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The Anti-Epidural Movement: Mommy-Bullying and Women's Rights to Pain Management

Around the time that women were being penciledⁱ in to the equal employment act and Sandra Day O'Connorⁱⁱ was being sworn into the Supreme Court, women across the Western world decided that they had the right to pain relief during childbirth. Newly included in women's healthcare options was the epidural, an anesthesiologist administered placement of a catheter into the epidural space of a laboring woman's spine where pain blocking anesthesia is injected into her body. The epidural relaxes the pelvic muscles and dulls feelings of pain from the waist down, allowing the woman to remain conscious and preserving her ability to push while making the labor and delivery process less painful. Before the epidural, women's only options were complete anesthetization or no pain medication at all. At the close of the idealized peace, love, and all natural era of the 1970s, a safe medical intervention for the intense and agonizing pain of childbirthⁱⁱⁱ was welcomed with open arms and now, close to 90% of women delivering in a hospital choose to have an epidural (Alexander). On the surface, this medical advancement seems like the answer to the prayers of expectant mothers everywhere, but, like all good things, it comes with a price, and the social cost of epidurals is especially unique. Somewhere along the lines of history a women's delivery of her child became everyone else's business. The thought that women could make this evolutionarily necessary, socially expected, and incredibly painful^{iv} feat slightly more comfortable became frowned upon. And who are these

respite-seeking^v women's biggest critics^{vi}? Shockingly,^{vii} the one group that should always stand behind them: other women.

Growing up with an emergency department nurse mother and an obstetrics nurse grandmother I had become accustomed to overhearing all the gruesome details of dramatic births, usually as the answer to the question "How was your day?" The word "epidural", a simple "she chose no drugs", or, in the especially traumatic sounding births, "there was no time for pain meds" were scattered throughout their stories in a way that always sounded familiar to my untrained ears. Now, as a college student, I no longer have the opportunity to eavesdrop on these riveting stories, but one day, I did have the opportunity to research "natural" (unmedicated) childbirth for my gender studies class. I stumbled upon a blog by an especially opinionated midwife who referred to epidurals as "the epidural trip" (Cohain). An avid proponent of natural childbirth, Cohain makes the epidural out to be a recreational drug. She aligns this sometimes lifesaving, often morale preserving,^{viii} and frequently necessary medical intervention with the "totally psychedelic" and completely unnecessary effects of hallucinogenic drugs. She paints the women who choose epidurals as irresponsible and selfish low life's looking for a good time, hoping their new baby might fall out somewhere along the way.^{ix} What was most shocking to me was that this *woman*^x, a mother herself and someone who presents herself as a supportive advocate for other new mothers^{xi}, was attacking and maligning the birth choices of other women. Childbirth is one experience that will always be uniquely gendered. Only women can do it and it has to be done. So why would another mother, the only type of person that truly understands the

deep, complicated feelings of pregnancy, labor, delivery, and motherhood, purposely attempt to devalue and judge the intensely personal process of a fellow woman's childbirth?^{xii} I call it mommy-bullying.

When the distinction arose between a natural childbirth and a medically assisted one, a culture of one-upmanship and judgment developed in the world of expectant mothers. The women who aggressively believe that natural childbirth is the very best option have adopted the stance that pain is a matter of the mind. If you^{xiii} were really a strong, able woman you would not need this drug that causes you to be "removed from the birth process" (Buckley). These women's claims that "Most women have the inner strength and body wisdom to successfully give birth naturally" puts the women who cannot or choose not to not give birth naturally in a position of inferiority (Conscious Empowered Birth). In the world of expectant moms, the words of a seasoned mother are often cherished. To a woman who has never gone through such a unique experience, her only hope at receiving the smallest bit of insight on what to expect is from a woman who has experienced childbirth herself. These women are knowingly taking advantage of this "all knowing" status and using it to make the women who choose pain relief feel like failures. They tell them that "Pain, more than any other sense is open to individual interpretation. This is particularly true when it comes to the pain of childbirth" (Cohain). When a laboring woman is experiencing the most agonizing pain imaginable and asks for some sort of relief, this so called wise and supportive voice tells her that she is only feeling this pain because of her own mistaken interpretations, not because there is an eight pound human making its way out of her body^{xiv}. She is made to think that by accepting pain relief she has given birth incorrectly. These women who patronizingly^{xv} state, "My greatest desire is for all women to recognize their own inner feminine strength," overgeneralize women into categories of strong and weak (Jah). They

maliciously devalue other women's feats in childbirth. Women pride themselves on having a drug free birth, and rightly so, until they judge and discredit another women's birth experience.

This air of superiority is present when members of the anti-epidural movement feel that, because they gave birth without medication, they made more of a sacrifice for their child. In the eyes of extremist natural birth advocates the sacrifices of motherhood should begin in labor. A woman's personal preference to receive medical pain relief is judged as a selfish act. The mother is expected to surrender herself to the intense pain of childbirth for the sole benefit of her child. This natural birth serves as a symbol of her devotion to her child and the start of the martyrdom that will validate her as a "good mother" for the rest of her child's life.

These sacrifices signify an extreme maturity that only the creation and subsequent care of another person can provide and because of this, childbirth is considered a rite of passage for women. Childbirth is a beautiful and rewarding process for most, but the pain associated with this reward has been made into a binding agreement. There is an attitude of "no pain, no gain" amongst people who are opposed to epidurals. They categorize these drug free births as empowering, portraying the women who choose medical intervention as feeble. The viewpoint that, "This kind of emotional growth does not take place under the influence of epidural anesthesia" implies that women who don't give birth naturally have cheated the system (Cohain). There is a prevailing attitude in this stereotypical argument that women need to have a natural birth to find themselves, to gain confidence, and prove their feminine strength. According to these extremists, to earn the real motherhood badge of honor, you can't have medication, but this seemingly feminist view reveals deep bias against women. The attitude that states that women who educate themselves on the pros and cons of epidurals and make their own independent decisions to utilize pain relief based on what they feel is best for them, are wrong in some way,

sets feminist progress back many decades. This view that instructs women that they need to live up to the expectation of putting others' needs ahead of their own to rightly receive their title of an empowered mother is as disempowering as can be.

Though most contributors to the anti-epidural movement are women, there is one important example of a man voicing his own unsolicited^{xvi} opinion. Dr. Denis Walsh has been called one of the most influential male midwives and he is one of the most vocal supporters of the "pain is good for you" persuasion. While he is an acclaimed midwife, as a man, he speaks from a place of no personal experience of the pain of labor. Among the countless articles and editorials that downplay the pain of childbirth Walsh further sets himself apart by saying, "Some women just don't fancy the pain [of childbirth]. More women should be prepared to withstand pain." Where other natural birth advocates imply that women should utilize their inner strength to feel empowered, Walsh blatantly orders women to endure the pain. His tone connotes frustration and a belief that women are taking the easy way out simply because the pain of childbirth is not convenient for them. No person "fancies" pain and, as said by the American College of Obstetricians and Gynecologists "there are no other circumstances in which it is considered acceptable for an individual to experience untreated, severe pain, amenable to safe intervention, while under a physicians care" (Pain Relief During Labor). In short, no other group, besides laboring women, is ever expected to withstand severe pain in a clinical setting where the advanced and proven technology is readily available to alleviate discomfort.

The CDC's extensive study on the prevalence of epidurals among population sub groups of the US shows that epidurals are safe and frequently used, cross culturally. Walsh attributes this rise in use entirely to women's fear of labor by stating that, "In the west it has never been safer to have a baby, yet it appears that women have never been more frightened of the process."

It is true that childbirth has made great clinical strides and the maternal and infant mortality rates are low in the US compared both to the rates of developing countries and our own rates historically. In childbirth, while medical advancements do make birth safer, there are inherent risks that cannot ever be completely eliminated. Pain is one of these certainties that can be dramatically alleviated with the epidural. Because childbirth is such an incredibly painful process, women have the right to be wary of it, if not make every effort to reduce it, without anyone's judgment. In this statement, by claiming that the only reason a women would receive an epidural is out of fear, Walsh simultaneously devalues the rightful concerns of women as he criticizes one of the only aspects of childbirth that is in her control; pain relief.

While^{xvii} women are depicted as weak for choosing an epidural, the epidural itself is presented as ominous and controlling. Like all medical interventions, there are risky side effects and when the intervention concerns such a vital component of the nervous system, the effects are an immediate cause for concern. Women need to be realistically informed on their risks, but in many works written by natural birth extremists, their diction is pointed at instilling fear in women. When the physiological side effects of anesthesia induced pain relief are described, statements like "Epidurals also obliterate the maternal oxytocin peak that occurs at birth...which...helps mother and baby to fall in love at first meeting" use harsh verbs juxtaposed with the sensitive and intimate aspects of mother infant bonding (Buckley). This scare tactic effectively convinces the mother that the epidural not only^{xviii} poses a risk to her and her baby's physical health but also to the emotional aspects of their relationship. The statement, "Epidurals may reduce the mothers short term discomfort, but they cause great pain for the unborn child as most end up being violently pulled out by their heads" explicitly accuse the mother of selfishness while a forceps assisted delivery is described as a torturous event for the fetus (Epidurals). While

forceps assisted deliveries increase the chance of fetal injury, overgeneralized hyperbole unfairly places the women in the position of choosing to physically harm her child or endure a long period of physical pain herself. In the description of the administration of the epidural, a similar scare tactic^{xix} is used, especially when describing the procedures that may accompany the epidural. According to a popular Australian blog, “Having an epidural means having a catheter inserted in your bladder to pass urine, having a drip in your arm, being hooked up to the continual foetal monitor and having to remain on your back” (Epidurals). The words “inserted” and “hooked up” are forceful verbs implying that women will be helpless if they choose an epidural. These verbs accentuate the medical aspects of childbirth, depicting the woman as sick or in danger. The sequence of events is listed with a pointedly harsh and overwhelming rapid-fire tone that, along with the diction itself, misrepresents the epidural as a victimizing process that automatically turns a laboring woman into a patient.

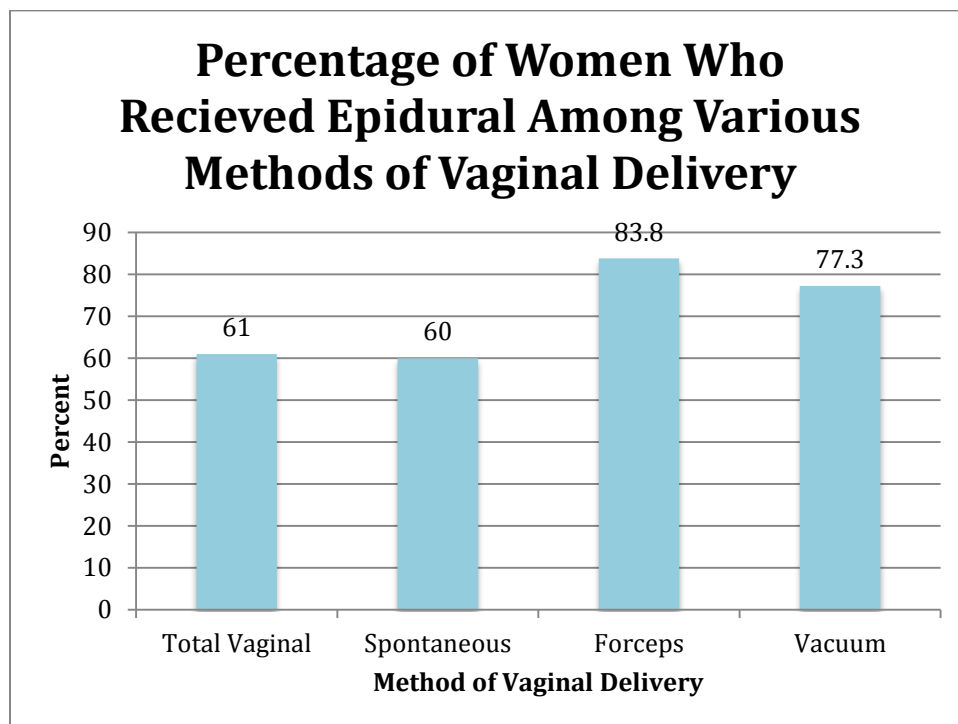
As the epidural becomes more and more normalized in modern births, scientists and mothers alike disagree on their overall safety. Blogs by doctors, mothers and midwives, all natural birth proponents, state that epidurals pose a threat to mother and baby every time they are performed. In a blog posting in an online “natural birth community”, Dr. Sarah Buckley outlines the emotional and physical risks in a definite and fear evoking tone. The physiological side effects are made to seem unavoidable when she says, “Epidurals significantly interfere with some of the major hormones of labor and birth, which may explain their negative effect on the processes of labor” (Buckley). There is a clear bias in her word choice against epidurals. Throughout her article she lists none of the benefits that may come of receiving an epidural. Cohain of Midwifery Today agrees that all epidurals are dangerous and damaging but uses less

medical research than Buckley and focuses more on the idea that while an epidural weakens women emotionally, it also serves as an exhibition of that mental weakness to others.

Buckley and Cohain's style is starkly contrasted against unbiased, medically based articles by authors like William Camman M.D., Michelle Osterman M.H.S., and Lewis E. Mehl-Madrona M.D, PhD. These medical professionals agree that epidurals are a safe option for pain relief should a women request it. A research based study by the CDC showed that women requesting epidurals during labor is the norm with over 60 percent of women reporting to have received an epidural. This statistic conflicts with the ideas of natural birth extremists who attempt to portray women as a selfish minority for choosing epidurals. In an editorial article for the New York Times, blogger and mother KJ Dell'Antonia refers to multiple studies that directly disprove the narrow views of Buckley and Cohain. Dell'Antonia simply summarizes her findings by stating, "The concerns voiced by natural birth advocates are over exaggerated." All these medical sources agree that, no matter the risks or benefits of epidurals, women should be adequately informed and feel like the choice to receive an epidural is theirs.

It is important to point out that, while the risks may be over exaggerated by some, studies have shown that epidurals can prolong the second stage of labor and that epidural use markedly increases the rate of instrumental delivery. A retrospective study by the American College of Obstetricians and Gynecologists found that "epidural analgesia increased the frequency of instrumental delivery, an increase that was not a consequence of larger infants or fetal malposition" (Kaminski). An instrumental delivery, a delivery that utilizes a vacuum or obstetric forceps^{xx}, requires an episiotomy or it will cause perineum damage (Willacy). The epidural slows the rate of uterine contractions, prolonging the second stage of labor. The prolonged second stage of labor subsequently weakens the uterine muscles, making instrumental delivery necessary

(Epidurals Can Prolong Labor). A study published in the National Vital Statistics Reports for the Centers for Disease Control showed that, of the residents of the 27 reporting states in the US, a striking^{xxi} 83.8 percent of the births that were assisted using forceps were to women who had received epidurals prior. While this number overwhelmingly points to epidurals as the main contributing factor to an instrumental delivery, it is important to note that this same study showed that more than half of the patients, or 60 percent, of the women who had spontaneous vaginal deliveries, meaning there was no instrumental assistance of any kind, also had received epidurals.



According to a comprehensive analysis of a compilation of studies by Dr. Lewis E. Mehl-Madrone, the risk for negative side effects due to epidurals are small. The mildest symptom, experienced by 30 percent of women, is nausea and the most serious, death, coma, or paralysis, is experienced by approximately 1 in 100,000. A CSF leak is experienced by 1 to 2 percent of

women (Americanpregnancy.org). This side effect presents as a severe headache caused by incorrect placement of the epidural that leads to spinal fluid leakage. CSF leak is the only side effect that can be attributed solely to epidurals. All other negative side effects, including instrumental delivery, may be due to a preexisting condition that is then worsened by the epidural drugs, such as gestational diabetes, low blood pressure, structural defects, and malposition of the fetus. Reputable studies analyzed by Mehl-Madrona agree that there is no ethical way to eliminate variables that make the causes of the negative side effects unclear. While these studies prove that the epidural risks are exaggerated, they cannot definitively state the epidural was the explicit cause of a negative outcome. All births must be considered on a case-by-case basis and preexisting conditions must be taken into consideration before epidurals can be named the sole cause of a negative side effect.

In the argument against epidurals, a women's body is held to an unequal expectation of pain management. Women are told that in order to be good mothers they must subject themselves to pain and refuse treatment that has been recommended as safe and effective by a wealth of medical professionals and research based studies. These women are expected to follow these orders and are maligned by so called feminists^{xxii} for their autonomous decision based on what is right for their own bodies. This movement of empowered birth has created a culture where women disempower themselves to satisfy a contradictory label. Women who claim to be enlightening mothers about "gentle births the way nature intended" have turned childbirth into a fierce competition with a prevailing attitude of superiority. Because of the attitude and judgment of fellow women, women who choose epidurals are left disappointed^{xxiii} in themselves after their colossal achievement of giving life. When examined closely, this outwardly feminist movement

proves to hinder the progress of female autonomy as women place themselves in the category of the oppressive outsiders they have fought so hard against.

Works Cited

Boyles, Salynn. "Epidurals Appear Safe in Early Labor." *WebMD*. WebMD, n.d. Web. 18 Apr. 2013.

Buckley, Sarah J. "Epidurals: Risks and Concerns for Mother and Baby." *Sarah Buckley RSS*. N.p., 2005. Web. 11 Apr. 2013.

In *Epidurals: Risks and Concerns For Mother and Baby* Dr. Sarah Buckley lists the many risks associated with receiving an epidural. Only the negative side effects are listed and the reader is lead to believe that epidurals are extremely dangerous to the health of mothers and babies and that the negative outcomes are frequent. She implies that an epidural may cause the mother to have satisfactory pain relief but an unsatisfactory birth.

Campbell, Denis. "It's Good for Women to Suffer the Pain of a Natural Birth, Says Medical Chief." *The Guardian*. Guardian News and Media, 11 July 2009. Web. 16 Apr. 2013.

This article written for the Guardian, a large news media in England, presents the controversial opinions of Denis Walsh. The author of the article, Denis Campbell introduces sources that directly contradict Walsh's views. It is clear that Campbell disagrees with Walsh's viewpoints that women should experience labor pain. The article provides Walsh's opinion against epidurals and the contradictory opinions of researchers and physicians that support a women's choice to choose them.

Cohain, Judy S. "The Epidural Trip: Why Are so Many Women Taking Dangerous Drugs during Labor." *The Epidural Trip—Why Are so Many Women Taking Dangerous Drugs during Labor?* Midwifery Today, 2010. Web. 02 Apr. 2013.

In *The Epidural Trip* Cohain equates epidurals to recreational drug use. She compares anesthesiologists to “drug pushers”, the epidural itself to the heroin, and presents statistics on the incidence of epidurals by saying that the epidurals were received “legally” as if there was illegal street trafficking of epidural anesthesia. This article is wrought with overgeneralization, hyperbole, misleading information, and false dilemma that leads the reader to believe choosing an epidural is a lethal and irresponsible choice for mother and baby.

"Conscious Empowered Birth." *Conscious Empowered Birth*. N.p., n.d. Web. 12 Apr. 2013.

Dell'Antonia, KJ. "Are the Dangers of Epidurals Overstated?" *Are the Dangers of Epidurals Overstated*. New York Times, 18 Jan. 2012. Web. 18 Apr. 2013.

This editorial by KJ Dell'Antonia analyzes the studies impressed on women about epidurals as a whole. Dell'Antonia states that while the concerns of natural birth advocates are overstated, the medical studies are unclear because there are no blind studies that can definitively show that epidurals lead to negative outcome. Dell'Antonia shows that birth is a personal experience that will be different for everyone, no matter the medical interventions, or lack thereof.

"Epidural Anesthesia." *American Pregnancy Association*. American Pregnancy Association, n.d. Web. 10 Apr. 2013.

This fact sheet put out by the American Pregnancy Association advises women to become as informed as possible on epidurals before they deliver so they will be able to make an informed decision on whether or not to receive an epidural. The general definition of an epidural is given. The different types of epidurals are described along with their method of delivery and answers to frequently asked questions are provided. Equal attention is given to the risks and benefits and the information overall is factual and unbiased.

"Epidurals Can Prolong Labor." *Epidurals Lengthen Labor*. Science Based Birth, n.d. Web. 05 May 2013.

"Epidurals." *My Birth*. Mercury Rising Media, 2009. Web. 11 Apr. 2013.

Jah, Cassandra. *Empowered Women, Empowered Births, LLC Central New Mexico Midwifery Services*. Empowered Women, Empowered Births, LLC, n.d. Web. 12 Apr. 2013.

Empowered Women, Empowered Birth is a website for Cassandra Jah's midwifery services. Her midwifery practices are built upon the common idea that women find their inner strength by birthing without medication. This is a belief that negatively affects women and leads them to believe that choosing pain relief is an exhibition of weakness. This may cause women to feel as if they have something to prove in their delivery and either refuse pain relief to show they are strong or feel disappointed that they "gave up" and accepted medication.

Kaminski, Henry M., Adolf Stafl, and James Aiman. "The Effect of Epidural Analgesia on the Frequency of Instrumental Obstetric Delivery." *Lippincott, Williams & Wilkins*. Wolters Kluwer Health, 2013. Web. 03 May 2013.

This retrospective study of 155 women who received epidurals solely for pain relief, and not for control of a preexisting medical condition like hypertension, were compared with 155 women who received alternate forms of pain medication during labor. The results showed a much higher incidence of instrumental delivery in the group that received epidurals than in both the groups receiving alternate relief and the control group, concluding that epidurals increase the rate of instrumental delivery.

Mehl-Madrona, Lewis. "The Medical Risks of Epidural Anesthesia (Epidurals)." *Medical Risks of Epidural Anesthesia During Childbirth*. Healing Center On-Line, 2008. Web. 18 Apr. 2013.

This article by Dr. Lewis Mehl-Madrona, PhD compiles multiple studies to show the overall risks of receiving epidurals. His findings show that the epidural can be associated with many risks but are not the definitive cause of most negative side effects. He also shows that the chance of experiencing each side effect on an extensive list of dangerous side effects is, overall, low.

Osterman, Michelle J., and Joyce A. Martin. "Epidural and Spinal Anesthesia Use During Labor: 27-state Reporting Area 2008." *National Vital Statistics Reports*. U.S. Department of Health and Human Services, 6 Apr. 2011. Web. 18 Apr. 2013.

This retrospective report by the CDC shows the characteristics of women and the circumstances under which epidural anesthesia is given. The study focused on the certificates of live births from 27 reporting states. The results of this extensive study show that epidurals are commonly used by a diverse population. One important finding, in terms of methods of vaginal delivery, showed that instrumental delivery was very common among women who received epidurals.

"Pain Relief During Labor." *ACOG*. American Congress of Obstetricians and Gynecologists, July 2004. Web. 02 May 2013.

This document released by the American College of Obstetricians and Gynecologists is geared towards health care professionals in hopes to improve their standard of care. The document states that "pain management should be provided whenever medically indicated." They instruct that all women who request epidural anesthesia should be administered an epidural in a timely manner and should never be denied the intervention. They acknowledge the extreme pain of labor and

state that because a woman is under the care of a physician, should she request medication and be a viable candidate, it should be given without hesitation

Willacy, Hayley. "Episiotomy and Tears." *Patient.co.uk*. EMIS, 22 Mar. 2010. Web. 2 May 2013.

ⁱ Saying that something is “penciled in” implies that it was hastily added at the last minute. This cliché is used ironically to highlight the importance of the equal employment act and the absurdity of fact that women were added in as an afterthought. This serves as a brief introduction to this paper’s theme; how oppressive views towards women can also come from women despite their claim of representing the feminist point of view.

ⁱⁱ Allusion

ⁱⁱⁱ “Intense and agonizing pain” is juxtaposed with the previous description of the 1970s as a time characterized with “peace, love, and all natural” ideology. This placement emphasizes the painful aspects of childbirth. Attention is drawn to the pain of childbirth making the reader more likely to agree with the argument that epidurals could be classified as a necessary intervention and not something that women choose out of weakness or laziness.

^{iv} Climax

^v Describing women as “respite seeking” shows that these women are simply looking for pain relief, a harmless and understandable request that is undeserving of criticism. This diction presents the said critics as bullies who have chosen a blameless victim as their target. The reader is more likely to agree with the argument that women have the right to make their own decision about epidurals without the judgment of others because they are making a very reasonable and relatable request.

^{vi} Hypophora

^{vii} Introducing the critics of the women who choose to have epidurals with the adjective “shockingly” ensures that the reader understands the depth and magnitude of the hypocrisy that is presented when a women criticizes another women for the choices she makes in childbirth. It presents the critics with an air of drama and connotes to the reader that there is something very wrong with the attempt to stigmatize another women’s personal choice.

^{viii} Parallelism

^{ix} Hyperbole

^x By putting the word “woman” into italics, the reader automatically pays this word extra attention. It accentuates the fact that the issue in this argument is the fact that women, who would be expected to act as allies for one another, are betraying their peers. The italics force the reader to put extra emphasis on the word that is most important in this statement.

^{xi} By saying that Cohain “presents herself as a supportive advocate” the reader understands that in reality, she is not acting accordingly. This statement depicts Cohain as dishonest and hypocritical in her actions, which discredits her opinions. With this tone, the reader is more likely to view her opinions negatively.

^{xii} Calling childbirth “intensely personal” accentuates the fact that the decision of whether or not to use pain medication is one that should be made by the expectant mother, completely independently of anyone else’s opinion. That is not to say that the factual information provided by unbiased, informative medical professionals should not be taken into consideration. These medical facts, as opposed to persuasive opinion, are a critical element of making an informed decision about epidural use. The word “intensely” automatically elicits a more serious mood and draws attention to the fact that the decisions surrounding childbirth should not be encroached on by outsiders. Using the term “fellow women” connotes that women are judging each other, despite being equals. Most likely, all readers have attempted to sway their peers in a decision and by calling attention to the personal aspects of this particular decision, the reader will understand why, in this case, another person has no place to attempt to persuade a responsible and informed woman in her decision.

^{xiii} Apostrophe

^{xiv} Hyperbole

^{xv} Without introducing this quote as “patronizing” the reader could easily interpret the quote as harmless and well wishing advice. Labeling this statement as patronizing leads the reader to view this quote with a different perspective. This introduction shows that advice and intentions that aim at preventing women from receiving epidurals by telling them that they are strong enough to deliver without one, paints the women who chooses an epidural as inferior to the women who chooses unmedicated birth, which is a damaging attitude to promote. The reader will no longer take this comment at face value and will further understand the depth of the argument.

^{xvi} The word “unsolicited” simultaneously refers to Walsh’s opinion and the opinions of the previously mentioned extremist natural birth advocates. “Unsolicited” has a very negative connotation and shows that, when it comes to decisions about childbirth, the opinions of others about what a woman should and should not do are typically unwelcome and unhelpful. As a practicing male midwife and a professor responsible for educating future medical professionals, Walsh’s expert opinion is unique, out of line, and especially inflammatory considering he has not and will never directly experience the pain of childbirth himself. Presenting his comments as unsolicited opinion illustrates this to the reader.

^{xvii} Procatetpsis

^{xviii} Dirimens Copulatio

^{xix} A scare tactic uses fear to elicit a preferred reaction. It has a very negative connotation of coercing someone to do something against his or her will. This term shows that the authors of articles about the risks and benefits of epidurals write to purposefully scare the women out of receiving an epidural instead of writing to inform them adequately and without bias, allowing them to make their own decision without the unfair influence of others. This presentation adds ethos to my argument by calling attention to the fact that the information these articles provide is skewed in its presentation.

^{xx} Distinctio

^{xxi} The word “striking” prepares the reader for a number that is higher than expected. This straightforward presentation accentuates that the epidural has its definite drawbacks, allowing the

reader to form two separate opinions; one on safety and effectiveness of the epidural in general and another on the way they are presented to women and the way women are portrayed for choosing to use them.

^{xxii} “So called feminists” creates a distinction between the general term “feminist” and the “feminists” that are quoted throughout this paper. This presentation creates doubt around the feminist ideals that these women represent. While they say that the basis of their argument for “natural birth” is female empowerment, that argument becomes flawed when they degrade the women who make decisions for their body that conflict with the anti-epidural extremists’ views. Because there is no standard, non-controversial definition of feminism, there is no way to specifically accuse these natural birth extremists of *not* being feminists, but this wording restates that, in regards to feminism, the practices of these women are questionable.

^{xxiii} Anastrophe