centre stage in these women’s birth stories. As Maia put it,

*I don’t think it was that it didn’t hurt, it was probably more that there were other things, overriding feelings that were, um, more important, which is that, I just had this real sense of purpose and just being able to get on and do what I needed to do... I think I did feel pain, it just didn’t feel bad.*

When mothers shared their birth stories, they started with the first sensations felt and continued to make sense of labour in terms of sensations.

**Pleasure**

Sophie, a 28-year-old mother of a 5-year-old daughter and 8-month-old son, and her husband Jack, recently moved into a house in a town an hour northeast of London. Not quite finished unpacking, their living room was a welcoming chaos of books stacked upon books (from Roman history to physics textbooks) and children’s toys. Sophie seemed a bit shy at first, but we settled into her couch and Jack left us to talk. Sophie’s first birth experience in a hospital was traumatic, resulting in post-traumatic stress disorder, a phobia of hospitals, difficulty bonding with her new daughter, and a feeling of failure. She chose to give birth at home the second time, supported by her family and midwives. To her surprise, it was largely painless and also physically pleasurable:

*As soon as I started pushing all the pain went away. Um, it just completely disappeared and I could feel his head sort of around my hips, and I could feel that he was starting to descend, so I lay backwards on the sofa, and I had my husband on one side and my mum on the other, and I knew they were talking to me but it was like they were in another room. They were not part of what was going on inside me, and I could feel, um, my son descending, and as he descended he sort of stimulated as he went down, and I could feel his head. And there was still no pain at all, and all I could feel was, it was just this really weird primal state where it just felt like it was just me and him together.*

* [...] I felt really, sort of filled up, really complete, sort of sexual, but it wasn’t, because he was only going one way and I knew that, you know, I was in labour and this was a baby, and whatever, but it felt really, really enjoyable. It was a really pleasant experience giving birth to him, and knowing, and sort of, feeling him slowly descend. It was really nice, and it was very unexpected.*

How do women make sense of pleasurable birth experiences? Although Sophie experienced vaginal and clitoral stimulation, she clarified repeatedly that this was not a sexual experience:
Anna: And can you just tell me more, like, specifically what that experience was like?
Sophie: Um, I guess, if you’re being touched and your clitoris is being touched, and you sort of feel it in your vagina that it’s just, um, tingling and expanding, and you can feel that it’s getting engorged and, um, fluid, and that was sort of what I was feeling. You know, it was a very strange sensation, and that’s very similar to what it was, but then it wasn’t sexual. But it was definitely stimulation, and it was definitely pleasurable, but it wasn’t sexual. It was sort of, a stretching and a massaging, um, of the inside of me, and I didn’t orgasm and there was no, I didn’t feel him touch G spots, or anything, inside, it was just a feeling of being stretched and stimulated that was pleasant.

Mothers might prefer not to tell anyone about pleasurable or orgasmic experiences because of yet another separation – that of motherhood and sexuality. Rather than sexual, Sophie used the words pleasurable and primal to describe her second birth experience. She tried to make sense of her experience in relation to other women’s births, noting people would classify hers as a “strange” experience and use war metaphors to describe their own births:

Anna: Why do you think that people would look at you funny if you told them everything?
Sophie: Um, because there’s a concept called orgasmic birth and, um, it’s generally... I go on a lot of parenting forums, and it’s generally, sort of, met with, you know, humour, and people laugh at it, or they are disgusted, or whatever. And I don’t think I had an orgasmic birth, but mentioning any sort of pleasurable sort of sensation from childbirth seems to be, you know, not acceptable to talk about. And certainly, when I’m talking with the mums at the school gate they are all saying, oh, God, I’m so glad I don’t have to go through labour again, I’m so glad I don’t have to do that. And they’ve all got their sort of group, you know, they are united and they are sort of, like soldiers talking about past battles. And sort of, I’m a bit separate, because I don’t feel like I can say I had a really pleasant experience, because then you are sort of devaluing their experience, and a lot of people see it as an attack on them that you had a pleasant experience, and why didn’t I, is there something wrong with me? I think that’s what I’ve come across.

Sophie does not personally know women with an experience like hers, but prior to birth, she knew painless or pleasurable labours were possible, citing birth stories from French obstetrician Michel Odent’s book Birth Reborn (1984). She did not expect it to happen to her. Other women heard about the possibility of pleasurable, empowering birth at antenatal classes put on by the National Childbirth Trust (NCT), a charity that pioneered evidence-based childbirth education in the UK.

Do pleasurable birth experiences affect other aspects of a mother’s life, including her health or relationships? Niles Newton finds significance in linkages between women’s reproductive acts of intercourse, birth, and breastfeeding: “All three are interpersonal, psychophysical acts that are psychologically intertwined with affectionate partnership formation and caretaking behavior” (Newton 1973:91). They are also neuro-hormonally connected through oxytocin, known as the “love hormone” because it is released during sexual contact, parturition, and lactation (Newton 1973:81-93). Oxytocin may also “trigger caretaking behavior” (Weisskopf 1980:771). Another hormone
found in high levels during both sex and labour is beta-endorphin. This hormone helps to relieve pain and contributes to the “on another planet” feeling that some people experience during unmedicated labour. Beta-endorphins are also released in the mother's body during lactation and also found in her breast milk, further facilitating bonding between mother and baby (Buckley 2009:99-100).

Like most of the other women interviewed, Sophie makes a direct connection between her birth experiences (one traumatic and one pleasurable) with her post-partum health and her ability to bond with her children.

I just felt this massive rush of hormones, and I just could not keep a smile off my face. Ah, they sent me to have a shower, and I was just grinning and grinning and grinning in the shower, and I just sort of, couldn’t believe that I’d had such a wonderful experience, and I was just smiling and smiling and smiling. And it actually lasted to, sort of, ten weeks or so, when he was ten weeks old, um, because it was just, I just... You know, when you think a baby wakes up in the night and you’re thinking, oh, God, go back to sleep, but with him I was just like, oh, I’m coming! I’m coming! You know, I was so pleased to see him every time he woke me up in the night, and I just wanted to... I carried him in a sling because I didn’t want to be apart from him, and just, it was a much better bonding experience, and that I felt like he was my son, and he was my, sort of, special gift, and I just wanted to just smother him in love, in a way that I never felt with my daughter.

Sophie noted that her relationship with her husband was impacted by her birth experiences. After her first traumatic birth experience she felt “really, really cross with him” because she thought he had not advocated for her in the hospital. During the homebirth, Jack said his job was to encourage rather than comfort Sophie: “Comforting is trying to minimise the bad experience whereas I see encouragement as trying to maximise the good experience.” After her second birth, she said they felt “much more connected.” Jack proudly shared a photo he took of Sophie moments after birth. Sweaty and ecstatic, she looked into the camera beaming from ear to ear.

Orgasm
Maia invited me to spend the afternoon talking with her and the three people who supported her during her births: her husband, her mother, and her midwife. I travelled North by train to a town near Durham. Sitting in their flower-filled back garden, Maia told me about her first traumatic birth experience with 31-month-old Chloe. Like Sophie, Maia was left traumatised by her terrifying hospital delivery and the lack of dignity she experienced. When she became pregnant with Ella, she decided to have a homebirth supported by a community midwife, who Maia grew to trust during prenatal care visits.

Maia’s mother compared the atmosphere of the homebirth to a party. It was a relaxing day – Chloe played around the house and Maia baked a cake between contractions. The house filled with lovely smells. Maia’s physically pleasurable sensations started when she was in the birth pool:

Um, and there was this physical sensation, which was this urge to sort of kind of wiggle my bum; it almost felt like I was moving, I was helping to wiggle her down... it was almost kind of like a dancing kind of
shaking my hips sort of movement and balancing, balancing on my knees in a squatting position, balancing and wiggling. Um, that was an urge, that was something, an instinct, you know, that I couldn’t have not done…. The wiggling thing is what… was probably the first sign that there was something physically pleasurable about the whole thing, because I know that, um, a wiggle like that, I’m about to have an orgasm; I do that wiggling thing. I tend to wiggle myself into a position that’s a good position and that, um, that was a very similar feeling. That wiggling thing just got much more intense. It’s quite hard to describe it eight and a half months on, because it’s, you know, so hazy, but um, I just remember sort of feeling like I need to stretch myself into certain positions which felt really good, in exactly the same sort of way.

An awareness of the possibility of an orgasmic birth might aid women in making sense of their own experiences. Hotelling (2009) writes that childbirth education must evolve to include discussion of the hormones involved in both sex and birth, as well as sharing ecstatic birth stories to better prepare women for birth. Because not much has been researched, written about, or shared with expectant mothers, however, the definition and understanding of an orgasmic birth remains narrow. Maia had heard about orgasmic birth before, having read an article by Sheila Kitzinger describing them, but hers did not fit the description, making it a challenge to verbalize her own experience:

But it also wasn’t like other experiences that I’ve read about, because whenever I’ve read about it, from what you read you expect it to be feeling like an orgasm at the point where you deliver the baby, and that’s definitely not what happened to me. Um, that’s how I would have expected it to be before I had her. So whether it is exactly the same as what other people describe, I don’t know, because it didn’t happen at delivery and it was very much more like sort of the long build up you get to an orgasm, more than the actual orgasm itself…. It wasn’t exactly the same, it’s just that it’s the closest parallel; there’s nothing else in life that I could equate it to, it’s the closest… that’s the closest I can think of.

I asked Maia if they were physical sensations. As she answered, she lowered her voice to a whisper, noting somewhat haltingly that what she felt was not the same as sexual intercourse. As she spoke, she glanced towards the house where her mother helped Chloe sort peas into a colander on the floor:

Physical and a combination of excitement and physical and an urge to sort of do things because that feels good. You know to me, when I first wake up that feels good, that kind of thing, but also the shuddering, the sort of shuddering and the contractions that you get in your body but also in your vagina, all of that was also there, although it did feel different, but that’s because I was giving birth, rather than having… it did feel different, but it’s just the most similar I can… blissful would be the word for it, it just felt really like something sort of lapping all over your body, just feeling all lovely. Shivers and shudders and that… very much the thing that sticks with me is that feeling of knowing which way to move to make it feel better.

Interestingly, the orgasmic part of Maia’s birth, which was approximately three contractions in length, appeared to be the most painful part of her labour to her mother and husband. Maia looked pained
and her husband thought she was crying. Actually, Maia explained, she was whimpering in the same way that she does during sex. Again, it is important for researchers not just to observe, but rather ask a woman in labour what she is feeling; one might perceive pain, when in fact the mother is enraptured.

Euphoria
Some women mentioned euphoric feelings during or immediately following birth. Hope, a 35-year-old artist and Christian in South London, beautifully describes her euphoric feelings and sensations during her birthgiving at home in a pool:

And, um, within that world, it was just... it was euphoric. Yes, euphoric. And so there was... it was painful, but it was euphoric in, in a sort of deeper sense.... And it, in some ways, it was like swimming. Nothing to do with being in water, but swimming in a... deep down, deep, deep, dark blue river, sense. Um, you know, like buried underneath the river, right at the bottom, if, imagine you could breathe and you could sit down there for a while. Deep beneath everything else, and away from the rest of the world. Um. That kind of sense.

And, I mean, I guess... Well, but the sensation is, I mean, I'm a very physical person, I think, I just, I love the physicality of it. I love the stretching. And the, the, sort of like a big yawn. Like a big, stretchy yawn. It felt like that. Um. It felt... like... it felt like I was giving something really brilliant to somebody. To me. Um. To the world. I don't know. To God. I don't know. Ah. I felt like I was producing a really, really brilliant sculpture. Um. If you... it feels like... it felt like a fusion. It feels like a fusion of nature and humanness. A fusion of love of my husband and me, I guess. Um, a fusion of me and, and the world, in a, um, you know, all these kind of things that sound quite hippy. Um. Cheesy. It, but it is, it does feel like that. Like a big ocean, like, ah. Just trying to find, probably, I don't know, words to just help you understand what it's like. It's like a universal kind of thing, like, like the whole universe comes together in that moment. It is wonderful.

Many mothers attributed euphoria to hormones, while others, like Hope, traced its roots to emotions (e.g., the feeling of accomplishment, the thrill of birth) or to something spiritual (e.g., a connection to God, all women, or Nature). Abbie, a 41-year-old mother of two living in a South London home decorated with treasures from around the world, described the high she felt after birth as both emotional and hormonal:

I believed in my body, I believed in it as a natural process, I believed that I could breathe through it.... Your body knows what to do, and it releases all the right chemicals at the right moments. And that, that is just so amazing. And with both of them it's been really interesting, and particularly with Caroline I noticed it even more, but, you know, the hour after they were born I was as high as a kite; I felt like I could go out clubbing, anything, you know.

Conclusion
Pleasurable childbirths point to a gap in anthropological literature. Contrary to normative birth discourse, women feel a range of sensations during labour. For the women interviewed, pain was not a central feature of birthgiving. Pleasurable birth experiences ranged from physical pleasure, to feelings of ecstasy, to a deeply spiritual experience. I spoke with these mothers confidentially, but they are unable to discuss these experiences openly with friends, relatives, or
community members. They feel their stories are too personal or taboo to share. These women connected childbirth with a reproductive cycle, based on their lived experiences of menstruation, conception, pregnancy, and breastfeeding. Yet they do not necessarily classify birth as sexual. Instead, mothers preferred the terms sensual and intimate. Women were aware of the use of sexual intercourse and sensual touch to aid the birthing process. Several of them tried these techniques; some found them to be helpful while others did not think they had a significant effect.

Several factors support pleasurable birth experiences, such as feeling informed, in control, and free to surrender to intuition. Women reported that self-guided or group antenatal education was helpful if it included discussion of childbirth as a positive, physiological, and potentially ecstatic life event; most referred to books by Ina May Gaskin or attended NCT childbirth classes. Supportive and trusted birthing partners and practitioners were also important. Pleasurable birth is possible in hospitals, but six of seven women interviewed felt the home environment supports it best. Eliza, Maia, and Sophie, who had traumatic first births, connected high-tech and highly controlled births with unnecessary morbidity, trauma, post-partum depression, and difficulty bonding with children. For all women interviewed, intuitive and intimate birthing with trusted birth partners was associated with good birth outcomes, quick recoveries, positive feelings towards romantic partners, and early bonding with children.

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