TAKE ACTION

Orgasmic Birth is more than a movie. It's a movement.

Consider ending your panel discussion by briefly summarizing ways in which people can take action for change individually, locally, nationally, and/or globally. You may want to create handouts to encourage this and enlist participation by your panelists.

The accompanying Take Action guide suggests ideas and discussion points.

AFTER THE PANEL DISCUSSION

Many audience members will want a chance to chat informally with the panelists and moderator. Ask your speakers in advance if they would consider staying for perhaps half an hour after the discussion to meet attendees personally. Even better, invite your panel and moderator to stay for lunch, dinner, cocktail hour, or another post-event party.

THANKING YOUR PANELISTS

Thank your panelists and moderator for participating in your event. Consider presenting them with a small gift or sending a handwritten note afterward, mentioning any feedback that you may subsequently have received from the audience or others. If a local newspaper has covered the event, you may want to tuck a photocopy of the article into your note.

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How to Hold a Scintillating Panel Discussion

SELECTING AND PREPARING YOUR PANEL AND MODERATOR

The Panel

Observations by panelists with a wide range of professional experience will enhance the exciting messages contained in ***Orgasmic Birth.*** Invite people with experience in areas such as birth, breastfeeding, health, medicine, sexuality, counseling, psychology, social work, and parenting who understand normal/ecstatic birth.

The ideal number of panelists is 4 to 6 plus a moderator.

Plan to host at least one screening before your event at which all your panelists can watch ***Orgasmic Birth*** and begin to think about what they would like to say about it. At these prescreenings, provide a list of issues that the moderator is likely to raise.

The Moderator

The moderator guides the debate, ensuring that the panelists and audience participate in a spirited discussion. The moderator serves as an important liaison between the panelists and the audience. The ideal moderator has moderated panels before, understands the issues, and is familiar with the panelists' work, but will not answer the questions or display bias. A sharp moderator prevents panelists from going off topic or speaking too long and can deftly weave questions from the audience into the discussion.

The moderator should read through the list of suggested questions, discuss with the event organizers which of the many possible topics to try to cover, and practice reading the final choices aloud several times, looking up the pronunciation of any words necessary. If the phrasing of any question doesn't feel natural, it should be altered to suit the speaker.

On the day of the event, the moderator should not stumble through the questions, but read them quickly, yet clearly, and in a tone, cadence, and volume that will be easily heard and understood by everyone in the room. Copying the questions onto large file cards, perhaps using cards of different colors for different topics, works well for many people. Cards may be easier to handle than pieces of paper.

Some questions may be addressed to one or more specific panelists. In such cases, it would be kind of the moderator to announce the panelist's name at the beginning or in the middle of the question rather than at the end so that the speaker can prepare to respond.

SETTING THE STAGE

The audience will appreciate being able to see the panelists easily. On the stage or, if there is no stage, in the brightest part of the room, place chairs in a curved line near the first row of the seats in the audience. Place the moderator's chair in the center of the panel or on either side of it.

If possible, provide low tables in front of the panel for water and their names written in large, dark letters on folded heavy paper. Double-check the spelling of every speaker's name. Having at least one lightweight microphone that can easily be passed around is essential. The more microphones you use, the less time will be wasted as they are passed back and forth. Perhaps you can arrange for a microphone to be placed on the table in front of every speaker.

QUESTION-AND-ANSWER TIME

Issues presented in ***Orgasmic Birth*** will inspire a lively debate. Allot plenty of time for panelists to answer not only prepared questions from the moderator but also those posed spontaneously by the audience. The moderator may choose to let the audience ask questions throughout the panel discussion or include them only after the previously selected menu of topics has been explored.

Introduce your panelists briefly. Their bios should be included in the program, to which the moderator should refer the audience for more details. If there is no program, ask the panelists to introduce themselves and their work in a few sentences.

Consider appointing a timekeeper and decide in advance how much time may be spent on each issue or question. The timekeeper, standing in the back of the room, can hold up signs with large, dark letters alerting the moderator and panelists when they have "10 minutes," "5 minutes," and "1 minute" to complete their comments. If the room is small, held-up fingers may work as well.

Suggested Topics for Discussion

BEFORE THE FILM

- The exposure to birth experienced by childbirth educators and doulas is different from what is experienced by midwives and medical caregivers. How do the type and extent of an individual's exposure to birth tend to influence his or her views about birth?

- What images and ideas come to mind when you hear birth described in the following terms? Undisturbed; natural; orgasmic; ecstatic.
- How do the place of a birth and the people present at the birth affect the birthing woman?
- In your view, what is the ideal environment for birth? How often do you think this happens?
- What changes, if any, would need to happen for more women to give birth in *their* ideal birth environments and even to imagine them in the first place?

AFTER THE FILM

Women's Experiences: Pain, Fear, Pleasure, Safety, Satisfaction

- Many people wonder how and why some women are willing to endure labor pain without resorting to medical pain relief. Is medication-free labor and birth desirable? Should it be a routine option for women who want to do this?
- Is it necessary for women and their partners to attend childbirth preparation classes? What types of information should be imparted and in what kind of setting? What points should women take into account when selecting a class or instructor? Are such classes helpful to women whose partners are unable or unwilling to attend and to those who do not have partners?
- Some women have many family members and friends available to support them during labor and birth. How does having strong social support throughout the experience affect labor and female hormones? How effective is social support in different types of birth settings? What are the limits and benefits of being supported by loving persons in impersonal institutional settings with a variety of caregivers coming in and out?
- In the film, anthropologist Robbie Davis-Floyd notes that "those of us who had transformative or empowering births have not wanted to make women who haven't had these types of births feel bad about their experiences." As a result, she says, negative stories have taken over, but it is time for positive stories to be shared. Do you agree? Why? How can women talk honestly about birth experiences without invoking guilt or resentment in those who have had less-than-optimal birth experiences?
- ***Orgasmic Birth*** demonstrates that birth can be sexual, sensual, and pleasurable when it occurs in a homelike setting with caring, supportive, well-trained caregivers. Do you agree that birth is sexual and sensual? How do your opinions about the sexuality of birth influence your views about the ways in which society should organize the care provided to birthing women and their newborns?
- Connecting birth with orgasm is a new idea for many people. For some, the thought is intriguing; for others, it may be uncomfortable or inappropriate. Does the meaning change if we redefine orgasm in this context as embodied pleasure? Should or can birth be a pleasurable experience? If it is physiologically possible, should it be consciously suppressed or actively sought?
- Many pregnant women, such as Helen in the film, have been abused sexually, whether recently or long before the pregnancy or both. For them, pregnancy and childbirth may bring painful reminders of past abuse or may be a result of sexual abuse. The connection between birth and sexual violence, such as rape, presents another new idea for many people who will see the film.

  How common is this situation? Because Helen's birth experience was handled with tact, concern, and preparation, it helped her to heal physically and emotionally. How might some birth practices be healing and others be re-traumatizing? How can support persons and medical caregivers be sensitive to these issues?

The Baby

- To many people, including most obstetricians, the idea of giving birth anywhere except within a hospital seems foolish and even dangerous. Why would parents choose to limit their newborns' access to technology in case of an emergency? Why would any couple put their child's life in the hands of a midwife instead of an obstetrician? How quickly do emergencies arise in labor? How do response times differ in a busy hospital setting where the physician is on call versus at a homebirth where a midwife is in attendance and emergency transport is available?
- How important is vaginal birth for the baby? What does research tell us about the short-term and long-term effects of unnecessary interventions and drugs on babies and breastfeeding? Would more research answer certain unanswered questions? What would have to happen before such research is likely to be undertaken?
- How important is mother-baby bonding immediately after birth? How do babies who are born without interventions compare with babies who have been induced, exposed to drugs, or born surgically? When birth interventions are used, how can their effects be reduced to limit the inhibition of mother–baby bonding? What does research tell us? What hasn't been investigated yet in this area?

Media Depictions of Birth and Social Practices

- Most popular media outlets, including movies and television, portray labor as a sudden, unpredictable event that requires immediate action. They show childbirth as painful, frightening, and dangerous, like a heart attack. How does the film's depiction of labor and birth differ from the scenarios on TV and in mass-market movies? Which seems more realistic? How do the popular media influence people's perspectives on birth? What are the long-term effects of having young women and men see their first scenes of childbirth as a terrifying, life-threatening event?
- Some states require health insurance companies to cover midwife-attended home or hospital births. In other states, midwife-attended homebirth is against the law. As a result, some women have access to a full range of childbirth options, while others face financial hardship or criminal charges and limited choices of prenatal caregivers and birth settings—all depending on where they live. Should the Federal Government establish a national policy regarding childbirth options? What would be the potential advantages and risks of having regulations that applied equally throughout the country?

Medical Management of Birth: Assumptions, Facts, Practices, Safety

- How and when did American society develop uncritical views of the widespread use of obstetricians and technology for normal, low-risk birth? What is the ratio of obstetricians to midwives in the United States? How does this ratio compare with that in other industrialized countries?
- Why is the average US cesarean rate at a record high of 31%? What is the recommended national level for cesareans in developed countries? Is it appropriate for some hospitals to be at 30%, 45%, 60%, or higher? What's wrong with having a high cesarean rate?
- Many hospitals have labor and delivery policies that include several vaginal exams, continuous fetal monitoring, routine IVs, no drinking/eating during labor, lying flat on one's back during forced pushing, and routine separation of mothers and babies. Are these policies appropriate and helpful for a laboring woman? Are they based on sound clinical and scientific evidence for best outcomes? If not, how and why were they developed? How can these policies be changed to reflect what clinicians call "best evidence"?
- What safety issues are involved in giving epidural anesthesia during labor? What are the possible side effects? How well are women informed about them? Do hospitals keep track of side effects from epidurals?

- Many homebirth midwives accept a slowing down of labor even if it lasts for 30 hours, as was the case with Alex's birth in the film. Why are hospitals more likely to rush birth and labor, while homebirth midwives allow labor to progress naturally? What are the risks involved in letting labor continue for a long time? What are the risks and benefits of inducing birth?

Midwifery Model of Birth: Assumptions, Facts, Practices, Safety

- ***Orgasmic Birth*** portrays homebirth as a safe and healthy alternative to hospital birth. What are the risks and benefits of homebirth? What does the research say?
- Certified nurse midwives, certified midwives, certified professional midwives, and midwives who do not hold a national certification but are licensed in their states. What are the differences among them in terms of qualifications, training, and practice? Can such variations also exist in other countries? What, if any, are the variations among midwives in your region?
- Midwife Ina May Gaskin says in the film that that "our sphincters are shy." What does she mean by that? How does this aspect of physiology affect women in terms of their birth setting? Does being in a private and comfortable environment while giving birth help women to open up and give birth?
- Midwife Ina May Gaskin says in the film that the United States is peculiar compared to other cultures in terms of its high level of fear around birth. She attributes this atmosphere to our history of (quote) "absolutely destroying the profession of midwifery in the early twentieth century. When you destroy midwives," she says, "you also destroy a body of knowledge that is shared by women, that can't be put together by a bunch of surgeons or a bunch of male obstetricians, because physiologically birth doesn't happen the same way around surgeons, medically trained doctors, as it does around sympathetic women".

  How can today's midwives make sure their knowledge is not destroyed? How much do you know about midwives? Where could you go to find out more? Why is the American College of Obstetricians and Gynecologists opposed to homebirth, especially considering that the British government recently began a campaign to encourage more English women to birth at home?