3 *Making Sense of Early Mothering Experiences*

You just imagine that there is some instinctive knowledge that you get, but it's not like that. You know he's completely new, he doesn't know what's going on, you don't know what's going on.

Sachi

Then she got put on my chest and it's just you know, just the most magical, lovely thing and she was just and still is an absolute wonder.

Grace

I don't think I ever thought that I could miss somebody so quickly, but after half an hour of not being with him, it's awful. But then when I'm with him 24/7 I feel like I need a break.

Leanne

The women have now become mothers. Births have led to the delivery of twenty-five babies (twenty-three singletons and one set of twins), born to the twenty-six women in the study.[1] There is relief and wonder at finally meeting a baby who has been imagined, felt, viewed through the screen of scanning equipment and prepared for in the preceding 9 months. A majority of the participants had chosen to find out the sex of the baby they were carrying, so names have been chosen, and welcoming a baby daughter or son envisaged. Just as in the earlier study, the births were different from what had been imagined, hoped for and planned. Even so, the delight and gratitude of finally holding their new, warm baby against their skin helps to detract (temporarily) from the medically interventionist births that the majority have experienced. Amongst the women, there has been a dramatic increase in the rate of emergency caesarean (C-section) and forceps-assisted births compared

[1] Twenty-four women are carrying/birthing mothers and two are the wives of two of the carrying women, who also identify as becoming mothers.

to the earlier study conducted 21 years ago. This increase in type of delivery requires us to think about how women anticipate and prepare/are prepared for childbirth as well as other factors that mediate expectations and birth outcomes. These areas are explored further in this chapter as the women reflect on and narrate their experiences of birth and the early (6–8) weeks of first-time mothering/motherhood. In contrast to antenatal anticipation, the visceral, physical and embodied changes which accompany birth and early mothering provide new narrative vantage points. These can involve opportunities for resistance as well as conformity and being seen to 'do the right thing' now as a new mother. How do the women begin to manage expanded caring responsibilities and which aspects of caring and paid work in the couple's households become identified as maternal? In the earlier motherhood study, some women found it hard to voice their experiences of new motherhood at this point, only later revealing experiences they felt ran counter to idealised versions of motherhood: Is this still the case?

3.1 Summary Extract from the First Motherhood Study

In order to situate this chapter within a focus on change and continuity, the conclusions from the corresponding chapter in the first book, are included below:

Narratives produced during these early postnatal interviews are both complex and contradictory. Whilst antenatally, women tentatively construct and produce narratives of anticipation, the experience of giving birth and being responsible for a child precipitates both an ontological shift and a narrative turning point. The narratives produced in this early postnatal period are grounded in experiences of giving birth and early mothering. These experiences differ from or challenge previous expectations and dominant cultural and social ideas which permeate motherhood. The struggle, then, can be to reconcile individual experiences with earlier expectations and assumptions, whilst managing a competent performance as a coping mother, a performance which is highly gendered, embodied and contingent on dominant representations of mothers' responsibilities and meeting children's needs, and essentialist notions of women's capacities to mother. The act of giving birth did not necessarily, or often, lead the women to identify themselves as 'natural' mothers or childcare experts. Rather, most experienced confusion and struggled to produce recognisable narratives of mothering when they had not yet had time to develop a 'mothering voice' (Ribbens, 1998). A sense of who they now were and had been, and the connections between the two, had to be made sense of: a shifting and tenuous self eventually

becoming integrated into an altered 'schema of self-understanding' (Lawler, 2000:57–8). Almost overnight they were expected to become experts on their children. And whilst over the early weeks the women felt able to fulfil the practical aspects of mothering, many did not recognise themselves as mothers. Normal 'difficulties' associated with early mothering were compounded by confusion, as professional support was reduced: the experts and the new mothers worked with competing frames of reference around coping and a return to normal. One was task-based and normative and the other grounded in the everyday experiences of mothering and motherhood.

Narratives of early mothering, then, draw on, and are shaped by, dominant moral discourses of maternal responsibilities and intensive mothering, and representations of children's needs, which must be met. There is risk involved in not being seen to achieve these maternal demands. So, if normal difficulties are voiced it is always in the context of things now being better, 'fabulous' and under control. When narratives contain experiences that challenge or resist these dominant constructions of motherhood, more publicly recognisable ways of talking about being a mother are also interwoven. Narrating experiences of early mothering and motherhood involve reconciling unanticipated experiences and potent ideologies. As reflexive social actors the women employ techniques of resistance and self-governance, in order to conceal unhappy or difficult experiences, which ironically only serve to perpetuate the myths that surround transition to motherhood. As we shall see in the following chapter, it is only when the women have moved through and survived this early and intense period of mothering and motherhood that they feel able to retrospectively and safely voice contradictory accounts of their experiences Miller (2005:110–111).

3.2 The Births

As noted earlier, a significant difference between the two studies is the increased rate of emergency C-section births experienced by the women in the current study. Out of twenty-four carrying women in the current study, almost half (11/24) had emergency, that is, 'medically indicted' C-section births, with a further elective caesarean for the birth of twins. This is compared to only one emergency C-section and one elective caesarean birth (also for the delivery of twins) amongst the seventeen women in the original study. A further eight births in the current study (8/24) involved (rotational) forceps-assisted deliveries, usually in an operating theatre setting, leaving only four births described as 'normal' or more straightforward deliveries. These included one home birth. The women's birth experiences sit in stark contrast to the labour and births planned and hopefully anticipated in

the women's antenatal interviews (*It was as far from what I wanted as possible*). There are multiple factors to consider here in order to understand this shift (Rydahl et al., 2019; Sandall et al., 2018; Wise, 2018). But one consequence is that whilst women are invited to plan their labour, just as in the earlier study, the apparent options for birth and pain management have increased. This is even though birth itself is now more likely to involve surgical intervention and/or a C-section (Cohen, 2014; Rydahl et al., 2019). And this was not only the case amongst the women in this study, as Liz notes '*in the NCT group, out of all of us, nine of us, every single one of us ended up in theatre, whether it was forceps or C-Section*'.

The unplanned and increased intervention leaves many of the women feeling '*disappointed*', '*demoralised*' and '*deflated*' during their labour as plans and control are described as being relinquished (*and the pain it was just like yeah it's too much, I just wanted someone to say why don't you have an epidural because I'd tried gas and air and I had essentials oils and all this kind of stuff*). Even so, there is overwhelming relief and gratitude as live babies are eventually safely delivered. As one mother observed, '*it was what needed to happen and a hundred years ago she wouldn't have survived*'. Even though the majority of women planned to give birth in a Midwife-led Birthing Centre rather than a general hospital, various factors (e.g., protracted induction, no bed available as labour is established; lack of progress in labour) meant this was rarely where they ended up giving birth. In the extracts which follow, Alessia, Verity, Freya, Poppy, Leanne and Megan describe their unfolding labours involving an escalation of interventions and births which have not 'gone to plan':

> and they were talking about inducing, inducing, inducing, which I obviously didn't want. And also my plan was to try and do a water birth with no painkillers.… But they did say we basically need to induce you because your waters broke over 40 hours ago so the risk of infection is much higher now. By the way as soon as I got to the hospital the day before at 11pm, they straightaway told me you can forget about a water birth. So that was already quite disappointing for me, because we went to the labour ward and I was in a room with like 7 people probably and you could hear shouting and screaming of pain, people trying to manage the contractions. It wasn't very nice, I was really looking forward to my [birth pool] room and no bright lighting. But anyway so that was a bit disappointing the fact that I was going to get induced was disappointing. (Alessia, C-section delivery)

but if you get as far as the drip, the level of monitoring you have during birth is so high, so all the preparation that I'd done that was about movement or trying to control my surroundings in anyway, just all went out the window, because I was on a monitor for her heart rate, a monitor for the contractions and a drip. The drip was in my arm rather than my hand, because I've got terrible veins, so I was basically confined to a kind of foot radius around the bed and I spent a lot of the early part on a birth ball and then eventually they sort of said can you stop doing that please, because we can't keep a trace on her heart, you've just got to sit still. That was like being in prison it was horrible … not being allowed to move, not being allowed to control my own body at all. The idea that sort of, you know her needs come first obviously, but then the needs of the monitor come next and then my needs are somewhere way down. If we can't keep a trace on her heart for even a second, I've got to stop what I'm doing even if it's really helping. And that felt really, you know once you get to that point with the birth you are kind of secondary, you know obviously because of she comes first, but the monitoring thing was really horrible. That was what I hadn't really known would happen going into the induction was just how intense that monitoring would be…. It all changes and it was a bit like being a zoo animal, kind of chained to a bed. I talk about it now like it was all so horrible and it was in a way, but at the time it was just the next thing that had to be done, had to be got on with. And at every stage I was just so glad something was happening and that we were moving forward. I didn't really, we were laughing about it until a really long way in…. But I have to say … the hypnobirthing that I did was so helpful. That was the only thing left in my armoury that I could still use was controlling my own breathing. (Verity, forceps delivery)

But by half three the decision was made that it would have to be an emergency C section, so I was dashed along the corridor and then yeah he was delivered. But it was all a bit dramatic. I think I was in labour 50 hours before, so it wasn't the nicest experience to be honest. Then even the caesarean was quite difficult. It was quite a difficult extraction, from what they explained, he was pretty well wedged and it wasn't the easiest and I don't tolerate medication very well, so I was just vomiting the whole time. When I first met him I was trying not to vomit on him, which was not how I wanted it to be at all and I was completely doolally with the drugs. (Freya, C-section delivery)

We had like a big hospital bag full of like candles and a playlist, we had special like eye masks and cards, to play cards, we felt like we were super prepped, everything to make the room really nice, a playlist set up on Spotify, so we were like super prepared. And so I think that's why we felt quite calm going into it…. But basically to cut a long story short…. I think I was about 8cms … but then she didn't, she just wasn't coming down, even

though I was pushing. She was like, they could see her head, but she was stuck and then her head, basically I was pushing for about five or six hours and then I just ran out of steam because it had been 24 hours by then and I was just like, I need, we need to do something else, this is not working and I was worried about her…. But I was then taken down and we had, I had an epidural…. I had an epidural which was great and then I had a forceps delivery and so she was born at 6.46 in the evening…. So it was quite full on. It wasn't a good birth, I don't, like it was really traumatic, I found it quite traumatic, it was a lot harder than I thought it was going to be…. The most traumatic part was the like five hours of just pushing and not making any progress and being in so much pain and being terrified of the next contraction by then…. I think I was being naïve, which is a good thing in a way, but I think I just, I thought I'd be okay, like we didn't, everyone had told me you can't plan your birth, but I'm quite a planner anyway in my personality, and so like we had planned and we didn't use any…. We didn't use the playlist, we didn't use the candles, we didn't, nothing that was, I don't even think we opened the hospital bag. (Poppy, forceps delivery)

it was a surgeon came in and said, that they need to start assisting because his head was a bit swollen and his heart rate was dropping. So she said that I would have to have forceps, because the suction cup wouldn't be able to attach to his head because it was swollen because it would just pop off. She asked if it was alright and I said, anything, he needs to come out, he needs to be okay. So I wasn't worried about me at all because I think at that point how you feel goes out of the window. So she got ready. She had to cut me a little bit for the forceps to go in, I assume. The noise of the forceps clanging to get, they're metal obviously so clanging together it was horrendous…. So I kept pushing and she was tugging. They say they don't tug, but it felt like they were tugging…. Yeah that noise, I'll never forget that noise. (Leanne, forceps delivery)

Megan has been in labour for 36 hours when an internal examination finds that despite her contractions, she has not dilated *at all*. After being sent to a coffee shop in the hospital grounds to consider the options presented to her, she moves from the midwife led birth centre to the labour ward. Megan requests an epidural, as she describes in the following extract,

Then she checked me and of course my back waters hadn't actually broken, whereas I thought my waters had completely broken before. So once they broke and then I got induced and I got the epidural, it was great, just like lie back, have a sandwich, chill out and you can have a little sleep and the room felt really calm and because before that we just felt like we were very

alone and just had no, nobody to answer our questions or what was normal, what wasn't. So yeah it just all kind of at that point felt very calm, we knew what was going to happen and the midwife kept us updated and explained the machines that were around us and met the doctors and all of that was very calm. It wasn't until about, I think it was about 9 O'clock or 10 when I started pushing that my temperature rose really high and kept rising and they kept checking it and it kept going higher and higher. And then her heart rate went down and then they were like okay, they pressed the alarm, people came in, they checked me and they were like okay we're going to have to get the forceps and get the baby out. But then I started pushing and I was pushing quite well apparently … with the epidural you don't really know what you're doing and it's interesting because they are like okay no not like that, do it like this and you're like I've no idea what I was doing. So whatever fine, whatever works. And then she came out quite quickly, so that was good, we didn't have to use the forceps and um, so that was fine. Then she was born and I had my stitches, I did tear, so I had stitches and they actually had to call the, the head midwife did half the stitches and then she had to call the specialist in because it was quite bad…. Yeah it was just really emotional, a really nice, overwhelming feeling when she came out. Because I don't know you just go from this bump and then this person is being presented to you and it's almost like you knew you had a person in there, but you didn't really know. (Megan)

The richly evocative threads running across these narratives underscore the unknowable aspects of labour and birth trajectories and are shared in different ways across all the women's birth stories. They remind us of the immensity of the act of a body birthing another human being. There is raw, visceral pain, skin being stretched and cut, relief, amazement and exhaustion as babies are eventually delivered. Most notably, these narratives speak to the mismatch between antenatal preparations and invitations to choose and imagine place and type of birth, in ways which seem to indicate individual control: In contrast to the types of birth that women are increasingly, statistically, more likely to experience. The larger number of births in the contemporary study which involve forceps and/or C-section births (20/24), cumulatively and viscerally remind us of how brutal aspects of birth can appear ('*they cut through though your entire abdominal wall*', '*So yeah so they cut me and then pulled him out*', '*you know she's dragged out by her head basically*', '*I had a torn placenta*', '*Then I lost like 2.1 litres of blood, so they put out a crash call*'). For birth partners, who occupy a different vantage point and perspective on the unfolding events,

labour and birth can be hard to observe and witness (Miller, 2010, 2014; van Vulpen et al., 2021). The participants descriptions of their partner's experiences include words such as 'trauma', 'horror', 'PTSD' and 'panic attack' (*he knows exactly what happened and probably saw a lot more horrible stuff than I did*). Even so, the emotional tenor can shift quickly between fear and trauma to overwhelming relief, joy and gratitude, following the safe delivery of a live baby.

In contrast to the hospital births, one home birth did eventually take place. Gemma and her wife had planned a water birth at home, and in the following extract, Gemma describes her unfolding labour and the birth of their daughter:

So [Wife] said I'll start filling up the pool. So she went into the living room, to start waterproofing and sent my mum in to look after me and at this point I was on hands and knees by the side of the bed by the window, with my head against the bed frame, I was like in my safe place, having really bad contractions…. So within five minutes the midwife was there so that was good. So she came round and just by looking at me, she said you're not ready yet [to push] and I was thinking are you joking, like I'm in so much … like what more have I got to do. I hadn't had any pain relief until then and then she examined me and said oh actually you're 10cms dilated, the baby's head is down, so you are ready, just get in the pool and do what your body needs to do. I was thinking well thank god because I couldn't do any more pain. So she gave me some gas and air so I was on that for a bit…. But I was pushing for about 3½ hours [in the pool] … and then in the end they just said to me, they said okay we're just going to need gravity, so they got me to stand up near the sofa, one leg on the floor and one leg on the sofa and she said do a little push, but I didn't hear that and I did a big push and the baby slid out, like literally fell out. There were three midwives because they had a student with them, they were on their hands, they caught her luckily, but she did fly out. So it was a good home birth, but then it got a bit stressful after that as she only weighed 6lbs and they said that's too low for being overdue you need to go to hospital for a check-up. Then they checked my blood pressure so it was through the roof. I had got pre-eclampsia, but they didn't realise that before….

Yeah so I was poorly for a while. So we had to go in an ambulance then, after having my nice home birth, go in an ambulance to hospital and we were there for two days. So that was horrible, because the hospital was full, the postnatal ward was full, so we had to go on the labour ward, so it was just full of screaming women. It was really stressful actually, because my home birth was really chilled, like so there were two midwives and a student and they were literally just sitting on the sofa talking amongst themselves,

just letting me do what I needed to do, just ignoring me really. Then when we went to hospital the midwives were shouting at the women, like 'push', 'push'. Then we heard in the next room, like just the other side of the ward them saying um that they were shouting at the woman, 'listen to me, your baby is not breathing'! Oh, it was just really stressful. (Gemma)

The home birth goes according to plan; '*it was a good home birth*', but the baby's low birth weight and Gemma's pre-eclampsia lead, unexpectedly, to a transfer to hospital. The contrast between the birth in the familiar setting of the home and the unexpected arrival in a busy hospital is palpable. A shortage of postnatal beds means that Gemma and her baby are placed in a ward of labouring women, which is distressing and '*stressful*'.

Indeed, the hours and/or days spent in hospital postnatal wards following birth are described by many of the mothers in stressful and negative ways. This was also the case in the earlier motherhood study, but stressful experiences are more prevalent in the contemporary data, seemingly as a direct consequence of births that have required significant intervention. These mean that postpartum recovery additionally entails catheterisation, intravenous drips and prescription drugs (*I couldn't hold her because of the spinal block my hands were kind of numb or pins and needles and I didn't feel like I could hold her without dropping her*). On the postnatal ward, the new mothers recount being left alone and expected to know how to care for their new baby, whilst still in 'recovery mode' after their unexpected labouring experiences (*I said I feel like I've been to war and been shot and beaten up and I'm in recovery mode*). In the extract below, Sachi (who has experienced a forceps delivery) reflects on the hospital care she received during the antenatal period and birth and says, '*but then afterwards it's like that's it*'.

So [husband] went home because he wanted to come back at nine in the morning, but no one tells you, okay but you need, someone needs to look after the baby while you go and have a shower and everything. But luckily my mum had stayed, so I was like thank god, because there's someone here, because you're just sort of left by yourself on a ward with a baby, bleeding and that's it. They sort of promised me some tea and toast, but it didn't come and they said they'd help you have a shower, but they don't really, they just lead you to the shower and say ask for help if you want. And you're just there like bleeding like and you think like oh my god and I wasn't even that seriously torn. I had a cut and I think it wasn't that serious,

I had some stitches, but I have a friend who was like third degree tears. She was completely by herself because her mum wasn't there or anything and I was quite surprised actually, because you get so much care before and even like in the birth, I had like three midwives and they were all lovely and it was just like constant sort of, and then afterwards it's like that's it. (Sachi)

Relative to the other mothers and apart from Grace, who gives birth in a private hospital and describes having '*a superb hospital experience*', Sachi was fortunate that her mother was allowed to stay with her. The other new mothers find themselves alone with their baby and quickly realise that they are expected to know (instinctively?) what to do (Fox, 2009). In the following extracts, Freya and Verity challenge these assumptions and in doing so, reflect the experiences of other mothers in the study following births,

the first few days were pretty rough yeah, it was…. The worst bit I think was after the birth, so I went round to the ward about half five, I don't remember any of it, because I was a bit spaced out. But I woke up properly about half past seven and I was in this tiny little room on my own, mum and [husband] had gone, I think they had been sent home to get some sleep. I didn't really know where I was, what was going on, there was a little baby lying next to me and no one, none of the nurses came to see me until lunchtime. So I was, I got myself out of bed and fed him and changed him and stuff because I had to really, but I literally just had had the epidural out hours before, I'm pretty sure I shouldn't have been out of bed…. No so it was … then I got discharged Tuesday at three, so I think it was like 32 hours after I'd had him, I was out. (Freya)

I think one of the things that was most significant about my experience of her early life, which wasn't at home, was that first night in hospital. That was the worst part of the whole thing. So the birth whilst it sounds dramatic on paper was fine, the night in hospital was just the most draining thing that's ever happened to me. I had a catheter, so I had to carry a bag of my own wee around with me everywhere and I did feel like I'd been hit by a bus and I was just wearing this giant t-shirt, it's the only thing I had that I could have one with the catheter. So I'd been wearing it for something like 12 hours and it was disgusting and then of course she's there and I've got to parent her from 10pm when my husband had to go home, on my own. So she wouldn't feed, I didn't feel like it was working, I was completely alone, I felt disgusting and exhausted and I hadn't slept since Tuesday morning and it was now Wednesday night, Thursday morning…. It was just horrible. It was a really raw experience and he had to leave and he didn't want to … it's almost as if the minute that baby is out of you, we don't really care, you're on your own. (Verity)

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As well as the increase in rates of intervention in birth in this study compared to the earlier one, other changes include practices of 'skin-to-skin contact' with the new baby for both parents. Although skin-to-skin contact may have been promoted when the previous study was conducted twenty-one years earlier, it was not described in any of the participants' narratives. But in the contemporary study, all the women talk of the need to perform two particular activities – skin-to-skin contact and initiating breastfeeding – within a very specific timeframe of one hour following birth (*and we probably did just about to get within the first hour … just sneaked in somewhere around then*).

Time plays out through different frames across the labour and birth stories. Lengthy labours and birthing processes are retrospectively concertinaed into snapshots of time, where their baby's safe delivery is crystallised and held onto, metaphorically and physically. The women's responses to unexpected labour trajectories and types of birth vary. Nicole rationalises the increased number of C-section births in the following way;

I think babies are getting bigger and I think, I don't know, I think they are keener to do them and not take risks as it were, because I hear more and more people having caesareans. (Nicole)

She also wants to challenge any ideas that a caesarean birth is an 'easy' way to give birth as she describes her own experiences of an unfolding labour:

Then they checked me again and I hadn't dilated and so I said well look if I'm going to be like this for the next 10/20 hours and I'm not having the birth I want, I want an epidural, because I'm not just going to sit here in agony. Um so they went to get the anaesthetist and he came in and said actually we've been monitoring you in our office or whatever and you're both showing signs of infection. So we're not going to give you an epidural, we're going to put you under general anaesthetic and give you a caesarean…. So it went from, everything just suddenly went very fast and urgent and so I was in the um, in the operating room within sort of 15 minutes…. Then we were in hospital for four days, both of us on antibiotics and hooked up to drips and all that sort of stuff and ugh, grim, absolutely grim…. And I don't think people give credit to that really because people are like 'oh yes a C-section'. But they cut through though your entire abdominal wall and…. I was prepared for it not to quite be what I wanted, but for it to be completely the opposite like with the general, it wasn't even a caesarean where [husband] could be there. (Nicole)

Grace too has an emergency C-section and like Nicole is in no doubt she gave birth, even if this was not in the way she had originally imagined or planned. She says,

> And yeah, so for all this talk about natural childbirth and seeing what the female body is capable of and the power, you know even to do it without pain relief or epidurals, so you can really, feeling like a superwoman if you know what your body is capable of and I was just thinking … (whispering)…. You know. I still absolutely felt like a super woman, there is no question that I birthed my child. (Grace)

It's interesting that Grace now challenges '*talk about natural childbirth*' and birth '*without pain relief or epidurals*', which feature in many of the antenatal plans (and hopes) for birth amongst the participants (see Chapter 2). Grace is indeed a 'superwoman', just like all the mothers in the study, and she has narratively reconciled not having the type of labour and birth she had initially hoped for, asserting herself in positive ways. In contrast, Jane who also has an unplanned C-section birth is still making sense of the cumulative events, which led to a C-section birth. These included her baby being found to be in an undiagnosed breech position at 42 weeks gestation, which meant a planned home birth was no longer possible. In the following extract, she wrestles with how to narrate the birth,

> I kind of was thinking like, earlier about the language I use about, because I was thinking about when I gave birth and I was like no that's not the phrase, I didn't give birth. I didn't actually give birth, but I did give birth, but actually it was done to me, you know, I didn't actually give birth, like she was born, but it was like the birth happened, do you know what I mean. I wasn't active in that, we weren't active in that. It just happened and I found that passivity really difficult. (Jane)

The 'passivity' and lack/loss of control are still felt keenly by Jane. Reconciling or trying to narrate experiences, which are temporarily confounding or felt to be in 'chaos', can require time to elapse so that experiences can be reflected upon, re-ordered and made sense of (for example, see '*Narrating Chaos*' in Chapter 6 in Miller, 2005; Frank, 1995). Others too are slowly coming to terms with modes of birth, which had not been anticipated or expected. Freya is awaiting an appointment to go through the hospital notes from her birth,

But the midwife was really good and she suggested that, I can't remember what they're called, birth reflections or something. So I filled the form out for that and she's described it as a way of going through the notes and everything, to work out exactly what happened and kind of clarify it a bit, which is great. So I then got a call from a lady at the hospital who was organising it. There's a massive back-up, so I couldn't do it then until, I think it's October 16th is the soonest date [3 months following the birth]. But the way she, she was calling from um, my brain is like mush, I can't think, but essentially it was sold more as just let's reflect on the experience and it sounded more like a let's go through and see what went wrong or whatever you have areas of complaint, which I do, but that's not really what I wanted. It's more to understand it … and there are some things, the surgeon after the op came and told me that my uterus had been quite badly torn trying to get him out and I want to know what that means for me in the future, will I be able to have a normal birth in the future, will I be…. I tried to ask the GP (General Practitioner) when I had my follow up appointment last week and she just was like oh well most of these things heal up fine. But I don't want to be in a situation where I'm in labour and it's another emergency, if it's, I'd rather have it planned. (Freya)

The fact that there is '*a massive back-up*' for the birth reflections service, suggests that others too, are wanting to make sense of what happened during their labour and birth. It is also interesting to note the GPs response that '*most of these things*' – in this case, a quite badly torn uterus – '*heal up fine*', illuminating competing professional and experiential perspectives, around birth and recovery. Even if the healing will '*be fine*', labour and birth for Freya, have felt traumatising. If rates of C-section births continue to rise, which is a current trend, globally, then ways of managing antenatal expectations and then support in the hospital and postnatal period, require significant questioning and rethinking (Miller, 2020).

3.3 Hospital to Home

The women spend varying lengths of time in the hospital following the birth, from 24 hours up to 5 days. In both this and the earlier motherhood study, postnatal support in the NHS hospital setting is felt to quickly ebb away once their birth has been supported and achieved. There is a longing to get home, anticipating a return to 'normal' and the regaining of some control in a familiar setting. But

the return home involves taking the baby home too, and however longed-for an event this may have been, everyone finds the initial days and weeks harder than anticipated (*we were trying to be too normal, too quickly*). In the extracts below, Alessia and Gemma describe these first early days,

> We left the hospital around 7, by the time we got home and family left the house, it was time basically to go to bed and also we were very tired. But the baby started crying and we didn't know what to do, why is he crying, why is he not falling asleep, trying to make him fall asleep…. (Alessia)

> And the baby was screaming and we didn't know what to do really because she was still new and we were still getting used to what was going on and we both just cried. Well, all three of us just cried. (Gemma)

Any plans for the early days and weeks and intentions to establish routines are quickly rethought (*now he's here, it's really not as easy as the books sort of make out*). This is because although the women may feel an overwhelming connectedness and/or love (or not, at this stage) for their baby, they do not instinctively know how to care for a new infant. The majority of the women are also recovering from births involving invasive surgical procedures, which had not been anticipated. The ability to reconcile unexpected birth experiences (physical recovery from a C-section usually takes at least 6 weeks), alongside the immediate and sometimes unrelenting demands of a new baby, do not match pre-baby ideas of this post-birth period, as Sachi and Freya explain in the following extracts,

> I mean straightaway after he'd come out I was like oh my god that's a baby and felt a bit sort of shell-shocked really. I do think very, I probably struggled with the connection for the first sort of week or two … and you know just feeling like, because you just imagine that there is some instinctive knowledge that you get, but it's not like that. You know he's completely new, he doesn't know what's going on, you don't know what's going on. (Sachi)

> I had never, ever anticipated having a C-section, so I had never thought about what the recovery from that would be. It's a lot, I think I've always never really thought about it and it's major surgery isn't it and it was difficult. I think the first few weeks especially as it had been such a long labour, I was so tired and there's just no recovery from that. So having 50 hours of labour and then major surgery and then you've got an infant to look after, it was, it took a long time. But I think it's only in the past two weeks that I've started to feel like myself again…. But I think the fact and they didn't, the

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aftercare is so poor as well, like they just send you home and say oh don't lift anything heavier than your baby. I mean thank goodness I did have support at home (Freya)

Just as in the original study, differing timeframes between new mothers and postnatal service providers (midwives and health visitors in the UK) can be identified in relation to a quick return to 'normal' once women have given birth. But just as before when 'almost overnight they were expected to become experts on their children' (Miller, 2005:110) the biological act of giving birth does not invoke proficiency in knowing how to care and to mother. Liz alludes to the 'shock' of the new situation in the extract below,

So when we got home it was actually just a massive kind of 'oh my god what have we done'! This is insane, this is absolutely insane…. But yeah, it's been a shock to the system, it has been hard. Just trying to figure out what to do, when to do, how to do and we are still figuring stuff out'. Liz (interviewed 6 weeks after the birth).

What is not in doubt is a clear sense of needing support as nurturing practices are gradually tried out, acquired and honed over the early weeks/months. When formal NHS postnatal support services (via midwives up to 10 days postpartum and them health visitors) are not as available as required, other forms of support are drawn upon. Partners provide a key source of caring support, and there has been a cultural shift in expectations that fathers – and now women in same sex couples who are not the birthing mother – will take 2 weeks statutory Paternity leave (original legislation introduced in the UK in 2003) following the birth or adoption of a baby. This legislation and the length of leave it supports continue to signal very particular constructions of maternal and paternal caring and primary responsibilities. Even though policies such as Shared Parental Leave (SPL) (see Chapter 1) in theory increase parental choices, factors such as limited eligibility criteria and historical and embedded gender pay gaps contribute to continued configurations of caring as primarily maternal. In the end, only two couples in the study make use of the SPL policy: Gemma and her wife use it so that both parents can be at home in the early weeks. As Gemma explains,

No, she had six weeks in the end because I gave, so we did share parental leave, so I gave up the last four weeks of my maternity leave and gave them

to her. So she had six full weeks off and then two weeks part time. So tomorrow is her last day part time. So she's just been going on afternoons, which has been really great and then she's full time from Monday, so we are both dreading that. (Gemma)

Just as in the earlier study, many of the mother's voice concerns about coping alone once partners return to paid work. But in the contemporary study, the women are now networked into WhatsApp groups, often comprised of 'mum friends' met at antenatal/NCT classes, with birth due-dates falling at a similar time. These communities are felt by some to provide vital friendship amongst women with similar-aged babies. Apps and myriad other digital platforms and forums, which were not available in the same way in the earlier study, are also used to navigate early motherhood and life with a baby. The potential for positive, supportive and/or disruptive and problematic aspects of digitalised motherhood was noted earlier (see Chapter 1). But in these early weeks and the later months (see Chapter 4), small WhatsApp groups connect and support (in a range of ways) a majority of the new mothers. In the following extract, Megan conveys the importance of this support:

Then of course the NCT girls, just because we're all learning together. Like even today like we're all, like we message every single day, like there isn't a day that we don't … but it's just that connection with women who are doing the exact same thing as you. You can't find that really otherwise. And we've seen each other at our worst. So, you know looking terrible, crying, like you can really just like rant to the girls and they get it, you know. Megan

It is interesting here to contemplate the 'protective' effect such online (and physical) support communities might (inadvertently) provide and this is returned to later in the chapter.

3.4 Being a Mother: The Early Weeks

Regardless of the preparation prospective parents might undertake, it seems impossible to convey the '24/7 thinking responsibility' (Miller, 2017a), 'mental labor' (Walzer, 1996) and/or 'mental load' (Dean et al., 2022), a new baby and motherhood demands. This responsibility is still assumed to be primarily maternal, and breastfeeding is most often invoked in public debate as a key explanation for this as well as being what a 'good' mother is expected to do (Faircloth, 2013;

Hamilton, 2020; Wolf, 2011). This is the case, even though breastfeeding is not universally practised in the UK or globally, for a whole range of reasons (Lee, 2011; Miller et al., 2007; Oakley et al., 2013; Peregrino et al., 2018). Notwithstanding some of the benefits of breast milk, breastfeeding will not be for everyone. In the UK in 2018, the Royal College of Midwives confirmed that 'the decision of whether or not to breastfeed is a woman's choice and must be respected', in a new position statement on infant feeding.[2] But this remains a highly emotive aspect of mothering, linked to normative assumptions about nature and maternal nurturing and women's (maternal) bodies.[3] When unanticipated problems with breastfeeding are experienced, the effects of these run through the women's narratives of early mothering (*breastfeeding has been the biggest shock to me*). Particular issues with breastfeeding may also be related to the type of birth experienced. In the following extract, Liz has been told her baby is losing weight,

So, I tried expressing, couldn't do that, it was really painful and my mum was like well just top her up with formula. She said you were a formula fed baby, you're fine and you're like okay and it took me a while to get there, to say okay. But Rob was just like look you can't go on like this, you need to top her up with formula. … so, I do combined feeding. So she feeds from me and then I top her up with how much she wants, like she doesn't always have that much, but at least I know now she's getting fed. But like all that talk about breastfeeding beforehand can't really help you until you are actually physically doing it. You kind of have to learn on the job. (Liz)

It takes Liz '*a while to get there, to say okay*' to introducing formula feed because of the moral and normative assumptions that 'good' mothers only breastfeed (only 'bad' mothers formula feed) and this had been her intention. Sachi, like many of the mothers also has difficulties establishing breastfeeding but realises this is a shared experience, '*because no one really actually tells you*' how to breastfeed.

I came home and I guess the next thing was the breastfeeding was quite difficult, well it was difficult, but I don't think it was abnormally difficult

[2] www.rcm.org.uk/news-views/news/rcm-publishes-new-position-statement-on-infant-feeding/

[3] An original project recruitment leaflet included an image of a feeding bottle. This led one potential gatekeeper organisation, who had initially offered to advertise the project, to refuse to do so unless the image was changed. The image was changed to an image of pushchair/stroller, for this organisation.

from what I hear, because no one really actually tells you, because you go to NCT and they tell you that the baby will find the nipple and…. They told me like oh you put him on your chest and he sort of does this head banging thing and he finds the nipple and then they latch. And I tried that and he just couldn't find it and he got so exhausted that he'd just fall asleep … but you know all the mixed messages of the idea that you have to do this thing that's not quite working, I felt quite distressed by it. (Sachi)

Leanne, who at 23 years is the youngest mother in the study, is also confused by the contradictory advice she feels she is given on feeding her baby son, who she's been told may have a milk intolerance,

So we tried formula and he seemed a bit better on that than he was on my breast milk. So we tried that for a couple of days and then midwife came round and said, go back to breastmilk and again he was really sick, really unsettled, not sleeping properly. So we went back to the formula…. Yeah it's been quite difficult because obviously I've spoken to so many different medical professionals [about a possible milk intolerance] and they've all told me different things, so it's difficult to know whose advice to take. So I suppose they have been helpful in a way, but also I think where so many people have told me so many different things I kind of feel like I can't do anything without checking first as such. But also I'm thinking, but he's my baby, so actually I'm going to do what I feel is right. (Leanne)

It's interesting to note how Leanne asserts her sense of self as a mother, '*he's my baby*', in ways not always so clearly felt or claimed at just 6 weeks after the birth. But during these early weeks, Leanne has also had to undertake more solo parenting than the other mothers in the study as her partner is non-resident, due to housing and benefit restrictions (see Appendices). It may be that her particular circumstances have helped Leanne assert her 'mothering voice' more quickly than others (Ribbens, 1998). Eventually, the women seek advice from '*lactation consultants*', '*baby whisperers*' and through going along to '*baby cafes*' where breastfeeding support is available. It is noted that even though breastfeeding is wholly encouraged by midwives and health visitors, some of the women remarked that '*there is no support for you*'.

Whilst breastfeeding (rather than formula feeding) is at one level a biological act, which cannot be shared with a male parent,[4] other

[4] It's interesting to note that Gemma's says her wife is planning to carry the next pregnancy (should IVF be successful again) and they want the babies to be close in age so that '*then we can both breastfeed both babies*'.

aspects of caring for a baby are not so prescribed by a biological and sex-determined capability. So, it is interesting to see how in the early weeks other aspects of caring for a baby become identified as maternal, rather than paternal and the ways in which this unfolds. Being able to/having to hold multiple facets of caring in mind are aspects of caring responsibility which quite quickly become practised, through trial and error (*you don't know whether they're going to kick off at the supermarket and you're just going to have to come home*). The thinking and planning quickly comes to feel continual (*you have to be constantly thinking and I think that's the exhausting thing, it's just like 24/7*), even when not physically with the baby (*because even if you're having a break you're thinking about does she actually need to be woken up or not, or you know*). The seeds of the 'mental labor' of caring are already being sown as the baby's needs are both met and increasingly anticipated, by the parent who is there most at this time, the mother (Miller, 2017a; Walzer, 1996). In the following extract, Abbey, a non-birthing mother, reflects on how the couples plans for a '50:50 partnership' have unfolded,

> Jess is far more competent than I. But yeah I think we do things well together as a team, we always try to. I think there has been the last few weeks that Jess has taken on more of the load because I'm back at work…. But we've always had this idea in our minds that we would be very much 50:50, or a partnership as much as possible, because we both made the decision to bring her into the world, so we both want to have input into that. But I think at the moment Jess is doing, yeah I think it would be silly for me not to admit that she is doing slightly more. But I mean it's interesting, in comparison to the other NCT people, particularly the dads, I'm definitely doing more. (Abbey)

The extract is interesting because Jess's competency is acknowledged (she is breastfeeding their daughter) and also explained through Abbey's return to paid work and her time apart from their baby. Even so, Abbey is still clear that she is doing more than most dads. Nicole also invokes time whilst reflecting on her husband's confidence with their baby daughter,

> I think he finds it hard because he gets so little time with her, which I think this is probably true for a lot of fathers. And it's hard, I think he doesn't feel very confident with her, because she settles, I mean we're with each other all the time, I know how to settle her, I've figured things out. (Nicole)

But in contrast to the other couples, Verity challenges ideas of maternal primacy, whether because of feeding or time and describes her intentions to equally parent her child with her husband in the following exchange:

TINA: Actually, it's been really interesting, because you've spoken a lot about parenting and not particularly mothering or fathering.

VERITY: Oh yeah, I wasn't aware of. Well it seems to me that the only bit that is substantially different is the feeding. Everything else we do together and so I wouldn't say there's a particular distinction between mothering and fathering, unless you are breastfeeding and that's the big difference. But you know that's a pretty time limited relationship, you know I don't know how long I will continue to breastfeed her for, but probably once I go back to work it will be something that happens less and less and forms less of a part of our relationship. So then we are just going to parent her for the rest of our lives. So it seems sensible to sort of construct how we do that together and the idea that I know how, I know best, because I spend most of the time with her, or we've got to do it my way, just doesn't, it doesn't seem right to me. (Verity)

It's interesting to see how Verity, unusually, places their current arrangements into a much longer, life-time trajectory of parenting. Indeed, at the individual, couple, and household levels, orchestrating or rationalising caring in more equal ways may be possible for some. But societal expectations of parental responsibilities still fall disproportionately to focus on what mothers do. So, when early mothering practices do not resonate with myriad prescriptions and air-brushed depictions of 'good motherhood', it can be consoling and reassuring to find others, who share your experiences.

3.5 Early Mothering and Digital Support

As noted earlier, a key difference between the two motherhood studies has been the digitalisation of aspects of everyday lives and the associated proliferation of digital resources and marketisation, related to all things maternal/parental. As Martens notes 'the commercial world of early childhood and infant care has, over the past 15 years, manifested itself in a new online presence in the form of voluminous website content and web-based retailing' (2018:70). Twenty-one years earlier in the original

study, maternal lives were lived in circumstances that did not presume (or have) digital connectivity. For the women in this study, one aspect of digitalisation mostly described in positive ways, related to the communities of other women they had sought out in the antenatal period, who were also becoming mothers (see Chapter 2). The resulting WhatsApp groups now provided valued support and friendship ('*It's just nice having that support network, you're not going crazy, you know other people are having the same experiences as you*', '*It was good to hear that the other ladies were going through it too*'). Preparations for first-time motherhood have been guided by apps and self-monitoring according to pregnancy milestones reached. Even so, early mothering experiences can still feel overwhelming (*At the beginning you are a bit shocked, you are still new to everything*) and finding that your unfolding experiences are not anomalous, but shared, can be experienced as a lifeline.

Many of the participants had envisaged their maternity leave as a 'break' or 'holiday' from their working lives, where longer periods had been spent in the workplace (see Chapter 2). In the antenatal interviews, some described finding a 'mother network' and 'baby friends' in preparation for life at home with a baby (*The NCT stuff wasn't really particularly helpful, it was more people paying for friends, for baby friends … and they have proved to be lovely and we've been hanging out*). The resulting WhatsApp groups provide support, advice, shared experiences and reassurance (*you're not going crazy, other people are having the same experiences as you*). Invoking something of the intensity of these support groups, Abbey, a non-birthing mother, notes the activity of her wife's WhatsApp group, which is just for the mum's,

> So we have a group, a WhatsApp group that we are all in, all the parents are in and then the mums as it were have a WhatsApp group specifically, which is basically one that they, my God it's incessant, like it goes off all the time! So, I'm actually very pleased that I'm not in that group. And it's small things like you know the baby is doing this, or it's got colic, you know just like stuff really and getting advice. So I think Jess has found that very useful. (Abbey)

But as well as around-the-clock advice sharing, maintaining sanity, and meeting up (*it's arranging sort of companionship*), the WhatsApp groups are described as providing a form of protective support,

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especially when early difficulties can be shared. This is in contrast to the earlier motherhood study, where the women felt unable to discuss normal transition difficulties for fear they would be seen as failing, whilst everyone else was coping. Any sharing would also have been face to face or on a telephone landline, lacking the immediacy of digital connections. This led them some to conceal their experiences (Miller, 2007). But in the contemporary study the small, antenatally established WhatsApp groups appear to provide a space to counter and disrupt dominant depictions of 'natural' transition. Like many of the other new mothers, Phoebe finds her WhatsApp group reassuring; as she explains,

> We've got a WhatsApp group and it's just good to know that other people are in the same boat…. It's just good to get advice and also growth spurts as well, if they've had a baby at a similar time, they're going through the same thing. So that puts your mind at ease that you're not doing anything wrong, it's just a growth spurt. (Phoebe)

In the preceding chapter the women were using digital resources as one way to find out/ check what they were 'allowed to do' during their pregnancy, so it is interesting that here Phoebe still seeks reassurance that she has not '*done anything wrong*'.

Collective, WhatsApp group membership enables the women to see that issues or concerns, which may otherwise be understood as singular, individual 'problems', are normal aspects of early mothering/ motherhood. Recent research has also found that new mothers tended to trust advice from their WhatsApp group over advice from health professional, which could be conflicting (Lyons, 2020). Nicole speaks about the 'honesty' she has found in her WhatsApp group,

> No we're all very honest about shit … this is really hard and you think you've got it sorted and then the next day is completely different and helping each other and getting advice from each other, so nobody has been at all one-upmanship about it, everyone has been very kind of honest. And I think that's nice, because you feel like you're in the same boat, because as much as I love it, this is full on, it's completely full on and it's a completely unknown quantity. (Nicole)

Feeling comfortable and the sentiment of being 'in the same boat' was expressed by others. In the UK, a postnatal depression tool[5] is

[5] 'The ten item EPDS is the most commonly used depression screening tool in perinatal care' www.bmj.com/content/371/bmj.m4022

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administered by health visitors in the weeks following a birth, to identify women who might be depressed. During one interview, an exchange in a WhatsApp group about this 'test' is described to me,

So, chatting with the NCT ladies, one said she'd got recommended to go [to be assessed for depression], but she'd had a tough week as well. But she was joking, she said one of the questions is, what was it, 'do you feel like you're doing stuff wrong' and she was like who bloody doesn't when you've just had a newborn, what a stupid question! I think if they say it's all fantastic, they've either got a Nanny or they're not actually telling you the truth.

Alongside WhatsApp support groups, other digital resources are also used ('*I use Google all the time*', '*Google has been my best friend*', '*I've pretty much kept my same policy as before, try and stick to NHS resources*', '*I have joined a group on Facebook with other mums*', '*the NHS website that's been my go to as a trusted, no nonsense source*'). Apps also continue to be used, to guide, monitor and reassure, as Gemma describes in the following extract:

So yesterday was really difficult … yeah she screamed for just the whole time basically. It was a bit stressful. But we've got the Wonder Weeks app and it says that your baby at this time will have a rough two weeks and will cry a lot and won't be able to be put down and things like that. So, it makes you feel like it's not just me, or it's not just my baby if everyone's baby goes through it. (Gemma)

For the participants, everyday digital devices and resources now provide support in these early weeks, from ordering takeaways, shopping online (as C-section and other surgical interventions are recovered from) to 24/7 support from others. Taken for granted aspects of digital lives configure aspects of new motherhood in ways not possible or imagined in the earlier motherhood study. But there may be broader negative consequences too, for example, what is the effect of relying on apps or 'mothering by app'? Do these further embed apparent expert claims and so undermine women's own sense of what is right for their child? (see Chapter 6).

3.6 A Shifting Sense of Self: Being a 'Mother'

In the original study it was noted that the biological act of birth and becoming a mother 'is not always mirrored by such a swift ontological

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shift' and that 'beginning to feel like a mother is often a much slower process' (Miller, 2005:103). It is useful to return to these observations, especially as women increasingly 'delay' pregnancy and spend more time working before becoming a mother. Do more interventionist birth experiences shape early transition narratives in particular ways and how do the women reconcile aspects of their worker and new-mother selves?

For some participants, the enormity of the change to their lives and an inability to be prepared for such a change are noted (*It's everything isn't it, your whole life is completely different*). This is explained in relation to what they can no longer do and what was previously taken for granted, for example, undisturbed sleep (*I think it was just a bit overwhelming and I was tired and getting used to not sleeping*), whilst also getting to know a new human life (*Now looking back I understand that bonding doesn't happen straightaway*). One mother talks of *'mourning'* parts of her previous life in the following extract:

> Yeah. The NCT class has really helped, because it's sort of talking to mums at similar stages and I've got a group. we've got a good group of people, because we are actually willing to be honest about stuff with each other and we've all sort of said actually part of it is like mourning your life before a little bit. Because you suddenly realise, you know it was going to be a change, but you didn't realise how much of a change and you do see at some point your husband still kind of carrying on with his life as it was. I mean he would rather be at home than at work obviously, but like he still goes to play football … and like he still went out and wetted the baby's head and all that kind of stuff and he can still have a drink when he feels like it. And you're sort of sat there going I don't feel like I can have a drink, I might have a glass of wine every now and again… But like I can't have more than that because I need to be aware of everything.… I think maybe the second or third week you have a little bit of mourning for your life as it was.… But yeah. So we're kind of, we're alright now, but that was kind of a hard transition. It was good to hear that the other ladies were going through it too.

Others too, describe missing aspects of their pre-baby lives and their sense of self-autonomy in ways that are more apparently candid and transparent compared to the earlier study. Unfolding changes run through the earlier extract and the mental labour and maternal responsibility assumed of mothers are already invoked by this participant as she states that she '*needs to be aware of everything*', whilst her husband does not. Interestingly, in this extract, things are narratively

resolved, '*we're kind of, we're alright now*'. But what is interesting too is the honesty and self-surveillance, which characterises the contemporary narratives, but with much less sense of discursive risk. Is this a consequence of a digitalised world and being able to share unfolding and collective experiences 24 hours a day in a WhatsApp group, and/or finding your experience is shared or sanctioned anonymously in one virtual space or another? Labour and birth experiences that veered so far from plans and hopes may also have provoked descriptions of post-birth life, which are less edited and resonate more with visceral experiences.

As lives change, and with babies (at this point still only aged 6–8 weeks), some of the women talk of trying to get a balance and control back into their lives (*getting a routine for myself*), but mostly try not to focus too hard on how they will manage their jobs (worker selves) *and* motherhood (see Chapter 4). There are descriptions of overwhelming feelings of love (*I'm like I can't believe you're my baby, it's a dream come true*) and simultaneous feelings of guilt, of joy and bonding (gradually) with the baby. For Nicole, in the following extract, the shock is about how much she is enjoying being 'a mummy',

> But also I'm surprised at how wonderful I've found it and how much I feel like a mummy and I like being a mummy. I'm kind of shocked at how much I'm enjoying being a mummy and actually feeling quite maternal, which I never thought I would. (Nicole)

There is no doubt that becoming a mother is experienced amongst the women as a powerful, life affirming, and relational event, even though it takes different amounts of time to know how you feel. But gradually – or quite speedily – aspects of pre-baby individualised selves can morph into self-understandings, which also encapsulate being a mother. But importantly, this is not necessarily experienced as all-consuming all of the time, and for Verity, it co-exists with times when, as she explains in the following extract, she is her '*proper self again*',

> I'm starting to feel like myself with a baby, rather than a completely different person.... I don't feel like my self has been eclipsed by being a mother. I feel like I'm just myself, but with a child and I've quite easily sort of integrated that into my sense of who I am. I don't know how, I don't know why I don't find it conflicting, maybe it's how the people around me have behaved that they don't sort of reduce me to just parenting. I've had lots of opportunities to kind of and I think maybe it's because he takes an equal

share in sort of caring for her. You know if we go somewhere half the time he's got her and if I'm free to have a conversation with someone about anything, not just about my baby and I do and then I feel like my proper self again, which is lovely, because I think I was, it's very easy for people to kind of pigeon hole you into just being a parent.

The tenuous dimensions of selves and identities are evident here, just as in the earlier study (Miller, 2005:160). Interestingly, Verity then goes on to assert that her '*priorities have changed obviously, she (baby) definitely comes first*' in a way that recovers a narrative strand of mothering, which otherwise may be felt to run counter, rather than coincide, with normative prescriptions of the selfless mother.

Other mothers appeal to different normative discourses in their descriptions of early mothering experiences. Grace invokes nature in the following extract:

I really feel like I've taken to that role pretty easily actually. I feel very naturally a mother and a good mother and I feel calm and kind of like we've got there. It's like we, obviously there are moments that are extraordinarily tough of course and moments where I feel absolutely delirious or where she just won't be put down at night, even if she's not you know bawling her eyes out, she's not colicky and just moments, there are often, there are moments, but generally just, it's lovely…. It's just going well. (Grace)

Abbey, who is the non-birthing mother, married to Jess also describes her sense of being a mother (more than a parent) but also reflects on earlier ambivalence in relation to '*owning that title*' as the non-birthing mother. In the extract which follows, she reflects on what they each will be called and how as two mums they are currently distinguished by their baby daughter,

That I identify more as a mother now than I do as parent. I said to you before that I identified as a parent and now I identify as a mother and a parent. Does that make sense? I think that came out a bit more when we had to do that legal paperwork and stuff and then choosing names, like what would I be described, what we would describe ourselves to the baby as … and then obviously then telling other people who is mummy and who is mum. So, my wife is mummy and I am mama…. And at this point she has no idea what we're saying anyway. She's just seeing these two people that keep coming back again and again, one has milk and one doesn't have milk. But they still are around and they're quite nice to cuddle. That's the upshot of it. Yes that's it really…. Yeah I don't know. It's a strange one. I think, for

me I guess when I said at the beginning I felt maybe a bit more of a disconnect between the reality and the situation and I guess because I wasn't the birth mother, I felt like I couldn't own that title maybe and maybe parent was a better way of describing, because it's mother and father. And I'm not the birth, and mother would generally be a birth mother and I'm not a birth mother, so I'm a parent. Like I don't, I couldn't quite figure out where it was and I think now our daughter is here, you know I am her parent and I am her, parent seems a little bit harsh.... Yeah. So I am one of her mums, one of the mothers and it feels softer and now it doesn't, it doesn't make much difference really who carried her, because we're both being her mum ... it's just because I think mother, the word is much softer and in my mind comes with a bit more love attached to it and I have a lot of love for her. I very much feel like it, it sort of waves over me when she's there and I see her face and I'm like I know you are mine, I'm not just raising, I'm not just rearing you like a cow, I am, I created you. Does that make sense? (Abbey, non-birth mother)

There is so much to be teased apart in this wonderful extract of unfolding motherhood and not sufficient space to do so here. But the ways in which Abbey narratively positions herself and what she can and cannot make claim to in relation to her mothering and motherhood, reminds us of what is taken for granted in biological motherhood: even as we might seek to escape aspects of its normative prescriptions. As others have noted, same-sex motherhood and fatherhood relationships and practices hold all sorts of opportunities to re-examine and re-imagine essentialist and gendered assumptions in relation to what have been deeply etched as separate maternal and paternal spheres (Gabb, 2018; Golombok et al., 2023; Hopkins et al., 2013). Interestingly too, as Abbey reflects across and narrates her experiences of this early postnatal period, she seeks to ensure that I have understood her thinking, that her account is coherent and repeatedly (across much of her interview) asks '*does that make sense?*'. But the resolution for Abbey is also critical here, as she confirms that both will be mums, and explains that for her the word mum '*is much softer and in my mind comes with a bit more love attached to it and I have a lot of love for her*'. And so here Abbey inadvertently, invokes (possibly) essentialist, but certainly normative prescriptions of the good mother, linguistically contrived as softer and (so) more loving, than by implication, the other (paternal) parent.

For all the new mothers, the shift from non-mother to mother, or 'myself with a baby', has been life changing. The embodied realities

of living rather than imagining motherhood involves learning curves of different gradients and provides altered perspectives on lives. This is brought home to Liz as she reflects in the following extract, on how perspectives and understandings shift, once you are living motherhood:

> The other day we were sat, we were sat in the park with all the NCT group and that's what I saw before I gave birth, I saw a group of women with babies enjoying themselves in a park and actually when you're in the little group, you're like oh my god just sleep, you've already fed four times! Every woman in that group is going oh he just won't shut up! (Laughing.) And when you're in that group you realise they're not just this serene bunch of women with babies, they are this stressed out bunch of women with babies, who are trying to talk to each other and get some sort of feedback. Yeah so I've gone from seeing it to living it and realising it's not what the world sees this idyllic kind of you know you see a woman walking down the street with a pram and it's completely quiet looking serene and she's serene because that baby has stopped crying. It's not because she's enjoying her day! She's happy that she's outside and she's finally found the thing that's stopped the baby crying (Laughing). (Liz).

This extract and description will be immediately recognisable to many women who have children. The relief of a new baby finally going to sleep and so feeling able to risk leaving the house. But it also reminds us once again of how difficult it seems to be to convey and grasp a sense of the lived realities of (even longed for) motherhood. Even though digital spheres are saturated with postings about every day, *lived* maternal experience, ambivalence, love, regrets and boasts, it seems these can only be 'heard', once individually experienced, and lived.

3.7 Conclusion

A conclusion in the earlier motherhood study and corresponding chapter, was that 'contemporary constructions of motherhood … were clearly shaped with reference to dominant ideas about doing the right thing' (Miller, 2005:86). A concern with doing the right thing, was also evident in the contemporary accounts as the new mothers still wanted to know what they were allowed to do – initially. But the much more interventionist births and more readily available 24/7 digital access to other mothers and their experiences of managing new motherhood are (mostly) experienced as supportive

and helpful: These can also provide a collective reality check and be experienced as communities of support. Birth experiences can provide a narrative turning point as they veer (for many) far away from what had been anticipated and planned (having followed all the preparation advice in the antenatal period). But this may be narratively liberating, as well as confusing and confounding. An important question arises as a consequence of the cascading intervention experienced during labour and birth by most of the women. This concerns how preparations in the antenatal period, correspond to birth outcomes that are statistically more likely to include surgical intervention. Labour and birth preparations, supported by various professionals and a wide-open digital gateway, frame birth choices in longer lists of options and possibilities. But management of risks and safety, fears of litigation and older first-time motherhood all narrow likely birth outcomes, and the disjunction between these two demands further attention. Happily, all the participants experience live births and the early weeks at home, physically recovering, are narrated in ways which emphasise the importance of emotional and physical support. Unexpectedly difficult labours and births need time to recover from, physically and to make sense of, narratively. But there is resilience too. A conclusion in the earlier study in the corresponding chapter, was that narrating experiences of early mothering and motherhood involved reconciling unanticipated experiences and potent ideologies (2005:110). This has been the case here too, but the potency of the ideologies has been diluted by the counter-narratives which fill digital spaces. Once again, practices of 'self-governance' are discernible as parameters around how mothering and motherhood experiences are narrated, persist. But these are engaged in ways that are more likely to be outwardly critical rather than individualised; the women know that other selves share these experiences too.