

Pregnancy and Pregnancy Planning in the New Parenting Culture

Tuesday 22nd and Wednesday 23rd June 2010
University of Kent, Canterbury

Speakers' Abstracts

Session 1: Extending pregnancy backwards? Pregnancy and pre-pregnancy in contemporary context

Elizabeth Mitchell Armstrong *'Do happier pregnancies make healthier babies? Stress and the medicalisation of maternal emotion'*

The do's and don'ts of modern pregnancy are well-known. Do get prenatal care, early and often. Do eat well; do exercise (in moderation); do maintain an appropriate level of weight gain. Do take prenatal vitamins and do be sure to get the recommended prenatal screens and tests. Don't smoke; don't drink alcohol. Don't change the cat litter and don't eat sushi. To this list of pregnancy prescriptions and proscriptions, comes another mandate: be happy, be calm, and avoid stress. Both the epidemiological literature and popular discourse increasingly emphasise the role of maternal emotions in birth outcomes. Stress, it is claimed, has a negative effect on fetal development. Thus, pregnant women are exhorted to avoid stress and to moderate their emotions in order to produce a healthy baby. Yet the evidence behind this recommendation is exceedingly weak. Indeed, modern notions about the import of affect during pregnancy recapitulate much older beliefs about the links between maternal psychology and fetal development. This paper explores the ways in which women's feelings have become problematised during pregnancy, arguing that the medicalisation of maternal emotion represents a modern variant of the doctrine of maternal impressions.

Cynthia R. Daniels *'Policing pregnancy'*

In the United States, pregnant women have come under a nearly microscopic public 'lens' regarding their behavior during pregnancy. Pregnant women are increasingly cast as a form of 'public property' with women warned against hundreds of risks, from eating deli meats, Camembert cheese and alfalfa sprouts to the ubiquitous stern warnings about smoking and alcohol use. In its most extreme form, the policing of pregnancy has led to the criminal prosecution of women for in utero 'child neglect, abuse or endangerment', delivering drugs to a 'minor' or even, as in one case, convicted of homicide for a stillbirth that the court claimed was the result of drug use during pregnancy (with a prison sentence of 12 years). By contrast, the male contribution to fetal health and healthy pregnancies remains nearly invisible. Despite decades of evidence that fetal health can be harmed by male-mediated exposures, almost no public attention focuses on the reproductive contributions of men. This paper examines the conceptual underpinnings of the dyad between public pregnancy/invisible man through analysis of the gendered nature of reproductive risks and warnings in the US. It analyses reproductive health warnings from US regulatory agencies as well as major advocacy organisations to illustrate the gendered nature of perceptions of pregnancy risks.

Session 2: Fatherhood and parenting culture

Tina Miller *'Men and 'bonding': Fathers' expectations and experiences in the antenatal period'*

Transition to first-time fatherhood involves men embarking on uncertain personal journeys which are characterised by less clear trajectories than for women becoming mothers. This in part results from their physical bodies outwardly remaining unchanged through the antenatal period and so the signals and markers of pregnancy which shape women's transition, and others responses, are absent. The term 'expectant mother' is instantly recognisable and conjures up visual images associated with pregnant female bodies but 'expectant father' is more obscure and clear images and associations are not readily evoked by these words. This confusion can symbolise men's own experiences of the antenatal period as they prepare to become fathers: both seeking ways in and demonstrating 'appropriate' support and engagement whilst also feeling detached and at times excluded. This paper will draw upon qualitative data collected in the first of four interviews carried out with a group of men across a period of two years as they become fathers for the first time (Miller, 2010). It will illuminate the ways in which changing constructions of 'caring masculinities' and associated parenting cultures shape the men's narratives as discourses of the 'involved father' are drawn upon. Men's ideas of 'appropriate' preparation include attendance at scans and antenatal classes, hospital visits, reading parenting materials and physical activities (DIY) related to the baby's arrival. At times ideas of involvement are anticipated and discussed through essentialist language historically more closely associated with mothers, for example, 'bonding': but detachment and uncertainty also pattern the narratives produced in what for men becoming fathers for the first time, is novel and foreign terrain.

Jonathan Ives and Heather Draper *'Should we strive to involve men in a meaningful way during pregnancy? Rethinking men's involvement in antenatal care'*

In the UK, putative fathers are apparently strongly encouraged to be involved in antenatal care and delivery. This policy is partly driven by the belief that involving men as early as possible lays the foundation for better and more involved fatherhood once the child is born. For some women the opportunity to involve a partner is welcome: a partner can act as an advocate during times of 'incapacity' during labour (protecting the woman from unwanted technological intervention); he or she may help the woman to negotiate the services that she most wants by preventing her from feeling 'outnumbered' by healthcare professionals; and, a partner may provide company and support during long, possibly anxious waiting times or during labour in the absence of constant or even consistent birth attendants. At the same time, however, integrating partners into maternity care can create obvious ethical problems: however involved the partner is the pregnant woman must be the ultimate decision-maker as it is she who is the subject of any intervention. Ensuring her voluntary consent may actually mean protecting her from an overbearing partner, and in a reality where resources are often scarce, the promise to involve partners can seem somewhat artificial and lead to disappointment. We want to explore, however, other - more neglected - reasons to be sceptical about men's involvement in maternity care. A policy of involving men in maternity services serves to medicalise their involvement, even if it provides something of a structure for the transition to fatherhood. Moreover, it is not clear that this medicalisation actually prepares men to be fathers, nor effective advocates for the woman when the need arises, as the tensions around bodily integrity may serve to pacify, de-skill and encourage acceptance of the role of others as experts, rather than preparing them for the kinds of everyday and/or emergency decisions that may need to be made as a new father or partner of long-standing. Finally, we will explore the extent to which men can contribute as 'fathers of a foetus' to pregnancy and childbirth. Although we would reject any claims based on 'my child, my property' based reasoning, we are interested in the scope for paternal responsibility during pregnancy. This, we argue, may actually be a better means of promoting the pragmatic interest of engaging men's interest in actively fathering the resulting children.

Session 3: Pregnancy, drugs and alcohol in contemporary parenting culture

Janet Golden *'Alcohol, Pregnancy and Harm Reduction: A Review of the American Experience'*

In this paper I will briefly review the evolution of policies promoting alcohol abstinence in pregnancy in the United States. I then focus on the battle to place warning labels on alcoholic beverages sold in the United States, on the statements of medical organisations regarding abstinence, and on the material found on the FASD website of the Centers for Disease Control and Prevention of the US government. In order to highlight the difference between the US and UK I will also explore the lack of guaranteed access to prenatal care in the US as well as the lack of coverage for services such as in-patient treatment for substance abuse. I conclude by discussing why pregnancy and alcohol abuse elicits public surveillance and possible criminal punishment but not public supported care services.

Pam Lowe and Ellie Lee *'Under the Influence? The construction of Foetal Alcohol Syndrome in the UK'*

Today, alongside many other proscriptions, women are expected to abstain or at least limit their alcohol consumption during pregnancy. The growth of concerns about alcohol and pregnancy is reinforced through warning labels on bottles and cans of alcoholic drinks. In most (but not all) official policies, this is linked to a risk of Foetal Alcohol Syndrome (FAS) or one of its associated conditions. However, given that there is little medical evidence that low levels of alcohol consumption have an adverse impact on the foetus, we need to examine broader societal ideas to explain this. This paper will argue that contemporary concerns about FAS are framed around a number of pre-existing discourses linked to parenting cultures and linked to particular claim-makers. These include heightened concerns about children at risk and the construction of mothers as potentially dangerous.

Polly Radcliffe *'Substance misusing women and pregnancy. Problematised mothers and the management of spoiled identities'*

Based on qualitative interviews with twenty-four pregnant and post-partum women who have a history of illicit drug use, this paper examines how pregnancy and child birth can both provide substance misusing women with generic health care services in which they are treated as 'normal pregnant women' or expose women who are stable users of methadone to being reassigned the label of problem drug users. The paper describes the performative work carried out by women throughout their pregnancies in order to demonstrate their capacity as plausible mothers to health and social welfare professionals. It suggests that women are faced with increasingly divergent discourses of harm reduction and child safeguarding and emphasises the critical role that health professionals play as 'moral entrepreneurs' in this process.

Session 4: Motherhood, abortion and parenting culture

Rachel K. Jones *'Abortion decision making in a culture of 'intensive motherhood''*

In contemporary US society, abortion and motherhood are often regarded as opposing interests. Yet the majority of US women who have abortions (61%) have children and most of those who do not yet have children want to have them at some point in the future. Based on interviews with US women obtaining abortions, we identify the ways that issues of motherhood influence and inform women's decisions to terminate their pregnancies. We find that material responsibilities of motherhood, such as caring for existing children, influenced the decision to have an abortion among women who were already mothers. More abstractly, women discussed, and appeared to be influenced by, high standards of 'good parenting'. They expressed the belief that children are entitled to a stable and loving family, financial security, and a high level of care and attention. Women who did not yet have children wanted to wait until they could provide these conditions. Many women were already raising children under less than ideal circumstances, and felt it would be unfair to bring another child into the family. While most of the women we interviewed were poor or low-income, these sentiments were expressed across all income groups. Our findings demonstrate reasons why women have abortions throughout their reproductive life spans and that their decisions to terminate pregnancies are often influenced by the desire to be a good parent.

Danielle Bessett *'Pregnancy after abortion: women's experiences of a stigmatised reproductive career'*

There is little social science research regarding the long-term stigmatisation of women who have abortions; this paper addresses this gap by focusing on women's experiences in prenatal and birth care for their subsequent wanted pregnancies. Drawing from longitudinal interviews with a diverse group of sixty-four pregnant women in the greater New York City metropolitan area, this paper explores how women understand the relationship between their stigmatised reproductive careers involving abortion and later pregnancy and birth experiences. Of women who disclosed a prior abortion in interviews, just under half reported that they saw their previous abortion as distinct from their current pregnancy. The remainder described fear of repercussions that would in some way affect their current pregnancy, primarily as concern for fertility or described in supernatural/ religious terms. Across both groups of women who had previously terminated, a substantial minority of women felt they were discriminated against by healthcare providers during their later pregnancy and birth care. This data establishes the need for conceptualising women's reproductive experiences not as isolated occurrences, but as a sequence of events that build upon and inform each other; it also suggests that the relationship among events is complicated and may not always be understood as easily fitting within medical nor conventional pregnancy planning paradigms.

Evelyn Mahon *'Is there ever a good time to have a baby?'*

This somewhat provocative title has emerged from three different studies I completed over the last twenty years. The first was a study of motherhood and equal opportunities, the second on abortion or 'crisis pregnancy' and the third on couples undergoing IVF treatment. All three studies were done in the social context of the development of women's liberation and the contraceptive revolution which in theory gave women reproductive autonomy and freedom. The power to control fertility however ushered in a new social context for the discussion on motherhood. This included choice and attendant responsibility, and the intertwining of economic and social motherhood. Each study reveals the social construction of reproductive choice and the parameters of women's decision making: reconciling work and career; shock and repercussions of unexpected pregnancy and finally social readiness but biological resistance.

Session 5: Abortion and the politics of motherhood

Kristin Luker *'Abortion and the politics of motherhood revisited'*

This paper examines the changing policies surrounding sexual and reproductive rights in the United States. Examining abortion and contraception regulations in the light of health care reform, as well as the rise of 'conscience clauses' which permit a wide range of professionals from providing services related to sexual and reproductive health, we examine the continuing 'politics of motherhood'. While the parties have changed in the last quarter of a century, and some new issues have emerged, we argue that motherhood and its politics continue to drive policy decisions in the United States.

Session 6: Reproductive technology in an age of intensive parenthood

Martin Richards *'Choice or eugenics? Past and future cultures of prenatal surveillance and selection'*

Prenatal diagnosis and termination of pregnancy began as a reform eugenics project of the post-war decades to release families from the burden of having children with inherited diseases. Later in the new culture of choice, screening as well as an even wider range of diagnostic tests was introduced. Today routine antenatal care is a 'structured pathway' comprising numerous visits to GP, midwife or clinic at specified times during the pregnancy. These involve genetic screening tests and ultrasound scans. Women identified at risk of fetal abnormality are referred for diagnostic testing by CVS or amniocentesis. A positive diagnosis is almost invariably followed by termination of the pregnancy. However the development of testing based on cell-free fetal DNA from maternal blood (which can be collected with a home kit) for fetal sex determination, diagnosis of some single gene disorders, chromosome disorders (e.g. Down's syndrome) is in prospect. The implications of these and other new technologies for the culture of surveillance and selection will be discussed.

Julie McCandless *'What is 'supportive parenting'? The new 'Welfare of the Child' clause in the Human Fertilisation and Embryology Act (2008)'*

The passage of the Human Fertilisation and Embryology Act (2008) provoked considerable debate and sustained critical scrutiny. While the 2008 Act introduced a number of controversial changes to the Human Fertilisation and Embryology Act (1990), foremost among the issues to excite policy, media and popular attention was the amendment of the so-called welfare clause. This clause forms part of the licensing conditions which must be met by any clinic before offering those treatment services covered by the legislation. In the original text of the 1990 Act, this included the requirement that clinicians consider the child's 'need for a father' before providing a woman with treatment. Controversially, the 2008 Act deleted this reference and substituted it with the requirement that clinicians must henceforth consider the child's need for 'supportive parenting'.

This paper recalls the history of the introduction of s.13(5) in the 1990 Act, before going on to track discussion of its amendment through the lengthy reform process that preceded the introduction of the 2008 Act. It then discusses the meaning of the phrase 'supportive parenting' with reference to guidance regarding its interpretation offered by the Human Fertilisation and Embryology Authority. While the changes to s.13(5) have been represented as suggesting a major change in the law, this paper suggests that the reworded section does not represent a significant break from the previous law as it had been interpreted in practice. This raises the question of why an amendment which is arguably likely to make very little difference to clinical

practice, tended to excite such attention (and with such polarising force). To this end, the paper locates debates regarding s.13(5) within a broader context of popular anxieties regarding the use of reproductive technologies and, specifically, what they mean for the position of men within the family.

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