

**Birthing a mother:
can midwives play a part in the
transition to parenthood?**

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Introduction - and acknowledgement of Mary Leunig's work

What it means to be a mother has changed fundamentally over recent decades. In the mid-1960s in Australia women who worked in skilled occupations such as banking, education or health were required to leave their jobs when they were married, there was a Marriage Bar. Today, the vast majority of young women often work in a job until a few weeks before their first baby is born. They often have career plans but more importantly they carry with them aspirations for their lives, generally quite apart from their partners, or children; a sense of self and a sense of personal entitlement.

The role that midwives play is unique and stands 'with women' at the crossroads between the old pre-child self, and a new with-child selfhood; that carries many contradictions and potentialities. I want to emphasise that the often stated definition of midwifery 'with woman' has BOTH medical and SOCIAL implications. I have handed around two definitions that may help clarify what I am getting at; the first is drawn from the International Confederation of Midwives (July, 2005) and the second is the Australian College of Midwives Philosophy Statement. Though I would like to start by noting that I understand there are gaps, and hurdles, between the written word and the reality in practice. I've highlighted particular pieces of the definitions that I'd like to start with by way of locating my research within the midwifery field. *Midwifery Definitions and comments 1 and 2 - maybe you would like to think about these questions while I proceed through my paper.*

Transition to Parenthood

When a child is born so are sets of relationships, mothers, fathers, sisters, brothers, uncles, aunts, grandparents, cousins; a whole spectrum. The birth of a child is a social event. Within the

contemporary social context the birth of a child has been linked to significant changes for both parents, “a critical life stage” that is often experienced as overwhelming and thus an interest has developed by various practitioners and an area of research has developed around what has been termed in the literature Transition to Parenthood (TtoP). ‘Transition to parenthood’ is a phenomenon described by psychologists highlighting a series of adjustments both men and women are said to negotiate when they become a parent. Longitudinal research has shown that up to 30% of couples/individuals struggle with issues arising from changes to one’s identity, changes to work and career options, negotiation with one’s partner, changes to relationships with partner, friends and family, increased workload at home and identifying the boundaries between child and self.

The empirical research on TtoP is predominantly carried out by psychologists, but also family practitioners, marriage therapists, health workers, a sprinkling of sociologists, and some emerging work from women’s studies. The literature on TtoP can be traced back to the 1950s with the focus being on ‘parenthood as crisis’. An important impetus for the continuing research has been gender equity within the household but further to this the most commonly referenced authors, Cowan and Cowan (1998) stated that they were concerned to strengthen the couple relationship and support children. Herein, is a key tension between care and equity that I hope to explore in my thesis. The trends on TtoP that I refer to in my paper are drawn from 14 reports that represent extensive research from the United States, Switzerland, Finland, Sweden, and some work in Australia. There is ample evidence in the literature of a return to what is termed ‘traditional’ gender role practices once a baby is born, that is, men often work longer hours so as to provide financially for their families and the vast majority of women take on a greater load of the household and childcare duties (even if they too are working full-time). This dynamic is evident even with couples who have expressed a belief in equality in the home and a desire to go against the trend.

An attempt was made in a U.S. study that divided the respondent’s style of parenting into three groups: traditional, gender legacy and post gender. Amongst the conclusions the authors noted that issues of equality were rarely addressed in couple education. The processes that were said to maintain mothering as a gendered activity were: a perceived natural connection between mother’s and knowledge; father’s stepping back; mother’s organising their time around their children; and mother’s taking continual responsibility. Even though they identified a trend towards collaborative parenting styles amongst their respondents they concluded that “In order to change the unequal

distribution of labour, parents of young children have to consciously work against the prevailing motherhood discourse” (Cowdery and Knudson 2004:343).

The perpetuation of the maternal role through cultural practices has been well developed by Nancy Chodorow in her classic work called *The Reproduction of Mothering*. Her explanation of a gendering of psychological processes through the cultural practice of women taking on the primary caring role can explain this perceived natural connection. Her retort has been for more men to mother so as to alleviate the impasse and yet there has been an unwillingness, or inability, of institutions, or practices to change. Couple education in Australia either in marriage preparation or antenatal classes rarely includes topics related to egalitarian caring routines and possibilities, and thus, by omission they reinforce past cultural practices and beliefs.

Of the fourteen studies I am drawing from one raised issues to do with maternal gate-keeping and related levels of stress and anxiety, for some women, if their male partners took on more housework and childcare than was expected. The authors spoke of this dynamic as a violation of women’s expectations and they argued that researchers should not blindly assume egalitarianism in parenting is desired. I agree it can’t be assumed that egalitarian arrangements are desired by all, however, there are a sizeable proportion of individuals, or couples, who set out to achieve an equal balance, as reflected in the research, and therefore, I argue, there is a need for programs to be adapted.

Ante and post natal

Turning to links between TtoP and midwifery. The battle between midwives and the medical profession has resulted in a significant failure to engage with, and address, the issues that arise in the post natal phase. It is commonly recognised that there is a lack of research on the social aspects of midwifery. Nursing research is heavily influenced by medical and psychological approaches to understanding the experience of new mothers for example Reva Rubins work from the 1960s to the 1980s on ‘maternal role attainment’ and the bonding theories of Kalus, Bowlby and Ainsworth. The nursing literature rarely moves beyond description, and infrequently attempts to explain the TtoP. Furthermore, the literature on TtoP often emphasises the behavioural and psychological aspects of new parenthood and identity factors, rather than the social context.

A comprehensive manual jointly published by Australian and New Zealand midwives and released this year, 2006, called *Midwifery Preparation for Practice* provides an excellent historical overview of theoretical approaches to the study of medicine and midwifery, concluding with the most recent postmodern work on reflexivity, subjectivity and difference. However, the chapter called Transitions, in contrast, draws on theoretical underpinnings from Bowlby's 'attachment theory' in the 1950s to 'maternal role attainment' and 'behavioural and psychosocial aspects of transition' and 'care giving systems'. Looking at the issues from an individual psychosocial perspective and failing to engage with the wider sociological critiques. The most disappointing aspect of the chapter is the discussion of Transition to Motherhood where the author moves straight onto topics and issues relevant to child development rather than acknowledging, or addressing, key issues of concern for contemporary women.

In a recently published manual for midwives in Britain, *The New Midwifery Science and Sensitivity in Practice*, 2000, Lesley Page argued that the 'woman led model' of birth was linked to the changing role of women in society but I contend that the strategy has been built on liberal assumptions which individualizes the birth experience. Embedded and unexplored in this agenda are notions of motherhood and of family that are outmoded. I have come across very little midwifery research which acknowledges the diversity of the family form, and practices, in contemporary society. Furthermore, an inherent problem with a woman led approach to care is that women cannot know, or understand, the breadth of the issues they may well confront when they become a mother (as documented in the literature on TtoP). There is a role for midwives and/or Maternity and Child Nurses to take a lead by providing information (both key points and links to appropriate services) before the clientele move on to the later stages of early parenthood and issues related to TtoP.

It is surprising just how little attention has been given in the midwifery research to the experience of first time mothers, particularly, considering the vast array of materials on the topic. The most relevant debate is one highlighted by Romona Mercer between what she called 'Becoming a Mother versus Maternal Role Attainment'. Mercer rightly brings attention to the inadequacies of Rubin's work in the contemporary context but she continues to bring together the role with the identity for example:

“The commitment, attachment, and preparation stage in which a woman’s work in becoming a mother begins has long-range implications. The woman’s active involvement in this stage has been consistently linked to a positive adaptation to motherhood The woman experiences a transformation of self in becoming a mother, as her self expands to incorporate a new identity and assume responsibility for her infant & her infant’s future world.”

You can understand why it has been of concern that women assume the mothering role, for the protection of a vulnerable baby, from an era when women had little choice, but what of the new father? What of shared parenting? These models assume the mother as the primary care giver; mothering – motherhood.

There is a blossoming of new Midwifery Research Centers in the United Kingdom and Australia. I fully support the call by a number of researchers for more academic engagement with the midwifery literature particularly in the context of social change and a critique of the materials on becoming a mother. The practice of midwifery is a cultural and historical experience that will differ through cultures and through time. Furthermore, the social meaning of midwifery is a product of discourse and policy. In order to describe such an occupation is an exercise in interpretation which involves values and perceptions of the observer and the observed. The focus has been on childbearing rather than childrearing, and the medical model has blurred the distinction between Adrienne Rich’s categories of motherhood and mothering in her classic work *Of Woman Born*. Medicalization, psychologically characterizes women as reproducers, confusing the individual and the social. Individuals are not passive recipients of this structuring but are actively engaging and interpreting these messages, however, the messages given through these kind of assumptions reinforce past practices at the expense of current aspirations. Attempts by midwives to restore agency to women need to be informed by contemporary social analysis and pay more attention to the social context of birth.

Social factors

The lack of services postpartum has been criticised in numerous reports. Sally Marchant described the lack as a “yawning gap” between the intention and the provision of postpartum care. There is a significant discord between the services and the postpartum need. She continued “Women voiced a

need for more information and support in order to make the best choices in their new role as a mother, for themselves, their infants, and the family as a whole” (Marchant 2004:81). Christine Henderson, the Senior Research Fellow at the School of Health Sciences, University of Birmingham, maintained it is well known that the current pattern of birthing is not necessarily effective and that women suffer ill-health beyond the twenty-eight day period after giving birth. In fact much of the research on the post-natal phase concludes far too early; generally around 3 months after birth. This often has an adverse affect on parenting.

Drawing from interviews with forty women Bonnie Fox and Diana Wort (1999) argued that social support may be a “critical factor” in maternal health and well-being both through the birth and after resulting in class differences in the birth experience simply because the support services have become a commodity that can be bought if the disposable income is available. Social relations within the hospital privatized social reproduction, and childbirth becomes isolated and medicalized and devoid of the social context. Fox and Worts maintained that the dearth of social support for women post birthing affected decisions made in hospital regarding pain and birthing procedures. They emphasised that the social context of the birth and the essentially privatized responsibility for child health and well-being influenced decisions women made throughout their birth experience towards medical interventions. They stated “The “autonomy” of new mothers is predicated on the existence of strong and well-integrated systems of social support (Fox & Worts 1999:344).

Motherhood – Mothering

Women often battle with maternal activity not identity, argued Janemaree Maher. She referred to works Hays (1996), Garey (1999) and Featherstone (1998) in which the authors brought attention to a distinction between motherhood as a state of being and the everyday practices that mother’s carry out on behalf of their children. Maher noted structural constraints that women face, clearly limit their choices, and said that new models of motherhood may not necessarily affect change. Furthermore, there is a trend in the research arguing that an ideology of motherhood is perpetuating inequality within marriage after a child is born. Both factors are, I argue, indicative of a need to analyse issues that surface in this crucial life stage, the TtoP, within the wider cultural and social context.

Pregnancy marks the beginning of a new phase of life for the women. The women Lucy Bailey interviewed indicated “a sense of having entered, or being on the edge, of a whole new world” bringing out different facets of their personalities. Bailey described the ways in which women interpreted their experiences, as a re-conceptualization of self; the self refracted through a prism of pregnancy and thereby presenting an opportunity for change and for agency. The pregnant woman’s new experience of her body often leads to an embracing of a newly gendered identity. Gender is produced through the process of acquiring a self conception rather than preceding it. This claim, by Bailey, is well substantiated by the literature.

Concluding comments

The TtoP most often occurs within families and the couple relationship is central to family dynamics. Couples often negotiate issues related to equity and care within a social and economic system that has been built on an assumption of the male-breadwinner model. Cultural expectations are outstripping the ability of the system to change and, consequently, there is a significant trend towards what is often called traditional gender roles when a couple have a baby. There is currently a reappraisal of what it means to be a mother, a father, or a family that is evidenced in both public debate and the avalanche of materials. I argue that the ante and post natal curriculum and services needs to be responsive to these debates. Not, necessarily taking sides, or promoting a position, but at least acknowledging the issues and providing links to services and/or information on resources. There is ample evidence that issues related to TtoP are commonly experienced therefore it would be useful if the antenatal classes and/or Maternity and Child Nurses drew attention to the issues that may arise and bring attention to relevant programs or literature.

When I was reviewing the materials on midwifery a recurring theme is the aim ‘to be with the woman’. I argue that in order to achieve the aim an important aspect of the work of midwives is to place themselves squarely within the contemporary social context so that you may relate to the birthing couples. I understand that the reality of this is challenging because social morays are ever changing and diverse but the role of the midwife, in itself, is unique. The birth of a child is both a medical, and a social event, and if midwives do not respond adequately to the total package the goal of being with the woman cannot be achieved.