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Making Mothers, Making Fathers: The transition to parenthood in Edinburgh

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Submitted in part satisfaction of the requirements for the degree of PhD in the University of Edinburgh

PhD Social Anthropology
The University of Edinburgh
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Declaration

I declare that, except where otherwise indicated, this thesis is entirely my own work, and that no part of it has been submitted for any other degree or professional qualification.

Signed:

Hannah McInnes-Dean 08/08/2020
For Mum, with thanks.
Abstract

This thesis investigates women and men’s experiences of the transition to parenthood in Edinburgh, UK, in the context of changing laws on parental leave and notions of ‘new fatherhood.’ In the UK, policies and care in the perinatal period have generally focused on expectant and new mothers, with fathers and partners relatively overlooked. At the same time, a widespread popular narrative – also found in the academic literature – asserts that new fathers are more involved in pregnancy and parenthood than in previous generations. Based on ethnographic fieldwork with expectant and new parents in Edinburgh, and a comparative interview group comprised of their parents, this thesis describes participants’ experiences of and narratives about the perinatal period, from experiences of early pregnancy, antenatal care and education, birth, parental leave, and adjusting to life as new parents. Expanding on kinship and gender theory, I investigate how women and men (in heterosexual couples) are made into different kinds of people through the transition to parenthood. Despite widespread expectations that fathers will share in infant care, various forms of policy, practice and broader social relations encourage women into the position of primary caregiver, with men taking a supporting role. Women’s bodies are foregrounded in antenatal care and social relations during pregnancy, naturalising women’s connection to the unborn baby; participants’ narratives of birth and the postnatal period emphasise women’s embodied experiences; by law, women have greater rights and decision-making power in relation to parental leave; and new parents
draw on ideas of nature and economic metaphors in explaining their decisions around parental leave, justifying women’s ‘time off’ as both ‘natural’ and ‘earned.’ Having expected to share in parenting, most participants described surprise at the amount of parenting labour borne by women; however, new mothers frequently stressed how lucky they were in having a partner who was more involved than men of previous generations. Together, the chapters argue that women and men participate in the making of specific forms of kinship in which mothers are primary parents and men supporting parents. Through a seemingly progressive narrative of ‘new fatherhood,’ new parents actually continue to naturalise strongly gendered divisions of parental labour.
Lay Summary

This thesis investigates women and men’s experiences of becoming parents in Edinburgh, UK. There is a common idea that men are becoming more involved in parenthood. However, most policies and practices around parenthood still focus on mothers. With this in mind, I spent a year interviewing and observing women and their partners who were expecting a baby or had recently given birth. I also spoke to a comparative group made up of their parents. I followed their experiences from early pregnancy, through birth, to adjusting to life as new parents. Over time, there was a clear contrast between the research participants’ expectations that parenthood would be shared by both parents and how they actually divided parenting once they became mothers and fathers.

My research shows that many experiences encouraged women into the main parenting role. Family and friends encouraged women to accept their role as primary caregiver. Medical practices and government policies also treated women as the primary parent. For example, in the current UK system of parental leave, men have only a small amount of paternity leave. On the other hand, women can decide whether to share some of their maternity leave with their partner or take the full amount (up to a year of paid and unpaid leave) themselves. Generally, these experiences encouraged women to become the main parent, and men to become a supporting parent. Despite this coming as a surprise to most people, I saw how over time they came to explain it as a natural division based on ideas of
natural differences between men and women. At the same time, early motherhood could be a difficult time for women as they took on most of the work of looking after their babies. The idea of men having become more ‘involved’ parents led women to express feeling lucky for whatever help they received from their partners, even if they had expected more. As a result, I argue that the popular idea that men are becoming more involved fathers actually conceals, and helps create, strongly gendered roles in which mothers continue to do more of the care of their babies.
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Introduction

One cold evening towards the end of my fieldwork, I arrived at the home of a couple I had met during pregnancy to interview them for a second time. I first met Caitlin and Steven for an interview at a coffee shop, after they had been to a midwife appointment together and before they planned to go shopping for a pram. Steven, the then father-to-be, struck me as one of the most obviously ‘involved’ expectant fathers who I met during fieldwork. He attended all the midwife appointments and antenatal classes with his wife, and told me about his plans to attend a ‘dads-to-be’ antenatal class. Caitlin and Steven both talked during pregnancy about how eager they were to ‘meet’ their baby and to take on parenthood ‘together.’

A few months later, Caitlin, now on maternity leave, opened the door to their home with their tiny sleeping daughter, Elsie, draped over her left shoulder and chest. She led me into the house while Steven called from the kitchen, ‘I’ve got the kettle on – I’m doing teas.’ Caitlin settled into the deep corner sofa in their living room, telling me: ‘I’m pretty much always on this sofa at the moment. I can’t get her to settle anywhere but on my chest which means I’m glued here, basically.’

When Steven brought the teas through we all sat and talked in the warm, dimly lit room. They had cancelled our last meeting, planned for after a routine midwife appointment they were attending together as usual. At the appointment, the midwife had noticed a rise in Caitlin’s blood pressure and sent them straight to hospital. Caitlin had emailed me while they were on the way to hospital, saying they would let me know another time to meet up after they were finished. After they arrived at the hospital, though, she was diagnosed with preeclampsia and induced on the same day. Six weeks later, we sat, tea in hand, while they told me about the lead-up to Elsie’s birth and its aftermath. Caitlin spoke about her early
struggles with breastfeeding and Elsie being diagnosed with reflux, and they both talked to me about maternity and paternity leave. In particular, they focused on the strain of Steven's lack of paternity leave. Elsie was born the week before Steven had been due to start a postgraduate training course in another city, which he was commuting to every weekday. He had emailed the course administrators to ask whether he could take the first week off and catch up with the material in his own time. In no uncertain terms, the course administrators told him no:

Steven: It was a really definite no. They said it would cast doubt on my 'commitment to the profession.'
Caitlin: I was livid.
Steven: We talked about it and in the end I went because, you know, I want to show I take it seriously. I thought since they said that, that someone would notice if I wasn’t there. No one even took attendance or anything. There were definitely other people who weren’t there.

Since Elsie’s birth, Steven had been spending full days away on the weekdays due to his course, and he was also working ‘the odd shift’ at his old hospitality job on weekends. ‘It’s been way tougher than we imagined,’ Steven told me, ‘being away so many hours. But,’ he gazed over towards Elsie and Caitlin, ‘It makes me grateful for the time I do get to spend with her.’ Caitlin agreed with him that that they had not realised how difficult ‘the reality’ of parenting would be, and how much she would be doing on her own: ‘I’m on my own all day long a lot at the moment, just with the clock ticking down.’

While I was at their home, Caitlin spent almost the entire time on the sofa with Elsie sleeping on her. She got up once to see if she could put a sleeping Elsie down in her pram, which Steven had brought into the living room to show me, but swiftly backtracked when Elsie immediately started to cry. Steven sat on the other side of the corner sofa, looking over towards Caitlin and Elsie. When we talked about particular objects he would jump up and get them for me to look at if they were in the room. When we talked about their difficulty with settling Elsie to sleep, he told me, ‘Luckily, we got this cot, one of the side-along ones, you know? I’ll
show you, it’s in our room.’ He and I went into their bedroom to look at the cot, and he showed me how the cot could be set at an angle - ‘It’s really good because it’s supposed to help with her reflux. We still have a bit of a hard time getting her to settle in it but it will be good when she does start to spend more time in it’ – and how to take the side panel next to the bed down and back up. Back in the living room, Elsie was ‘fussing.’ Steven made us another round of teas, and passed some biscuits around. Caitlin breastfed Elsie for a little while, then put her over her other shoulder, winding her and then continuing to rub her back while she cried for a little while and then fell back to sleep.

When I left their house, another cup of tea later, I realised that through the hours I was there Steven had not touched his baby at all. The contrast between Caitlin’s and Steven’s expectations of shared involvement in parenting, and their experience of ‘the reality’ of their new and distinct roles was stark, and something they were just beginning to grapple with. Their example exemplifies many of the themes of that repeatedly emerged in the fieldwork for this thesis on gender and the transition to parenthood.

This research was inspired by historical shifts and policy changes, such as men’s increasing presence at birth in the UK, and the introduction of Shared Parental Leave. These changes seem to imply that men are becoming more involved in parenthood, from the earliest stages. Yet research consistently shows that women continue to take on more of the work of parenting (Fox 2009; Baxter et al. 2015) and policy in the UK continues to situate mothers as ‘default’ parents (Koslowski 2017).

Thus, this thesis describes participants’ transitions to parenthood in Edinburgh in gendered and generational context. I analyse how gender and kinship are recreated in the perinatal period, as women and men move through the perinatal period, from expectant to new parenthood. I cover the background of the
pervasive idea that contemporary fathers are increasingly ‘involved’ in parenting and pregnancy, and show how narratives of involved fatherhood mask a more complex and contradictory picture of contemporary early parenthood. In particular, I pay close attention to the role of narrative in the making of mothers and fathers. Overall, this thesis focuses on the transition to parenthood in relational terms, asking: how does becoming parents impact both women and men’s ideas of gender and parenthood?

I examine research participants’ experiences of transition to parenthood in Edinburgh, in the light of changing policies on parenthood and the questions they raise. The parents-to-be and new parents who took part in this research navigated the processes of becoming parents in the context of government policy, medical processes, and kin and social relations. The chapters that follow this introduction particularly deal with their experiences of gendered personhood in relation to the transition to parenthood. I examine the ways that parents-to-be are engendered and engender themselves as particular kinds of parents through the perinatal period. Throughout the thesis, participants’ narratives about pregnancy, maternity care, birth, parental leave, caring for a baby, and a variety of other aspects of the transition to parenthood, are analysed, giving critical insight into the ways men and women are remade through the processes of becoming parents into particularly gendered persons, as participants in this research made it clear that motherhood and fatherhood entailed differing roles and responsibilities.

In the following sections, I review the anthropological literature most relevant to the themes of the research and thesis, as well as literature on the transition to parenthood within the social sciences more broadly. I then describe the specific context and methods of my research, before outlining the structure of the thesis by detailing the chapters that follow this introduction.

**Kinship and gender**

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This research is situated in the related fields of kinship and gender studies in anthropology, and contributes to anthropological debates about their interrelations. In particular, I draw on the concept of relatedness with its ethnographic focus on how kinship is made in a given context (in this case, Edinburgh), as well as on literature on the place of ‘nature’ and naturalisation in Euro-American articulations of kinship, and on feminist critiques of kinship. Others have provided wide-ranging overview of kinship theory and its history here (see, e.g. Goody 1971; Barnard & Good 1984; Collier & Yanagisako 1987; Strathern 1992a; Carsten 2000a; Carsten 2004; Parkin & Stone 2004). As a number of anthropologists, such as Carsten (2004), and Collier and Yanagisako (1987), have noted, the very earliest anthropological thinking hinged on issues of kinship. There is thus a long history of anthropological work on kinship to draw from when researching the transition to parenthood. In this introduction I will outline some of the central threads for this thesis.

The state of fatherhood, particularly the rights and obligations that come with it, was a focus for early anthropological thinkers. Early anthropologists’ preoccupations are especially telling of European assumptions about fatherhood, with motherhood initially ignored because it was thought of as universally ‘self-evident’ (Strathern 2011: 263). Definitions of kin terms were central to early anthropologists’ work: Bronislaw Malinowski, for example, worried particularly about whether glossing the Trobriand word ‘tama’ as father was appropriate when the roles and responsibilities it entailed seemed so different from European ideas of fatherhood (1932: 6-7). Early theorists such as Johann Bachofen (1861), Lewis Henry Morgan (1877) and Friedrich Engels (1902) sought to understand how kinship systems – and property, inheritance and continuity – functioned in societies that differed dramatically from their European ‘norm.’ Such work closely links fatherhood with understandings of property and continuity. These themes remain significant in discussions of contemporary fatherhood; despite claims of
the end of the single breadwinner family model, my research participants’ understandings of the responsibilities of fatherhood continued to closely link men’s earning and the ‘continuity’ of the family, as will be discussed in Chapter 4.

Local ‘beliefs’ about conception and childbirth were another formative preoccupation in anthropological study of kinship. In particular, anthropologists were eager to pinpoint men’s roles in the reproduction according to various societies. This produced fierce and longstanding debates, for example on the ‘virgin birth’ question (Malinowski 1916, 1932; Leach 1966; Delaney 1986). Ongoing preoccupation with understandings of men’s roles in procreation, and what this meant for local notions of kinship, was especially central to the extensive body of literature on couvade, as Albert Doja has shown (2005). The study of couvade has a long history in anthropology, throughout which debate has continued as to an appropriate definition for the term. The category of couvade, coined by Tylor (1865), has been used to analyse a wide variety of men’s behaviours around parturition in various cultures. ‘Couvade’ has been used to describe a huge range of behaviours (Chernela 1991), from men ‘acting out’ labour and birth to psychosomatic symptoms experienced by the husbands of pregnant women, and couples joining in shared rituals of expectant parenthood (BMJ 1965; Broude 1988; Kupferer 1965; Newman 1966; Tylor 1865; Van Gennep 1943; Metraux 1949; Rival 1998). In an attempt to narrow the definition, Lucile Newman argued for defining couvade as male behaviour ‘imitative’ of the mother (1966).

In the ethnographic context of this research, Edinburgh, UK, it quickly became clear to me that there was a generational difference in regard to the extent to which pregnancy was talked about as shared, which justified close attention. As I discuss in Chapter 1, men used inclusive language, such as ‘we’re pregnant,’ when talking about pregnancy. I initially wondered whether this could be considered as a kind of couvade. It was certainly considered imitative of women by the older generation of participants. Work on couvade in Amazonia, however,
offers another way of looking at the extent to which the use of this inclusive language by men in Edinburgh could be considered an example of couvade.

Albert Doja (2005), for example, has argued that failing to problematise ‘Western’ assumptions of the primacy of the mother-child bond led anthropologists to misinterpret Amazonian couvade as a ‘male’ process, when it can actually be better understood as a joint husband-wife undertaking. He argues that couvade is practiced by both expectant parents in Amazonian contexts, in the rituals and everyday interactions (such as eating) that prepare for and celebrate the birth of a baby (2005: 944). In his approach, following Riviere (1974), the infant’s ‘social self’ is understood not as a ‘given’ from the moment of birth but as a ‘process of becoming’ that is negotiated by parents as they make up their relationship to their child and ‘place’ them in kin and social networks (942). I wondered whether it could be argued that something similar was happening in Edinburgh, where expectant parents tended to relate to their unborn children tentatively (a phenomenon I examine in Chapter 1). Like Doja, Laura Rival has also argued that couvade analysis in Amazonia should focus on couples becoming parents, rather than on ‘male’ behaviours (1998). Among the Huaorani, with whom her ethnographic research was conducted, pregnancy is understood as a shared undertaking for a couple. In Huaorani couples, women and men are both subject to food restrictions during pregnancy and both take antenatal vitamins. While men in Edinburgh did not take antenatal vitamins, I discuss in Chapter 1 how they often did undertake some aspects of pregnancy in a shared sense; for example, men who participated in the research described their experiences of learning to ‘breathe through contractions’ as a couple in antenatal classes.

At the same time, men and women in Edinburgh drew many distinctions between men’s and women’s experiences of pregnancy which could limit the application of ‘couvade.’ Even with the shared language of pregnancy that couples used, it seemed to be understood by everyone I spoke to that statements like ‘we’re
pregnant’ were not literal. Participants seemed to agree that while men could share in some aspects of pregnancy, there were a number of ways they were ‘excluded,’ both in bodily and social senses, from pregnancy. Yet, Janet Chernela has argued convincingly that couvade as an anthropological category exists precisely because ‘Western’ theorists have seen birth as something exclusively ‘female’ (1991): according to her, all male behaviour surrounding parturition was seen as imitative, ‘feminine’ behaviour, needing explication through this anthropological categorisation. I expand on the significance of this in Chapter 1.

These varied examples from the literature on kinship all show how early anthropological preoccupations and categories still have echoes in contemporary ideas about fatherhood and motherhood in European contexts. Many of these assumptions still hold surprising significance today when studying kinship in Britain. In contrast to the debates about varied cross-cultural ‘understandings’ of fatherhood and father-child relationships, for example, early kinship theorists viewed motherhood as self-evident and naturally defined (Strathern 2011: 263). In comparative kinship studies, the ‘mother-child dyad’ was thus established as the central unit of kinship across cultures and unquestioned as a ‘natural’ phenomenon, as Collier and Yanagisako have shown (1987). Understandings of women’s roles in procreation were long viewed as ‘natural facts’ (Strathern 1992a) and they were not afforded the same degree of analysis as men’s. Analysing the specific roles of motherhood and ideas women’s contributions to the make-up and nurturance of the foetus remain relatively new phenomena compared to the long preoccupation with fatherhood, especially in European contexts. Mothers and fathers have thus been treated as fundamentally different based on European understandings of kinship, and have been researched in different ways accordingly, and to different extents (a point I will return to in the following section of this introduction, on the anthropology of birth and reproduction). Commonly held assumptions about men and women’s roles in reproduction remain significant and warrant anthropological examination, because they can have a
The early anthropological debates around and assumptions about kinship were based on Euro-American ideas of kinship as grounded in blood or biogenetic relation, as David Schneider influentially demonstrated in *American Kinship* (1968). Schneider showed how anthropologists themselves had been relying on their own folk categories in their understandings of kinship. In *A Critique of the Study of Kinship* (1984), Schneider questioned whether kinship was a natural category. He argued that anthropologists should not assume the importance of biological relatedness for other societies. After Schneider, many anthropologists were influenced by his work to re-examine kin relations in their research contexts. Rather than delineating and categorising kinship systems, the focus in kinship studies turned to the different ways kin relations could be made up, in ethnographic terms. Following Schneider, Carsten (1995) developed the concept of relatedness, to move away from the classic analytic opposition between the biological/'natural' and the 'social,' and instead to trace ‘kinship’ in its ethnographic idioms: which could be the importance of living together, for example, or eating food cooked at the same hearth (Carsten 1995). Carsten suggests that, rather than presuming the importance of biology, anthropologists should instead ask ‘what “being related” does for particular people living in a specific location,’ building a picture of the ‘lived experience of relatedness in local contexts’ (Carsten 2000a: 1).

Assumptions about kinship as biogenetic colour are not only anthropological ideas of kinship, but also the local ideas of kinship central to this research. Marilyn Strathern notes that ‘while Euro-Americans have become aware that particular forms of kin arrangements are specific to particular cultures and societies, and artificial in that sense, it is taken for granted they are there to deal with natural facts of life’ (1992a: 3). In Britain, such 'natural facts of life' are understood broadly
to be ‘biological’ and narrowly to be ‘genetic’ (ibid.). Tracing relatedness in ethnographic terms in Edinburgh thus faced the particular challenges common to kinship studies in ‘Euro-American’ contexts, given the close relationship between the scientific language and ethnographic idioms of kinship. In this research, participants’ ethnographic idioms of kinship are biogenetic, and gender and kinship are tied up with powerful discourses of biological ‘nature.’ Nevertheless, it is possible to trace how people use these idioms (in sometimes surprising ways), as I do throughout the main chapters of the thesis, in creating specific kinds of kin relations. In the research context of Edinburgh, participants’ understandings of kinship were based on such notions of shared biogenetic substance, in this case, usually figured as ‘genes.’ However, participants also used notions of shared substance in more surprising ways, as when women described their breastfed babies as ‘all me’ (discussed in Chapter 4).

As kinship was undergoing this relational turn, feminist critiques were also being levelled at kinship studies. Scholars such as Collier and Yanagisako, objected to the divisions that had historically been drawn between domestic and politico-jural domains (1987). In structural-functional (and implicitly evolutionary) models of kinship, Collier and Yanagisako argue, this domestic-political division meant that ‘kinship groups in modern industrial societies’ were understood as ‘stripped of their former wide-ranging functions, which are performed by other institutions – in particular, the workplace and the state’ (1987: 3). For example, two decades before, kinship in England had been described as ‘loose’ and disappearing (Fox 1967: 14). Collier and Yanagisako argued that, as a result, ‘the Euro-American family’ was under-theorised when compared with kinship in non-industrial societies. European families were generally understood narrowly as functioning as units of biological reproduction. Sufficient analysis of how these families and reproductive processes influenced political and economic systems, and how they were influenced by these systems, was lacking. Collier and Yanagisako argued that more research was required on how kinship and gender was co-constituted
in Euro-American contexts, and they called for more unified analyses of gender and kinship. They argued that the processes of Euro-American kinship, how families ‘reproduce and recast’ gender and class inequalities, had been overlooked and called for more research into these processes of social reproduction and change. Research in contexts such as the United States, Canada and Australia has suggested that the process of becoming a parent has particular salience for the recreation of gendered selves (and gendered inequalities), as both men and, to a lesser extent, women have been shown to adopt more ‘traditional’ views on gendered division of labour and men and women’s different ‘natural’ aptitudes after the birth of their first child (Davis-Floyd 1992; Fox 2009; Baxter et al. 2015). Collier and Yanagisako’s call for unified analyses of kinship and gender thus remains important, as arguably the relationship between kinship and gender in UK in particular, is still under-theorised (as I discuss further in the section on gender and parenthood in Britain). My focus on the ways that men and women reproduce and recast gendered kin relations during their transitions to parenthood is a thread that runs throughout this thesis, as I attempt to show the processes by which participants became particular kinds of gendered parents.

This thesis examines participants’ experiences of and ideas about gender in intergenerational and kin context. I take gender to be a relational term, rather than an essentialist category that can be fixed to particular bodily characteristics. As Chandra Talpade Mohanty has argued, it is the intersections of various ‘networks of class, race, (hetero)sexuality, and nation … that position us as women’ (1991: 12-13); in other words, no one “‘becomes a woman” … purely because she is female’ (ibid.).

I began my research with the sense that birth and parenthood are crucial sites for the reproduction of gender and kinship roles. As Soraya Tremayne argues, ‘reproduction is a dynamic process which is not limited to two people reproducing
biologically. It concerns the wider social group and interacts with economic, political, religious, and legal institutions’ (2001: 1). This thesis considers experiences of reproduction in the biological (or biosocial) sense, but also in the senses of how socially structured gender roles are (re)created and continued through generations. Indeed, intergenerational narratives around gender confirmed that experiences of the perinatal period are crucial for reproducing gendered identities. As I discuss in Chapter 5, participants’ narratives about gendered parenting exemplified what Sara Ahmed has called ‘gender fatalism’, by which ideas of gender become not only explanatory but an expectation to be fulfilled (2017: 25). Ahmed shows how this happens during pregnancy, birth and childhood, and this research expands upon her theory to show the working of gender fatalism during the transition to parenthood, as narratives about how women and men enact parenthood in different ways become not only explanations but also expectations of what is and what will be: women are and will be mothers, and men are and will be fathers.

In the thesis chapters, I write about how the transition to parenthood ‘produced’ and ‘revealed’ gender for participants. These terms are interlinked, and describe the place of gender in participants’ narratives about the transition to parenthood.

By ‘producing’ gender, I refer to participants’ descriptions of being positioned in distinct gendered categories in the perinatal period – often to their surprise (in a context where many couples expected to ‘share’ in pregnancy and parenthood). For example, participants described being taken aback when men were put ‘on a chair over in the corner’ during the first midwife appointment. In the chapters of the thesis, I build on theories of birth as a rite of passage to give detailed accounts of how the systems of antenatal care and structures of postnatal care more widely positioned women and men as fundamentally distinct on the basis of bodily difference, thus producing particular articulations of gender in relation to parenthood.
By ‘revealing’ gender, I refer to the way that participants came to explain these experiences of being positioned in specific, distinct gendered categories. In general, participants came to naturalise this production of specific gender divisions as a revelation of a fixed reality they had previously been unaware of. Several participants expressed that they had an increased awareness of gender difference after becoming a parent, based in ideas of gendered hormones or different bodily capabilities. In Chapter 5 in particular, I show how intergenerational relationships reinforced participants’ narratives about how becoming a parent had opened their eyes to a ‘reality’ of gender difference. At the same time, throughout the thesis I show how experiences of gender difference or gendered divisions are the product of specific structures, practices, policies and interactions – and not necessarily the differences between women and men’s bodies. In Chapter 1, for example, I show how generalisations about the differences between women experiencing pregnancy and men on the ‘sidelines’ tended to flatten women’s often widely differing bodily experiences of pregnancy.

In other words, I am not arguing that becoming parents reveals a fixed truth about gender or sex-based difference, or necessarily produces gendered difference in parenting roles. Rather, I argue that in the context of perinatal care and intergenerational relationships in Edinburgh, divisions and differences between mothers and fathers at all kinds of levels – from quickly acquiring the knack of soothing a baby, to differing parental leave policies for women and men – came to be naturalised by participants through ideas of different gendered bodily capabilities and experiences. One participant exemplified this when he told me that he had grown up thinking that men and women were equal and essentially the same but that after becoming a parent he had ‘realised’ that gender was ‘two spectrums’ – a separate spectrum each for men and women.
My research is influenced by the significant body of literature on kinship in Britain which began to emerge in the 1980s and 1990s (Wolfram 1987; Strathern 1981; 1992a). Most of this literature refers to ‘English’ kinship or ‘Euro-American’ kinship more broadly, though Jeanette Edwards writes of the difficulty of delineating kinship (2000): ‘Euro-American’ kinship is perhaps too sweeping, while ‘English’ kinship makes too definitive a claim. She coins ‘Born and Bred’ kinship to discuss the specificity of understandings of kinship for her participants in Bacup, England, while leaving the door open to the ‘similar preoccupations’ of people in different parts of Britain: the Western Isles (Ennew 1980), Wanet (Rapport 1993), or the Scottish Highlands (MacDonald 1997).

Much of the literature on English kinship deals closely with ideas of ‘nature’ in kinship – and in reproductive technologies (Strathern 1992b; Franklin 1997). In relation to the advent of ‘new’ reproductive technologies in the 1980s, and the shift from describing kinship in terms of blood to describing it in terms of genetic material (Franklin 2013), a number of scholars examined the changing nature of kinship in the era of in-vitro fertilisation (IVF), gamete donation and surrogacy. Anthropologists such as Strathern, Edwards, and Franklin questioned whether ideas of ‘English’ kinship – sharing many qualities with Schneider’s description of American kinship, especially its basis in blood and the biogenetic – would be transformed for people by these technologies. Following Schneider’s assertion that ‘[(Euro-)American] kinship is whatever the biogenetic relationship is. If science discovers new facts about biogenetic relationship, then that is what kinship is and was all along although it may not have been known at the time’ (Schneider 1968: 23). Strathern in particular argued that the technologisation of reproduction had the power to fundamentally change the way people in the UK thought about procreation and, therefore, how they thought about kinship and relatedness between people (1992b: 15). Yet Franklin’s ethnographic study of IVF patients in 1990’s England showed that ideas of reproduction are surprisingly resilient: despite all of the apparent technological intervention into reproduction...
that patients underwent in the process of in-vitro fertilisation, patients constantly re-naturalised reproduction; technology was understood by the patients who took part in Franklin’s research as merely ‘giving nature a helping hand’ (Franklin 1997: 10). Thus, as Carsten summates, while the possibility of ‘radical shift[s] in knowledge practices’ in kinship still exists, it exists alongside the reality that reproductive technologies can also ‘merely illuminate old certainties in new ways’ (2004: 168).

While this thesis focuses more broadly on experiences of the perinatal period (not reproductive technologies specifically), throughout the chapters, I explore the significance of naturalisation in the narratives of expectant and new parents in Edinburgh, especially in relation to gender. When the use of ultrasound technology during pregnancy began to gain prevalence, some theorists of reproduction argued that men would have increasing ‘access’ to pregnancy (e.g. Strathern 1992a). Making the foetus ‘visible,’ they argued, would undermine women’s exclusive connection to the foetus, and open up the opportunity for men to bond with their unborn children in new ways. However, in Chapter 1, I examine how men continued to feel excluded from the mother-child dyad embodied by pregnant women.

Alongside a focus on the potential for changes to kinship and its ethnographic articulations embodied by reproductive technologies, kinship studies have also focused on change in terms of the proliferation of ‘new’ family forms made outside the heteronormative model. Kath Weston’s ethnography of gay kinship and chosen families is a seminal example (1991), and others have followed, with much of the research on gay kinship showing its interweaving with reproductive technologies (see, e.g., Hayden 1995). Thus, much of the focus in studies of Euro-American kinship in recent decades has been on apparent transformation: new technologies, new family forms and new ways of thinking about relatedness.
However, as Ginsburg and Rapp have written, thinking about kinship as reproduction, not only in the biological sense but also in the sense of social structure, can open up fruitful theoretical space for considering continuities, especially when thinking about gender, which is at the core of this thesis: ‘Using reproduction as an entry point to the study of social life, we can see how cultures are produced (or contested) as people imagine and enable the creation of the next generation’ (Ginsburg and Rapp, 1995: 1–2). In the following chapters, I show how in the context of my research on the experiences of heterosexual couples becoming parents, specific concepts and naturalisations of gender contributed to the reproduction of certain roles, forms and structures, as well as showing how these structures reinforce particular ways of doing family (hetero)normatively. I draw on Strathern’s assertion that ‘heterosexuality is sustained by a specific gender imagery that classifies a mother’s body as axiomatically “female”’ (1992a: 48). I show how men and women’s gendered roles as parents were (re)created through the processes of the transition to parenthood and how mothers and fathers are engendered rather than simply existing biologically or because of birth. Throughout the chapters, I look to how families – and mothers and fathers – are ‘made’ (Weston 1991). I draw on the concept of relatedness (Carsten 2000) and its ethnographic idioms, and also Julie Roberts’ (2015) concept of ‘family practice’ – how women and men enact expectant and new parenthood – to understand participants’ naturalisation of gendered parenting roles that seemed to contrast with their expectations of shared parenthood.

**Anthropology of birth and reproduction**

As well as speaking to anthropological debates on kinship and gender, this thesis is situated in the anthropology of birth and reproduction. As I have discussed, the
analysis of conception beliefs and other ‘ideas’ about reproduction has a long history in anthropology, linking back to early anthropological concern with kinship systems, property and descent, with particular focus on men’s place in these. However, experiences of the actual physiological processes of reproduction were not usually studied, as they were considered ‘natural,’ or later ‘biological’ ‘facts.’

The anthropology of birth and reproduction has thus emerged as a distinct sub-field only relatively recently. Its development is closely related to the trajectory of feminist movements both within and without the discipline, with the ‘anthropology of birth’ emerging during a period of calls for the greater inclusion of women’s voices and experiences in anthropology. Birth was an aspect of ‘female’ experience previously inaccessible to or ignored by the majority of male researchers.

Responding to these calls, Brigitte Jordan’s *Birth in Four Cultures* (1978) was a pivotal work, legitimising childbirth as a topic for in-depth anthropological study. Comparing birth practices in Mexico, the Netherlands, Sweden and the US, she argued that birth could not be understood as a purely ‘biological’ event and, rather, that the study of birth should consider the interplay between the social and physiological conditions of the birth event, as she termed it: the ‘biosocial’ (Jordan 1993: xv). Researching birth as a biosocial event takes into account the interaction of the environment women birth in, the people who support them during birth, and other factors, with the physiological processes of birth.

In the decades following Jordan’s pioneering research, anthropological study of birth has become an established sub-field (see, for reviews, Ginsburg and Rapp 1991, 1995; Van Hollen 1994; Davis-Floyd and Sargent 1997; Inhorn and Birenbaum-Carmeli 2008; Sargent & Gulbas 2011). Following Jordan’s work, the study of birth, as a ‘culturally grounded, biosocially mediated, and interactionally achieved event’ (Jordan 1993: xi), has been the focus of numerous ethnographies
of birth in a range of ethnographic settings that span the globe, from the US (Cheyney 2011; Davis-Floyd 1992; Fraser 1995) to India (van Hollen 2003, Unnithan-Kumar 2002).

The early anthropology of birth has since been critiqued for a widespread tendency to contrast romantic ideals of birth in pre-industrial societies with ‘medicalised birth’ in Western societies (Jeffrey & Jeffrey 1993); however, this simplistic dichotomy was broken down as the field developed, with anthropologists paying close attention to social and medical contexts in various settings, and women's experiences of the perinatal period (ibid). In this thesis, I consider participants’ experiences of reproduction as fundamentally biosocial (and involving both parents), yet I also show how participants’ narratives focused on the primacy of reproduction as a biological, bodily process occurring in women's bodies (with these ‘common sense’ ideas playing their own role in the biosocial context for reproduction).

Beyond the ‘event’ of birth itself, anthropologists soon began to conduct more temporally extended analyses of reproduction. The anthropology of reproduction now ranges widely from cultural analyses of conception (Martin 1991, Delaney 1986) and ethnographies of pregnancy (e.g. Martin 1987, Ivry 2010) to cross-cultural accounts of early infant care (DeLoache & Gottlieb 2000), and breastfeeding (Maher 1992; Faircloth 2013; Cassidy & El Tom 2015; Srdic Srebro 2017). A huge body of literature on a variety of ‘reproductive disruptions’ has also been developed, ranging in focus from infertility and fertility treatments (Inhorn & Birenbaum-Carmeli 2008; Franklin 1997), to foetal testing (Rapp 1999) and imaging (Taylor 2008; Georges 1996), pregnancy loss (Layne 2000) and disability (Ginsburg & Rapp 1991). Several exhaustive reviews of the anthropology of birth and reproduction are available (Davis-Floyd 2003; Davis-Floyd and Sargent 1997; Ginsburg and Rapp 1991, 1995; Inhorn and Birenbaum-Carmeli 2008; Kaufman
& Morgan 2005; Lock 1993), as well as more recent updates (Almeling 2015). However, a few important arcs for this research should be outlined here.

One of the most prominent themes in ethnographies of birth have been analyses of birth as a rite of passage (Cheyney 2011, Davis-Floyd 1992, Reed 2005), based on Turner’s work on liminality (1969), which I discuss in more detail in the following section. Using Van Gennep’s phases, preliminary, liminary and postliminary (1960), Robbie Davis-Floyd (1992), argues that pregnant and birthing women in the US go through three stages: separation (in which the non-pregnant woman becomes the pregnant woman); transition (the liminal states of being pregnant and in labour); and integration (in which the woman emerges from the liminal period with a new social status: mother). Following Turner’s argument that the liminal state makes people open to the communication and affirmation of core societal values (1979), she argues that hospital birth in the US is a technocratic ritual that functions to impart to women the core values of US society.

Following Davis-Floyd, the ritual framework has remained a common mode of analysis in the anthropology of birth. For example, Melissa Cheyney (2011) uses ritual framework in an analysis of US women’s experiences of homebirth to show how midwife-led homebirth also has the power to affirm core values. In Davis-Floyd’s work, for example, pregnancy and birth are analysed as rites of passage, in which the ‘technocratic’ management of birth ‘teaches’ women to accept their place in a patriarchal society. Understanding birth as a rite of passage and the use of liminal theory has also gained prominence outside of anthropology in nursing and midwifery studies (e.g. Draper 2003). I draw on these concepts in Chapter 2, in discussion of what sending new fathers home from hospital soon after birth might ‘teach’ new parents.

Another of the main arcs in the anthropology of birth has been analysing the ‘medicalisation,’ management and technologies of birth (Oakley 1984). Taking
cues from Foucault’s concept of biopower (1978) anthropologists have understood birth as a site for the intersection of state power and biomedical expertise on (female) subjects’ bodies (Reed 2005, van Hollen 2003). Anthropologists have been prolific in showing the ways that the processes of medicalisation are culturally shaped (Jordan 1993), as well as mapping the complex interrelations of feminism with technologies of reproduction (Rapp 2001). Anthropologists have also examined the so-called ‘natural’ birth and parenting movements that have arisen in response to such ‘medicalisation’ of pregnancy, birth and parenting, and critically examined the notions of ‘nature’ they employ (Cheyney 2011; Faircloth 2009).

Another main consideration in the anthropology of birth and reproduction has been the figure of the foetus. In relation to the contexts of miscarriage and stillbirth (Layne 2000), foetal testing and imaging (Rapp 1999; Taylor 2008; Roberts et al. 2015), and culturally specific ideas relating to foetal movement and development (Georges 1996), anthropologists have been concerned with discussions of personhood and the life course. US-based ethnographies have shown how life – and parenthood – is extending ‘backwards’ in certain ways, as expectant parents endow their unborn child with personhood ever earlier (Layne 2000). In other contexts, fears of reproductive ‘disruptions’ and routinisation of testing may lead to experiencing pregnancy as a ‘tentative’ state (Ivry 2010). In Chapter 1, I show how participants’ experiences of pregnancy as a tentative state contributes to the gendering of expectant parents. Though in some respects we might question how ‘new’ a phenomenon the notion of foetal personhood is (Ivry 2010), questions of foetal ‘personhood’ remain complex, highly relevant and contentious when researching pregnancy, given current political debates on and legal status of reproductive and abortion rights.

Finally, much of the literature on reproduction is focused on apparent change. For example, anthropologists have provided accounts of the ways that the increasing
prevalence of fertility treatment and reproductive technologies affect ideas and experiences of kinship and gender, and have created the option to move away from normative ways of doing family. Building on Marilyn Strathern’s early work on this (1992), Charis Thompson (2005) and Sarah Franklin (1997; 2013) have examined how reproductive technologies may re-make ideas of kinship. Anthropologists have been attuned to the intersection of gender, sexualities, and nationalities in the creation of families through assisted reproduction, through studying heterosexual men and women (Becker 2000; Deomampo 2015), lesbian women (Sullivan 2004), and gay men (Lewin 2009) making use of these technologies within and across transnational borders. Ever-developing technologies and continuations of ‘new’ forms of family should continue to inspire research on apparent transformation. However, inspired by such research which is so closely attuned to the processes by which families are made, this thesis seeks to turn such analysis towards the as yet relatively unexamined processes by which families which may appear to be more normative – in this case heterosexual parent couples – are also made.

Perhaps unsurprisingly, given the context of the feminist call in which anthropology birth and reproduction first came to legitimacy, the anthropology of reproduction has largely consisted of female researchers studying ‘female experiences’ (Inhorn & van Balen 2002). A gap in the literature on men’s experiences of birth has been noted since the 1990s (Van Hollen 1994; Inhorn and van Balen 2002; Sargent and Gulbas 2011) yet, with some exceptions (e.g. Marcia Inhorn’s extensive research of men and infertility), the close focus on women’s experiences remains striking in reproduction research (Culley et al. 2013).

Over 90 percent of fathers are present at the birth of their children in the UK (RCM 2010). Given this fact, it is clearly important to consider men’s experiences of birth and reproduction in research. This thesis seeks, in part, to fill a persistent gap in
the anthropological literature on birth and reproduction, by including men’s roles at birth and throughout the transition to parenthood, in a relational context.

Some important work on men’s experiences of birth does already exist. Richard Reed’s *Birthing Fathers* (2005) is one the first comprehensive attempt to remedy the gap on men’s experiences of birth, and there have been a few small-scale qualitative accounts of men’s experiences of birth in the UK (Draper). Taking my cue from more wide-ranging analyses of women’s experiences of reproduction, such as Emily Martin’s *The Woman in the Body* (1987) and Tsipy Ivry’s comparative ethnography of pregnancy and Japan and Israel (2010), I aim to go beyond analysis of accounts of birth experiences alone to a broader understanding underlying ideas and metaphors about men’s as well as women’s bodies that inform their embodied and everyday experiences of the transition to parenthood.

As I noted in the previous section, rites of passage framework has often been used to analyse experiences of birth. Davis-Floyd suggests that men (and also babies) might also be seen to experience birth as a rite of passage; however, her ethnography is based solely on women’s experiences of birth. In order to assess whether this is the case it is clearly necessary to include men in the research.

Some of the early work on men’s experiences of reproduction that begin to fill the gap on men and reproduction also employs ritual frameworks. This research focuses mainly on experiences of the birth ‘event.’ Draper (2003) and Reed (2005) use the rites of passage framework respectively to analyse English men’s ‘passage to fatherhood’ through experiences of being present at birth, and in an ethnographic analysis of American men’s stories of birth. Focusing closely on stories of birth, both argue that birth is a rite of passage for their male research participants, as well as for the women giving birth. However, Draper’s assessment is that the rite of passage occurs differently for different men – with various
possible liminal points during the birthing process – not analogously to Davis-Floyd’s three-stage technocratic rite for women. Draper also does not address the notion of core value reinforcement that Turner and Davis-Floyd both emphasise. In chapter 3, I show how, if birth is understood as a rite of passage for men in Edinburgh, men’s ‘integration’ in this context – emergence from the liminal period with new social status – reinforces the role of men as secondary, supporting parents.

I move beyond an analysis of the ‘moment’ of birth alone, and consider men’s as well as women’s experiences of the transition to parenthood across a longer time-period than the event of birth, taking into account the everyday, lived experiences of men and women becoming parents in the context of NHS care and intergenerational relations in Edinburgh. I will draw on other approaches to experiences of reproduction. My wider temporal focus is informed by Tsipy Ivry’s work on ‘cultures’ of pregnancy (2010), as well as Emily Martin’s work on the metaphors and perceptions of women’s bodies and reproductive processes. Ivry’s work on pregnancy is a cross-cultural analysis of the dialectic between the management of pregnancy (in Israel and Japan) and ideas about women, motherhood and pregnant bodies. Similarly, Martin, in The Woman in the Body, goes beyond an analysis of accounts of birth experiences to the underlying ideas and metaphors about women’s bodies that inform their embodied experiences of reproduction (1987).

I detail what ideas about men’s as well as women’s bodies can tell us about gendered expectations and experiences of parenthood in Edinburgh. In part, the gap on men’s experiences of reproduction informs, and is informed by, a relative lack of attention to men’s reproductive bodies. In other words, men’s experiences of the transition to parenthood are seen as relatively disembodied. In Chapter 1, following this introduction, I detail how the focus on women’s embodied experiences, interrelated with participants’ ideas about gender, the medical
management of pregnancy and social and familial interactions reinforce distinctions between male and female parents-to-be. As Marilyn Strathern has noted, the belief that men’s physiological involvement simply cannot match women’s is widespread in Anglo-American contexts: from nurturance in the womb to nurturance from the breast, the relationship between fathers and their babies is seen as secondary to that between mothers and their infants (1992a: 29). Among my participants, this belief co-existed with the potentially conflicting notion that mothers and fathers are – or should be – ‘equal’ parents. However, participants’ experiences of pregnancy, birth and early parenthood seemed to heighten ideas of gender based on notions of ‘intrinsic “natural” capacities of male or female bodies’ (Carsten 2000: 20). In this context, ideas of embodied, gendered capabilities were expressed in strongly ‘biological’ and commonsensical terms, as I discuss in Chapter 4, necessitating analysis of what ‘equal parenting’ can mean in this context.

Finally, while much of the anthropological literature on birth and reproduction has been based on ethnographic observation (e.g. Jordan 1993, in part; Cheyney 2011; van Hollen 2003) a significant proportion of it has been based on interview-based research. During this research I did not have access to observe births or medical care directly. My research is thus based around my observations of other kinds of antenatal education and sociality, but also largely on interviews and conversations with participants about their experiences of birth, antenatal and postnatal medical care, as well as other aspects of their transition to parenthood. Narrative is thus an important methodological consideration. Beyond that, though, it can be useful to think with theoretically: medical anthropologists have analysed the role of narrative in patient-physician interactions, healing and the construction of illness and disability (Mattingly 1998). Following Mattingly and Garro (2000), who argue that narratives are not only about something, but also do something, I analyse participants’ narratives of birth and reproduction and what these narratives do beyond what they can tell us about the ‘event’ of birth. I argue that
participants use narratives as a form of ‘family practice’ (Roberts et al. 2015) by which familial roles and relationships are performed. In Chapter 2 I discuss how participants’ narratives of birth not only are about kinship and gender, but are actually part of the processes by which people create gendered kin relationships.

**Gender and transitions to parenthood in Britain**

Since the 1950s, fathers in Britain have moved – in public as well as scholarly consciousness – from the periphery towards the centre of reproduction. Over that time, the percentage of fathers present at the birth of their children has risen from around 0-13 percent in the 1950s (Newson and Newson 1963), to around 71 percent in the 1970s (Woollett et al. 1982), with over 90 percent of fathers attending the birth of their children today (RCM 2010). This dramatic shift has been bound up with policy changes at various levels: at the hospital level these include the shift from banning to allowing – and now expecting – fathers in delivery rooms. Increasingly, men are expected to be ‘involved’ in the births of their children, and many hospitals and birth centres have shifted their language beyond that of ‘woman-centred’ maternity care towards ‘family-centred’ care. Policy at the governmental level has also changed. UK and Scottish government policy increasingly plays lip service to the idea of involved fatherhood, although large disparities remain between the rights of expectant mothers and expectant fathers in the perinatal period. There exists a widespread notion – both popularly and in the academic literature – that contemporary fathers are more ‘involved’ fathers than ever before. How this expectation of involved fatherhood affects new mothers as well as new fathers is the question at the core of this thesis.

Scotland, especially urban, Lowland Scotland, has been the focus of few anthropologists’ research, with the bulk of anthropology conducted in Scotland focused on the ‘highlands and islands’ (see Rapport 2002 for a review). Thus, there is not a large body of regional ethnography to draw upon when providing
context for gendered transitions to parenthood in Scotland specifically. While the anthropology of parenthood in Scotland is still at a relatively embryonic stage, varied work has been carried out in other social sciences, which I will discuss below, and I also consider some ethnographic and broader social scientific research on parenthood in England.

The anthropological research that does exist on gender and parenthood in Scotland tends to foreground working class masculinities; for example, Patrick Quinn’s account of men’s relationships to violence in Easterhouse (2004); Paul Gilfillan’s analysis of masculinities and sex education in Fife (2009), and Daniel Wight’s ethnography of masculine respectability in the central belt (1993), which touches on men’s identities as fathers but is more concerned with men’s relationship to work, or the lack of it. This has parallels with how anthropologists of masculinities in other geographical contexts have focused on issues of power, inequality and ‘masculinity crises’ (Bourgois 1995; Knauft 1997; Perry 2005), as Casey High (2010) has pointed out.

Similarly, there are few anthropologists writing on kinship in Scotland: examples include Janet Carsten’s work on memory and adoption reunions (2000), Katharine Dow’s ethnography of the ethics of reproduction in rural Scotland (2016), and Kelly Davis’s thesis on generational knowledge and practices of mothering (2008). The context for the specific focus of this research – the intersection of transitions to parenthood and gendered selves – thus must draw from more disparate sources, both disciplinarily and geographically. Looking beyond Scotland for anthropological research on transitions to parenthood that makes claims about ‘the UK’ leads to a larger body of research: in particular, a number of scholars working on the relationships between reproductive technologies and kinship in England (including Edwards et al. 1993; Edwards 2000; Strathern 1992, 1992; and Franklin 1997, 2013), as well as other work on gender and parenthood, including Charlotte Faircloth’s ethnography of the naturalisation of extended
breastfeeding and intensive mothering in London (2013), and Edwards’ account of men being ‘screened out’ of academic work, policy and provision of care for parents (2002).

Anthropologists and other scholars have at times been cautious of ‘generalising’ claims in research conducted in England to Scotland, given legal, class and cultural distinctions between them. Sybil Wolfram (1987), for example, argued that her analysis of English kinship should not be applied to Scotland because Scotland’s distinct legal system makes generalising claims about kinship from England to Scotland particularly problematic. There are differences in Scotland and England’s family law, different regulations for registering the birth of a baby in Scotland and other parts of the UK, and a distinct legal process for allocating parental ‘rights and responsibilities.’ However, my analysis of kin and family is based in close attention to the lived experiences and narratives of my participants who, with a few exceptions, referred little to legal systems and much more to NHS care, intergenerational and other social relations, and workplace and UK government policy on parental leave and childcare. As will be discussed in the section on methods, participants for this research in Edinburgh came from a range of national backgrounds and could not be narrowly defined as Scottish or even British. However, all participants shared the experience of becoming parents in the context of NHS maternity care and UK policy.

In her history of British fatherhood, Laura King (2015) has convincingly critiqued the practice of making geographically-based generalisations about fathers from different areas of the UK. She argues that there is often much similarity along class lines through different regions and many differences between disparate classes or ethnic groups within regions. Sociologists and historians have particularly emphasised the importance of class in regard to Scotland. Historian Lynn Abrams has argued that class is the most important factor for understanding fatherhood in Scotland, and that ‘new [or ‘involved’] fatherhood’ is the exclusive
preserve of middle class (and up) fathers (1999: 220). Sociologist David McCrone has argued that Scottish fathers – and Scottish men more generally – have been unjustly stereotyped as more misogynistic and ‘backward’ than men in England, using survey data that shows slightly more progressive views on gender from Scottish than English men (2001: 169). He links this to classed perceptions of Scotland as a nation, as well as highlighting the importance of class, and particularly working class-ness, as an identifier in Scotland (2001: 90).

Despite these apparent problems in generalising between Scotland and the rest of the UK, when focusing on gender and parenthood in Scotland it remains useful to consider the context of parenthood research in the rest of the UK. For example, King acknowledges that the pervasive discourse of ‘new fatherhood’ – the persistent notion that each generation of fathers is more ‘involved’ in the care of their children than the last – and the related expectation of increased father involvement and intimacy with children have impacted significantly on fathers and families throughout the UK, and across class boundaries. Similarly, despite the differing legal systems between Scotland and the rest of the UK, maternity, paternity and parental leave policy is UK-wide; thus, much of the bureaucratic structure that people face when they become parents is the same across the UK. Finally, despite Abrams’ argument that Scottish fathers (especially working-class ones) have been particularly ‘marginalised’ from the family by mother-centred policy (1999: 219), this is not unique to Scotland; Edwards (2002), for example, shows that fathers-to-be and new fathers (again, especially working class ones) in the north of England are also treated as peripheral family members, even potential problems, rather than as potentially present, useful and supportive family members.

While anything resembling a comprehensive ‘anthropology of Scotland’ is still limited, other disciplines such as sociology and social history have long been undertaking analysis of families and reproduction in Scotland. The Scottish
government and other policy-oriented actors have also carried out varied research on families. Research specifically on the transition to parenthood in Scotland, thus comes largely from outside anthropology, from researchers with differing disciplinary backgrounds and a variety of disparate aims. While this varied nature complicates the process of outlining the general research themes that might be of use when attempting to understand ‘the transition to parenthood in Edinburgh’ from an anthropological perspective, there are some broad arcs that span the wider social science research on parenthood and gender in Scotland and the UK that are useful to think with. These include a focus on ‘problems and outcomes’; accounting for social change; and a call to fill the ‘gaps’ on men and fatherhood.

A major focus in social research on parenthood and gender in Scotland is on ‘outcomes’ and ‘solutions,’ and research on parenting in particular is often viewed through the lens of the potential impact on children’s wellbeing. This is related to the disciplinary backgrounds and aims of those conducting the research. For example, the Scottish Government’s extensive programme of research on families, ‘Growing Up in Scotland,’ collects data from mothers, and focuses on the impact on children’s lives, of family circumstances, parenting skills types of childcare (Parkes et al. 2015; 2017; Knudsen & Bradshaw 2017). Social policy researchers have also researched rates of and women’s experiences of breastfeeding, with a focus on the ‘outcomes’ for mothers and babies (e.g. Skafida 2011; 2014). Abrams has argued that a focus on ‘problems’ and ‘outcomes’ is intensified in social research on Scottish families when fathers are the subjects of research, with ‘more written about the minority of fathers who deserted their wives and girlfriends, and the fathers who beat their wives and children, than …s about the many who struggled to provide for their families’ (1999: 227). As a result, while acknowledging aspects of masculinity linked to power, violence and unemployment, I actively seek to move away from what Gary Clapton has called this ‘pathology’ of masculinity in social research (2003: 55), and turn the focus of
this research to the different ways that paternal selves are made and changed, in relation to kin and care.

Another trend in social research in Scotland is the tendency for it to be closely linked to demographers’ accounts of social change. Sociologists in Scotland have focused on changes to family form, including rising rates of cohabitation, divorce and separation, single parent and single person households, and later marriage and parenting (Jamieson et al. 2011; Morgan 2011), as well as social changes. Historians have documented rising rates of women in the workplace (McCrone 2001) and men at birth (King 2015), and have argued that aspects of familial life and gender roles in society have undergone transformation as a result. Such research tends to focus on changes to gender roles and family make-up. This focus on change is related to social research in Scotland’s close links to policy and legislative changes: research commissioned by the government, for example, is linked to implementation or potential for policy changes, with researchers attempting to describe, explain and account for these changes. Yet, as demographers themselves have admitted, the changes they analyse, and that sociologists and other researchers investigate and account for, are constrained the demographic categories used by demographers in the past (Miller 2006), and apparent demographic change or continuity is not always as simple as it appears, as demographic categories have shifted and new ones have been created (2006). For example, Miller shows how relatively consistent numbers of lone parent households may mask a dramatic shift in the lived reality of families: from lone parent households due to the death of a parent, to lone parent households due to divorce (2006: 14).

The counterpoint to this focus on change is the work of historians who show that there are often continuities in spite of narratives of change. Historical research has often highlighted historical continuities in what have been presented as new or modern ‘problems’: for example, even as she documents social change in
expectations of fathers, King compellingly argues that fathers’ intimacy and involvement with their children is far from a new phenomenon in Britain, as she traces it back through the 20th century (2015). This thesis investigates narratives of change and continuity in relation to fatherhood and motherhood in depth. In Chapter 5, I show how participants’ narratives of progression may in fact mask reinforcement of ‘traditional’ gendered roles.

Despite this important work by historians, an underlying assumption of progressive historical change runs through much of the social research on fatherhood and families. This is closely linked to the notion of the ‘new father’ or ‘new man’ – the idea that each generation of fathers is progressively more involved in the care of their children than the previous one, which King (2015) has carefully documented and shown to be not such a ‘new’ phenomenon as it presents: since the 1950s at least, contemporary fathers have been consistently portrayed in popular culture as more involved than the generation that preceded them. In sociological research on fatherhood, there has been an increasing focus on intimacy and the emotional aspects of fatherhood, linked to sociologist Esther Dermott’s work in England (2008), rather than the quantifying of the time, practices and tasks of fatherhood that were more common in earlier sociological research on gendered parenthood (see Coltrane 2004 for a review of this). Nevertheless, Gary Clapton has suggested that the inner lives of fathers remain largely unexplored in research, a gap I attempt to address in this work. Fathers continue to be unrepresented in Scottish (and UK) policy (Clapton 2009; 2012; Koslowski). Parental leave policy in the UK remains gender-unequal. More research is needed to understand the specifics of British fatherhoods. Over the course of the thesis, I attempt to give a detailed account of the policies, interactions, and ‘inner’ and everyday lives of women and men becoming parents for the first time, and how gender gains a particular salience as they adjust to their new roles.
Finally, social research on British families shares a similar trajectory with the anthropology of reproduction, in that a lack of research on men and masculinities in relation to family life was noted in the 1990s and a call for more work on these themes led to a growing focus on ‘filling the gap’ on men and fathers. Much as anthropologists of reproduction do, scholars of the family in Scotland & Britain still note the apparent ‘femaleness’ of the sub-discipline, both in terms of the researchers and the researched (Jamieson 2011). Thus, while a growing number of historians and social scientists of Scotland have begun to focus on masculinity and fatherhood in their work, (e.g. Abrams 1999; 2017; McCullough 2017), this remains a niche area of research. In many cases it is treated as a supplement or complement to pre-existing histories of women, families and the home developed by ‘women’s historians’ during second wave feminism (McCullough 2017). Indeed, some researchers have positioned themselves as righting the ‘marginalisation’ of men from these spheres (Abrams 1999; Clapton 2009).

There remain calls for more fatherhood research in Scotland, for example by the Scottish Government and organisations that work with fathers, as well as historians and sociologists (McCullough 2017). Yet, in contrast to this focus on filling the apparent ‘gap’ on fathers, there is no corresponding call for research into motherhood in Scotland. As far as the Scottish Government is concerned, for example, it seems that mothers’ experiences are satisfactorily ‘captured’ by surveys, including those of family sociologists and social policy researchers as well as and the data amassed during women’s NHS maternity care.¹ As Jamieson points out (2011), mothers are often the default spokespersons for ‘the family’ in social research and, as I will show in chapter three, they are situated as primary parents by care providers. Yet, as she suggests, much of the existing research

¹ There are an unknown number of women in the UK who do not receive maternity care from the NHS and whose experiences would thus not be captured. The number of such women may increase in the context of the ‘hostile environment’ dictate that midwives must ask women for passports or other identification before providing women with care.
does not actually tell us a great deal about the lived experiences of mothers and their everyday lives (Jamieson et al. 2011). Thus, while the interrelation of fatherhood and masculinities have become a popular focus for researchers in recent years as they rush to fill a perceived gap, women’s experiences as parents have not been the focus of the same kinds of research (exceptions include Davis 2008). Motherhood is not popularly considered to be the subject of historical change, in contrast to fatherhood. Relative to fatherhood, motherhood is situated as a more ahistorical category – there is no corresponding popular narrative of ‘new motherhood’ to the concept of ‘new fatherhood.’ This is in spite of the history of changing laws around maternity leave, as well as changing popular expectations of motherhood in the UK and elsewhere, in which mothers are increasingly expected to practice ‘intensive’ parenting (Faircloth 2009). Faircloth’s ethnographic research on narratives of intensive motherhood shows how contemporary expectations of mothers are presented as a continuation of an imagined ‘natural’ past (2009b). In Chapters 4 and 5, I show how similar ideas of motherhood impact- experiences of early parenthood among participants of this research.

In family research, policy and practice in Scotland, as in the rest of the UK (and indeed many other places), women as mothers are situated as the default parents (Clapton 2009; Koslowski 2017). This thesis aims, among other things, to show the particularities of how mothers become default parents in the context of Edinburgh, and how this impacts their understandings of self and gender, as well as how men in Edinburgh are largely situated as additional parents and the impact this has on them.

In-depth research on how parenting identities are constituted is important for understanding a range of issues related to gender (in)equality. Currently, for example, the Scottish Government highlights the gender pay gap as an issue yet to be solved in Scotland, and acknowledges gendered inequalities in caring
responsibilities as a central part of this problem. Women’s pensions also tend to be impacted by longer breaks in their income related to having children, and women face poverty in later life disproportionate to men (Millar & Glendinning 1989; Foster et al. 2016). Understanding the processes by which men and women become specific kinds of parents is vital for understanding – and tackling – these gendered inequalities, and others, in more depth. In this context, I investigate the recreation of gendered selves through the transition to parenthood in Scotland. The focus of so much research on changing fatherhood – and the apparent contradictions to it – needs to be considered in the context of its relational entanglements with motherhood, and the continuities with other generations of parents, as I address in Chapter 5. Men’s decisions and experiences as fathers, for example in relation to their working and caring responsibilities, must be considered in relation to those of their partners and co-parents. Researching changing fatherhood without doing the same for motherhood naturalises motherhood and makes it seem ahistorical, when of course it too has its particular histories. In Chapter 5, I show how my participants, both women and men, employed narratives of change and continuity in complex and sometimes contradictory ways to validate their experiences and decision in early parenthood.

I turn now to the methodology of this research, which attempts to understand the experiences of mothers and fathers in Edinburgh in relational context and with careful attention to intergenerational narratives.

Fieldwork: Methods and context

I conducted my fieldwork in Edinburgh from November 2015 to October 2016. I recruited participants on the basis two criteria: firstly, that they had recently become parents in Edinburgh and secondly, for practical purposes, that they were fluent in English. Most of my participants were first-time parents, and our conversations, interviews and other interactions focused on the transition to parenthood. (A few participants recruited through snowball sampling were
second-time parents, and we focused on discussing their experience of becoming parents.) Fieldwork consisted of participant observation in various pregnancy and parenting groups and spaces throughout the city, audio-recorded interviews and many more informal conversations with participants. I recorded 68 interviews with 52 participants: 23 new mothers, 19 new fathers, 5 grandmothers and 5 grandfathers. In addition, I had many informal conversations with pregnant women and their partners, new mothers and fathers, and birth educators and health practitioners in a variety of ethnographic settings. All participants have been given pseudonyms and some minor identifying details have been changed to protect participants’ anonymity.

While writing my research proposal and waiting for the ethical clearance for the PhD research I contacted a number of local parent and baby-oriented organisations and their gatekeepers, attempting to build up a base of events, classes and spaces in which to spend my time and meet prospective research participants. I gratefully accepted help from the organisations that made themselves open to me and I recruited my first participants at non-NHS antenatal classes, ‘parent-’ or ‘baby-friendly’ cafes, playgroups and other parent and baby focused spaces. The gatekeepers who did open their organisations to me, for example to antenatal classes or playgroups, were invariably kind and welcoming, though often very busy – and frequently in flux, with staff and volunteer changeover common – and details of who I was and what I was doing there were usually left to me to explain to potential participants. These groups and spaces were hugely useful for many reasons that will be further elucidated in the chapters of the thesis, but in these semi-public and group spaces and events I was highly aware of the importance of informed consent, and at times found it difficult to make sure that everyone present was fully aware of who I was, and what my research

2 Due to the lengthy process of gaining NHS-specific ethical clearance, I focused on recruiting participants in a variety of non-NHS spaces.
aims were. While I attended various groups during fieldwork that were hugely helpful and informed both my research methods and my analysis, I only reproduce in the thesis quotes from people who also met with me outside these group spaces and who could meaningfully consent to take part in the research. Everyone whose words and/or experiences feature in the thesis, therefore, were self-selecting participants.

I thus quickly decided that it would be useful to try to meet more participants outside these group settings, as well as interviewing the potential participants I had already met in them. I printed flyers about my research and put them up in these pregnancy and parenting-focused spaces, as well as non-specifically baby or parent-centred public spaces like libraries, as well as other community spaces such as cafes and halls in a range of areas of the city (the city centre, Bruntsfield, Corstorphine, Fountainbridge, Gorgie, Leith, Marchmont, Morningside, Sighthill and Wester Hailes) and I posted details of the research project in online pregnancy and parenthood groups and forum websites. These areas range in relative affluence and deprivation, and participants were not limited to people living in these areas: some worked in these areas, and others were referred to the research by friends or family.

The initial flyers and posts all briefly expressed the research interest in experiences of expectant and new parenthood in gender-neutral terms, referring to ‘parents’ rather than ‘mothers’ and/or ‘fathers.’ As the first potential participants began to get in touch with me it was quickly apparent that they were almost all women. I mentioned this to some of the men who I had met at a ‘dads-only’ playgroup, one of whom, Andrew, was involved in the organisation of a non-profit organisation aimed at ‘dads and dads-to-be.’ They were unsurprised. ‘If you want dads involved,’ Andrew told me, ‘you need to say so specifically.’ They let me know that they felt the gender-neutral tack I had taken – purposefully, in an attempt to use, as I saw it, ‘inclusive’ language – in my flyers and my posts online
was viewed as implicitly but exclusively referring to mothers, hampering me in ‘recruiting’ men. It became clear that potential participants – both men and women – read ‘parents’ as ‘mothers,’ a point intrinsic to the unfolding methodology of my fieldwork and, as will become clear in the following chapters, to the argument of this thesis.

As well as recruiting participants in person at pregnancy and parenting groups and events, and using flyers and online posts to publicise my contact details and details of the research, I also employed the technique of snowballing. I asked all participants if they would be willing to give my contact details to other expectant or new parents they knew. Most were willing, though a gendered distinction was quickly apparent here too. While there were exceptions, most of the women who took part responded that they knew a number of expectant or new mothers and that they would pass my details on to them. In contrast, when I asked men who participated to do the same, it was not unusual for them to respond that they did not know any other expectant or new fathers but if I had not already met their (female) partners they would often offer to pass my details to them. The snowballing thus quickly generated more women willing to participate, in addition to the women who had already contacted me independently. With the number of women willing to take part increasing much faster than the number of prospective male participants, I began asking specifically if participants knew men who would be willing to take part in the research. Even having changed my tactic, the list of men participating grew more slowly than the one of women.

The research also included an additional cohort of participants who were grandparents. Around two-thirds of the way through my year of fieldwork I began recruiting grandparents through snowballing: I asked the existing participants to pass details of the research on to their children’s grandparents (including step-grandparents). Participants at first tended to refer me to their mothers and I had to explicitly emphasise to people that I also wanted to hear from men. I do not
attempt a straightforward generational comparison in the thesis based on my interviews with this cohort; rather, the participation of grandparents helped illuminate the ideas of generational change and continuity that figured in participants’ narratives about the transition to parenthood.

By the end of fieldwork, I had equal numbers of grandmothers and grandfathers take part in the research (5:5), and only a slight imbalance between mothers and fathers (23:19). I met participants at various points in their ‘transition’ to parenthood (some before the birth of their baby and some afterwards), my main criteria being ‘the experience of becoming a parent in Edinburgh,’ as well as (for the practical purpose of gaining consent and general communication) proficiency in English; participants did not have to be from Edinburgh or of Scottish or British origin. In the end, my participants came from a variety of backgrounds, including Scottish, English, Welsh, Northern Irish, European, African and Central American participants (and various combinations of these descriptors). Participants ranged in educational background from some who had finished secondary school (8), to most (28) who had undergraduate degrees, and others who had masters degrees, PhDs or other postgraduate qualifications (13).

The extent of participants’ participation in the research varied, as did the form of our interactions. Some participants became repeat interlocutors and some became friends, while with others I had more fleeting interactions. For example, there were a few participants I only met once, either one-on-one or with a couple, for recorded interviews of one hour to two and a half hours. These interviews took place in people’s homes, in cafes or at their workplaces. They varied in format: many people were eager to tell their ‘story’ and I would let them lead an informal conversation, asking questions for clarification or to bring up related topics. Others preferred for me to lead a more formal interview, in which case I followed a list of topics but let participants diverge from these topics and encouraged them to go on as many tangents as they were willing. Three of the grandparents who
contacted me to take part in the research lived outside of the Edinburgh area, and we communicated over email and Skype.

While relying on snowballing and self-selecting participants quickly threw up issues related to gender, it also presented other 'sampling' challenges, including those of participants’ ages, social or class status and ethnic background. The age range of female first-time-parents in this research was 26 to 42. Similarly, the age range of the first-time fathers was 27 to 46. I was concerned early on in fieldwork that I did not have many ‘younger’ mothers (i.e. between the ages of 15-24) or fathers taking part, and considered pursuing this age-range more proactively. However, births to women between the ages 15-24 have been steadily declining in Scotland (NRS 2014) and currently fewer than 20% of births are to women in this age category. Births to young parents are associated by demographers with ‘the most deprived areas’ of Scotland, many of which are outside the Edinburgh area (NHS 2016).

While I attempted to recruit participants from a range of areas, I was most often contacted by potential participants who lived in more affluent areas of Edinburgh, including the ‘middle class’ area running south from the city centre, which participants often referred to as ‘Nappy Valley.’ Most women knew other mothers primarily through attending the free NHS antenatal classes that are offered to women (and their partners), usually during the day on a weekday, on a local basis based on their address (and which were not open to me as I did not have NHS ethical clearance), and many also attended other antenatal classes on a paid basis, usually also in their local area. Snowball sampling thus compounded a sample of women mainly in their late 20s to late 30s, who were mostly white and could most be considered broadly middle class (some told me they were from working class backgrounds and others’ origins outside the UK meant they felt they did not fit neatly in local class descriptors). Class is a slippery concept, arguably particularly so in Scotland; as the sociologist David McCrone outlines, people in
Scotland who are socially mobile ‘out of the working class’ (i.e. compared to their parents) and ‘professionals from professional origins’ are more likely to describe themselves as working class than people in similar circumstances in England and Wales. In other words, people in Scotland are more like to say they are working class, regardless of the fact that they may appear to others to be solidly middle class. Despite the slipperiness of assigning class, participants did use class in their narratives about becoming parents. However, they often did so in coded terms. The majority of my participants/their partners – around 75 percent – were breastfeeding their babies in the first 3-6 months following birth, compared to a national rate in Scotland of approximately 39% of women breastfeeding at their 6-8 week health visit.\(^4\) When I mentioned to one of my participants, Lizzie, who I met with regularly during fieldwork, that the proportion of women breastfeeding who were taking part in the research seemed to be much higher than the national average, she responded:

I’m gonna say something quite judgemental but maybe bottle-feeding’s more cultural: you’re maybe meeting up with women who are able to meet up with students. … And they maybe see your advert in the Meadows or somewhere nice whereas I think if you maybe looked in like Leith or Granton where there are more younger mums… I’m being very, I’m not trying to be judgemental but there may be a cultural thing about it: there’s definitely, you know, a yummy mummy, yoga-going, breastfeeding thing going on.

I offer this background not as an explanation for the rate of breastfeeding among my participants but rather as an example of how participants’ references to class exemplified the slipperiness of the concept. Without explicitly referring to class, participants often signalled it: Lizzie’s use of ‘cultural,’ ‘somewhere nice,’ ‘younger

\(^3\) An exact percentage is difficult to specify given the fluid nature of ethnographic research.
\(^4\) Breastfeeding rates are associated by demographers with levels of deprivation, with women in the most affluent areas of Scotland being most likely to breastfeed (59% of women breastfeeding at 6-8 weeks).
mums,’ ‘yummy mummy’ and ‘yoga-going’ all implicitly rather than explicitly made reference to class. As Lizzie rightly pointed out, many of those who had the ability and inclination to take part in research about their experience of becoming parents had particular (middle- and upper middle-) classed attributes. Lizzie herself described being teased by her implicitly working-class friends and family for becoming ‘so middle class.’ As I have noted, I did attempt to recruit in a variety of areas but it was clear that – similarly to the strongly gendered response to my call for participants – there were class- and area-based variances in responses. I thus do not attempt to base my analysis in comparison of participants based on their perceived class status.

The majority of my participants (90%) were white and of European origin. To an extent, this majority of white participants reflects the demographic makeup of Edinburgh, which has around a 92% white population (City of Edinburgh Council 2013). However, to properly reflect the demographic makeup of Edinburgh I still would have needed more black and Asian participants. I wanted the research to be representative of an appropriately diverse ‘sample’ and part of the way through fieldwork I seriously considered attempting to change the ‘sample’ with a direct focus on recruiting more participants from different ethnic backgrounds. However due to the constraints of time and resources I ultimately decided to focus on the participants who had already begun to take part in the research.

Ethics and positionality
From the earliest stages of planning, through to the completion of the research, I have been guided by the ASA’s ethical guidelines and the University of Edinburgh’s ethical procedures.

This research was made possible through the openness and honesty of the research participants. This thesis deals with the highly personal topics of reproduction and kinship and I had to anticipate that participants might be cautious
about sharing their experiences, and the use of their data. I have anonymised all of my participants by using pseudonyms and making small changes to personal details where they might be used to identify someone. I was aware of data security issues and stored my data securely. Data from each interview has been kept entirely confidential.

Throughout the research, I carefully prioritised the wellbeing of participants and endeavoured to ensure that participants were comfortable. I emphasised in the consenting procedure – a written consent form and verbal explanation of the research – that consent was an ongoing process and participants could withdraw their participation or ask me not to use what they had told me at any time. Participants sometimes shared a specific anecdote or experience and then asked me not to mention it the thesis, and I have honoured all such requests.

Participants also chose whether to be interviewed alone or in a couple, and whether to pass on details of the research to family members in snowball sampling. Participants thus had a role in choosing whether or not to include family members when being interviewed as well as through snowballing. I made participants aware that all participants would have access to the final anonymised products of the research, such as this thesis. As LaRossa et al. note, couple or intergenerational research throws up additional ethical considerations as interviewers may prompt discussion of topics which one member of the couple or family is less comfortable than the other (1981). I felt it was particularly important to let participants guide the interviews in this context, and I did not probe couples to talk more about specific topics which could cause discomfort. I have dealt carefully with couple accounts in the writing of the thesis. For example, in Chapter 2, where I discuss women’s accounts of their partner’s lack of skill as a birth partner, I use quotes from women who participated in the research on their own, and not women whose partner was also interviewed and would thus be likely to recognise themselves in the account. Aside from maintaining anonymity, this also
reflected women's narratives, as women who took part with their partner tended not to raise the topic of their partner's skill as a birth partner.

Participants chose the settings for our meetings. It was often the case that, while I was eager to meet people in their homes, participants – women in particular – had their own reasons to be eager to 'get out of the house.' Thus, research took place in a wide variety of settings, all of which has to be taken into account in the ethnographic analysis. I met them at home, in public places like parks and cafes, or even at work, as they chose. I made sure I was aware of who could overhear conversations and I encouraged participants to lead our interviews so they were comfortable. In asking follow up questions and bringing up topics to discuss, I was led by the participants' level of comfort around topics; for example, some participants were happy to speak openly to me about what they called the 'gory' details of pregnancy, birth and the postnatal period in public spaces like cafes. Overall, participants were very open with me and willing to discuss personal and sensitive matters for the research. Repeated meetings with many of my participants helped me understand how my positionality affected how people related to me, but I was also surprised by how open and detailed participants were often willing to be in our first meetings. As Legard et al. point out, people are often more willing than interviewers expect to discuss sensitive matters (2003: 162). However, other participants were more reserved. In one instance, a woman who had chosen a café for our interview seemed clearly uncomfortable when she talked about her water breaking, and began to speak in a hushed voice. I paused the interview and told her she did not have to talk about anything she did not want to, and that we could rearrange the interview for another location if she would feel more comfortable. She declined to rearrange, and continued talking, leading with more of the mental and emotional aspects of becoming a parent from that point on.
My positionality and my participants' expectations of me had implications for the research methodology. At the time of fieldwork I was in my mid-twenties and was younger than all of the participants, many of whom positioned their participation in the research as ‘helping out’ a student. This was especially the case amongst women on maternity leave, many of whom told me they saw my research as ‘something to do’ while they were ‘not working.’ As a student, I was in a less affluent position than many of them. Though I had an equal or higher educational background to most, my being in higher education did not seem to be seen as a point of superiority or power to those of my participants who had not gone to university; in fact, some displayed pity for the life of a ‘perpetual student’ who was ‘still studying.’

Importantly, I am not a parent. Participants’ age and their experience of parenthood placed them in a position as experts on something I was understood not to know about. However, being a young woman facilitated my access to certain spaces (Finch 1984; Van Hollen 2003), as I fit into what participants perceived to be women-oriented spaces of pregnancy. Participants often talked to me as a potential mother-to-be. In fact, I had to be quick to explain my status as a researcher in group settings or people would assume that I was another ‘expectant mum.’ When it was clear that I was not an expectant parent, participants often asked me if I had or wanted children. Several participants, (women, in particular) told me that they were being more ‘honest’ with me than they would with other women who were not yet mothers. They explained that a higher level of honesty was required ‘for the research’ which would otherwise have been unnecessary or ‘negative.’

Most of my participants were previously unaware of anthropology and anthropologists. While I endeavoured to explain my role to them as best I could, they inevitably placed their own sets of meaning on me. Many fit me into the box of ‘student,’ and as I have suggested with the notion of studying up, for many I
was someone who they were ‘helping.’ Others fit me into the box of ‘researcher,’ usually with the strongly sociological or psychological connotations that they were more familiar with. For example, I was asked by several participants whether I was concerned about how my actions would ‘affect the results’ of the research. My inclination to have free-flowing conversations and to spend time in people’s homes, as well as my willingness to meet people during evenings and weekends was often met with surprise. Ideas about psychologists and sociologists as more familiar roles coloured people’s expectations of me in this respect, and I sometimes found myself performing a particular kind of professionalism as a ‘researcher’; if people often expected me to conduct more a more formal style of interview, for example.

Outline of the thesis
The structure of this thesis is roughly chronological, beginning with a chapter on pregnancy and advancing through chapters on birth, postnatal care, and so on. However, the thesis is not strictly temporally linear, and there are crosscutting themes that recur, as I will discuss in the conclusion. It is my hope that mimicking the chronology of expectant to new parenthood makes the structure easy for the reader to follow.

The first chapter following this introduction is concerned with women and men’s experiences of expectant parenthood during pregnancy, and the medical and social processes that accompanied it in Edinburgh. I describe how men in particular used language that depicted pregnancy as a shared experience for the ‘pregnant couple,’ and consider this in relation to the anthropological literature on couvade. At the same time, participants increasingly made ‘common sense’ gendered distinctions between men and women’s experiences of expectant parenthood, due to the state of pregnancy as embodied by women. These
gendered differences used the visible state of pregnancy to naturalise women’s connection with the unborn baby.

I argue, however, that the gendering of pregnancy is a process that happens as much apart from the body as within it. Women’s embodied experiences of being pregnant could be dramatically different: while some women suffered from physical symptoms such as pregnancy sickness or breathlessness that served as near constant reminders of their own pregnancy, others found it was easy to ‘forget’ they were pregnant. (Women’s apparent ‘connection’ with the unborn child is complicated in both cases by the view, held by most participants, of pregnancy as a tentative state.) Nevertheless, regardless of their physical experience of pregnancy, women had in common the visibility of their pregnancy to others, and the various relational and structural responses to it, which I describe in the chapter. Men, on the other hand, did not experience the responses of others to their impending parenthood to the extent that women did.

Ultimately, I argue, placing female bodies at the centre of intensified social relations and medical interactions reinforces notions of the embodied mother-child dyad, in which women are made to feel responsible for the health of the foetus, and place men outside of this dyad. I describe how men justified this as ‘natural’ while simultaneously experiencing being ‘sidelined.’

The second chapter continues a focus on the processes by which men and women become differently gendered parents by examining the ‘birth stories’ of women and men in Edinburgh. In relation to Cheryl Mattingly’s (2000) work on medical narratives, I show how participants’ birth stories not only are ‘about’ women and men becoming differently gendered parents, but is actually part of the process of them becoming so. The stories people told, as well as how they told them, richly illustrate how women and men are not only made into particular kinds
of parents through processes outside of their bodies, but also how they participate in this making.

Drawing on Mattingly’s assertion that narratives are not only about something but also do something, in this chapter I look at what birth stories – which were frequently told by my participants – were doing. I argue that birth stories make women intro specific kinds of mothers through a focus on women’s strength and selflessness during birth. Despite the fact that the specifics of people’s experiences of birth varied widely, women’s birth stories consistently made their tellers into ‘good’ mothers through focusing on their goal of a resulting ‘healthy baby,’ which transformed birth into something ‘worth’ experiencing.

I show how men’s stories of birth do not make good (and bad) fathers in analogous ways to women’s stories. Rather they are stories about being a good partner, someone who helps the woman through difficult experiences, insofar as they can, and these stories are actually part of the making of good partners as men defer to women’s authority as primary parents.

Chapter three discusses participants’ experiences of the period of postnatal care at hospital and after returning home with their new baby. I analyse what this liminal period teaches new parents about their roles. Almost all of the women who took part stayed with their baby in hospital following birth for at least one night – in some cases women stayed much longer depending on their health and the health of their baby. In contrast, most men were ‘sent home’ a few hours after birth, according to hospital policy. During this period women were made solely responsible for their newborn baby while men were absent or classed as ‘visitors’ to their partner and child. Participants, especially men, sometimes presented this as an ‘insignificant’ period of time – ‘it was only a night and I knew I would soon get them [wife and baby] back’ – but for women in hospital ‘only a night’ could feel dramatically different. This chapter thus focuses on diverging gender roles in the
early weeks of parenthood, due, in part, to hospital and state policy as well as the uneven scrutiny that women faced.

While (as discussed in the Chapter 2) women generally expected to make bodily sacrifices and lose some bodily autonomy during birth, most were shocked at the extent to which they felt this continued during the postnatal period. I describe these postnatal experiences, how they disrupt women’s narratives about birth being ‘worth it,’ and how these experiences often went largely unspoken when compared to the more often shared stories of birth. Women explained that they would tell me the ‘gory’ details that resisted narrative resolution because it was important to be honest ‘for the research.’

I argue in this chapter that participants’ experiences of postnatal care and going home from the hospital (where all but two participants’ births took place) show how postnatal care in Edinburgh/Scotland/UK implicitly – and sometimes explicitly – enforces an idea of women/mothers as primary parents and men/fathers as secondary parents. While women and babies remained in hospital, and even once they returned home, participants were often surprised to feel as though, despite their baby having been born, they were not yet a ‘family.’ Upon leave the hospital, women continued to face uneven scrutiny. Scrutiny of women’s infant care (particularly in relation to feeding, e.g. feeding schedules) contrasts with men who often felt ‘peripheral’ or that they were bystanders, and many of whom explained that they wished they could ‘do more to help.’

The fourth chapter of the thesis focuses on parental leave, work and care. I detail the dialectic between gendered ideas of nature and earning in relation to participants’ explanations and descriptions of parental leave. Paradoxically, women’s maternity leave was described both as ‘natural’ and also something they had earned. I conceptualise parent-couple relationships in terms of the different and surprising ways new mothers and new fathers ‘earned’ during this period. For
example, men’s return to work was generally naturalised and expected, and explained as necessary financially. Yet men appeared to earn things (beyond money) by their participation in the labour force. Most often among things they earned: uninterrupted sleep at night because they ‘had to work,’ or ‘breaks’ from infant care when they were at home. Women, though doing more of the labour of parenthood, seemed not to ‘earn’ breaks from it, because motherhood was figured as non-productive time in comparison to men’s continued participation in the paid labour force.

I address the impact of ideas of ‘nature’ on gendered parenting, specifically in relation to breastfeeding and intensive parenting practices, building on Faircloth’s (2013) argument that these are in fact gendered mothering practices. I argue that focusing on mothering practices as ‘natural’ de-historicises motherhood: in doing so participants assert the ‘naturalness’ of current maternity leave policy. I show that participants do so because of a pervasive view of parental leave as a zero sum game or limited good (Pollock & Sutton 1985). Thus, I come to argue that the latest change to policy – shared parental leave (SPL) – actually reinforces gendered differences in parenting.

However, I also show how the presentation of the conventional system of parental leave as ‘natural’ masks a more complex and contradictory picture in which new mothers claim their rights as earned, and new fathers and mothers’ earnings are negotiated in relation to one another. Natural and earned ‘rights’ exist in a dialectical relationship that, again, reinforces women’s primary responsibility for the care of their babies. I show how, even when men take on more ‘equal’ parenting responsibilities or longer parental leave than the basic two weeks of paternity leave, this is emphasised as exemplary rather than normative fatherhood.
Finally, the fifth chapter of the thesis focuses on the way that participants’ intergenerational narratives variously reinforce and disrupt notions of gendered parenthood, change and continuity.

Grandparents, especially grandfathers, marvelled at the transformation of fatherhood for the better and expressed envy at new fathers’ opportunities to be more ‘involved’ than those of previous generations. Yet grandparents reinforced the assumption that mothers would still be the primary provider of infant care.

New parents, both men and women, were also highly aware that having a baby could place strain on relationships. Though (with a few significant exceptions) most participants claimed that having a baby brought them closer to their partner, there was also much tension and negotiation to navigate, as discussed in this final chapter. I argue that decisions participants made about parenting were made in the context of the spectre of failure, particularly the failure of the parent-couple relationship parenting behaviours were closely connected to ideas of healthy parent-couple relationships/marriages, as well as the wellbeing of the baby.

I argue that participants relied on normative gendered roles – despite an apparent increase in ways of making and being families – as a way of minimising apparent dangers and relying on the ‘tried and true’ approaches of their own parents, as well as perceived failures of their peers. A number of women minimised their ‘expectations’ of their partner and professed to accept the ‘reality’ that women do more of the work of caring than men. I discuss the implications of this on working lives, where many women accepted gender divides. It was also reinforced generationally; for example, grandparent-participants emphasised that ‘men who do more become grandfathers who do more,’ but grandfathers seemed to do more play while grandmothers continued to do more of the labour of (grand-)parenthood. This gendered caring is compounded generationally: in Scotland maternal grandmothers are the grandparent most likely to provide childcare for
grandchildren (Jamieson et al. 2012). Even where this was not the case, the general expectation was reinforced; for example, a paternal grandfather who was the main provider of childcare of his grandchildren told me: ‘I’m effectively the maternal grandmother.’

Finally, I argue that the narrative of each generation of men being more involved is not necessarily progressive and can be a conservative force – it reinforces women’s continued role as primary caregivers of children and expects them to be grateful for the participation their partners do take in the care of their children.

Together, the chapters of the thesis build the argument that to focus on ‘changing fatherhood’ masks the more complex picture of intertwined changes and continuities in both women and men’s gendered parenting practices across generations. Overall, I argue that the seemingly progressive narrative of new fatherhood can actually contribute to the reproduction of gendered inequalities in parenting and beyond.
Chapter 1 ‘We’re Pregnant’

‘We’re pregnant,’ said Steven.

‘We were due in March,’ Jayce told me.

‘We found out we were pregnant after the second round of IVF,’ Dan said. ‘We’re expecting twins,’ I heard another man in the group say.

Throughout my fieldwork, fathers-to-be and new fathers used the plural first person – ‘we’ – when talking to me, and to other men and women, about pregnancy. They used this inclusive language of pregnancy unselfconsciously and in matter-of-fact tones, and they tended to use ‘we’ whether or not their partners were physically present during our conversations. For example, one father, Andrew, who I interviewed at his workplace, talked about how ‘we did the pregnancy test.’

Mothers-to-be and new mothers also talked about pregnancy using the plural first person, though women often also talked about pregnancy in more individual terms, using the first person, ‘I.’ This occurred more often when their partners were not present, as when I met with Ruth and her baby son in a busy Princes Street café, and she began telling me about her pregnancy: ‘I found out I was pregnant eight weeks after falling in love.’

The frequent use of the plural first person ‘we’ by expectant and new parents, and especially by fathers-to-be and new fathers, was not surprising in itself. What struck me was the very mundaneness of its use among fathers-to-be and new fathers in comparison with the older generation of research participants. The older

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5 Women’s use of ‘we’ tended to shift noticeably after the birth of their baby from generally referring to ‘partner and I’ to most often meaning ‘baby and I.’ Men’s use of ‘we’ did not usually shift correspondingly.
generation did not use ‘we’ and similar inclusive language when discussing pregnancy. In fact, the phrase ‘we’re pregnant’ often caused raised eyebrows amongst the older generation, especially older men. During fieldwork, I attempted to unpick what this inclusive language of pregnancy meant for men and women becoming parents in Edinburgh, especially given the contrast to the older generation of participants.

At first glance, such inclusive language may seem to confirm the widespread narrative of ‘new fatherhood’ or ‘involved fatherhood,’ the notion that contemporary fathers are more involved in early parenthood than previous generations (Dermott 2003; 2008). This expectation that today’s fathers will be more ‘involved’ is reflected in historical changes such as the shift from men’s exclusion from birth to men’s widespread acceptance in the birthing room (King 2016). In recent years, expectations of involved fatherhood have arguably been extending backwards into pregnancy. Ideas of men’s involvement in pregnancy have been highlighted by UK policy changes: in October 2014, the then Conservative and Liberal Democrat coalition government published a press release announcing ‘the new right for fathers and partners to attend antenatal appointments’ (DBIS & Swinson 2014). The UK government emphasised that men’s new right to unpaid time off for up to two antenatal appointments was one ‘step’ in the government’s plan to encourage the ‘involvement’ of fathers in the care of their children, and was a preamble to the planned introduction of the Shared Parental Leave (SPL) scheme which came into effect in April 2015, under which eligible ‘working couples’ are able to share maternity leave and pay between them.6 The press release and interviews with politicians such as Nick Clegg about the planned policies emphasised a focus on giving parents the ‘flexibility to choose’ how to ‘share care’ and on challenging ‘old-fashioned

6 To be eligible, as of 2015-2016, each parent must have earned at least £112 per week in 26 of the 66 weeks before the due date.
assumptions,’ i.e. that ‘women will always be the parent that stays at home’ (DBIS 2013). The new right for men to take time off work for antenatal appointments was explicitly linked by the coalition government to the plans for SPL as part of a ‘wider programme of changes’ by the government to promote parenting as a ‘shared endeavour’ with ‘full involvement’ from fathers from pregnancy onwards (DBIS 2014).

The government press release that announced men’s new right to unpaid leave during pregnancy was accompanied by an ultrasound image of a foetus in utero, perhaps hinting at the particular antenatal appointments that men in Britain are most expected to attend. In limiting the right to unpaid time off for up to two appointments alongside the image of an ultrasound, the press release reinforced the implication that men’s antenatal leave is for ultrasound appointments, given that the usual number of ultrasound scans for straightforward pregnancies in the UK is two. Women with straightforward pregnancies will have around ten antenatal appointments in total (women whose pregnancies are deemed ‘complicated’ or ‘high risk’ may have several more) and women are entitled to paid leave for all of them, as well as time off for antenatal education.

In this chapter, I situate men’s use of the inclusive first person ‘we’ and broader discourse and policy on men’s involvement in parenthood in the context of research participants’ experiences of pregnancy. In relation to literature of ‘new fatherhood’ and couvade, I investigate whether men’s use of ‘we’ signalled a sense of sharing in pregnancy; if the inclusive phrasing of ‘we’re pregnant’ was an exemplar of ‘involved fatherhood’; and how this related to expectations of fathers to share in parenting responsibilities once their children were born. In this chapter, I go on to show how the apparent expectations of a ‘shared’ transition to parenthood among the heterosexual-couple participants of this research, came to contrast with their increasingly differently gendered and (dis)embodied experiences through pregnancy. I discuss how the centrality of the mother-child
dyad and the concurrent ‘side-lining’ of fathers contributes to increased scrutiny and responsibility for pregnant women, in ways that reinforce women’s primary role in reproduction.

‘We’re pregnant’: Men’s involvement in pregnancy?

I met Andrew, a charity manager, at a ‘dads only’ playgroup he helped run in a community art centre in the south west of Edinburgh. Around a dozen men from the local area brought their babies and young children on Saturday mornings. The playgroup had a fun and bustling atmosphere, with music and snacks, and many of the fathers in attendance seemed to know one another, though most spent the time playing one-on-one with their own children.

Andrew was one of the first men I met during fieldwork who was eager to take part in my research. The rest of the men at the Saturday playgroup, for example, seemed more interested in playing with their children than in anything more than polite conversation with a researcher. In our short conversations, several of these men explained to me that the weekend playgroup session was a relatively rare opportunity for them to parent and play with their young children ‘alone,’ albeit surrounded by other fathers. Compared with most of these other men, Andrew was very eager to talk. We discussed his involvement in planning a series of ‘dads only’ antenatal classes, and at the end of the session he told me that he would like to ‘help me’ by talking to me more about his experiences of ‘becoming a dad.’

I arrived at Andrew’s work at lunchtime on the day we had arranged, and after a few minutes wait he burst through the inner doors and greeted me at reception:

In contrast, women I met at playgroups often actively sought out opportunities to talk to other adults, mothers and women, including me. These women were spending the majority of their time alone with their children.
'Sorry to keep you waiting, Hannah. It’s one of these kinda crazy-biscuit days, you know? I was up since three o’ clock this morning – my goodness. On and off, on and off.’ He led me upstairs to a meeting room, chatting all the while, and often breaking into comical and singsong voices:

My little one, he’s chok with a cold just now and feeling quite rubbish wi’ it. So not much sleep for me. I think I made myself a nice cup of tea at 4[am]. Bloody kids, eh? I looove my kid!

Once we were sat in the meeting room, we discussed the research consent process and I set up my voice recorder, and Andrew asked me what I wanted to know about ‘being a dad.’ I told him I wanted to hear about his experience of ‘becoming’ a father, and suggested to him that he start ‘at the beginning and go chronologically.’ I tended to use this phrasing, as I wanted to encourage participants to lead the structure of the conversation and give them the freedom to decide where the ‘beginning’ of their experience of the transition to parenthood was. Most participants began either by telling me about finding out about a pregnancy or about the process of becoming pregnant; for example, how long they had ‘tried’ for a baby, or their experience of fertility treatment. Relatively few began by talking about any conversations they had or discussed details of the plans or decisions they made to become parents.

Andrew began by telling me about when he found out he was ‘going be a dad’:

We did the pregnancy test. What is it, best of three? I think she did the best of five actually! People always say try the best of three. I think we Googled it actually. ‘What’s the most failsafe thing?’ So yeah, we did three or four or five tests and yeah we were actually over the moon. … We went to the doctor’s the following day and we got our appointment: ‘Yep, you are definitely pregnant’ and that was it! What we did then was I invited my folks, so I phoned them up that day and said, ‘Right! I’m gonna pick you up at 6 o’ clock the night, I’m gonna bring you to my house.’ And we brought them; my sister and her husband; my wife’s parents – my in-laws – we brought them to the house and said, well, ‘Just to let you know, we’re pregnant! We’re gonna have a baby!’
When referring to the processes and experiences of finding out about, confirming and announcing the pregnancy, Andrew immediately and repeatedly used the inclusive language common to men who participated in the research: ‘we’ did the pregnancy test, ‘we’ got ‘our’ appointment, ‘we’re’ pregnant. When I asked Andrew what he attended during pregnancy, he responded: ‘Oh everything! I went to absolutely everything.’

Andrew’s immediate expression of his involvement in pregnancy, and the widespread inclusive language used by expectant fathers seemed to raise a number of theoretical possibilities for understanding the transition to fatherhood in anthropological terms. These examples seemed as though they could represent an intensification of involved fatherhood, with men ‘sharing’ in an expectant parenthood with their pregnant partners; or a reflection of men’s increased access to pregnancy through technology and changes to clinical practice; or perhaps, men’s inclusive language of sharing in pregnancy could be understood as a form of couvade, in which men emphasise their connection to their unborn child.

Early in fieldwork, Andrew’s matter-of-fact assertion that he went to ‘everything’ during pregnancy and the inclusive way of speaking about pregnancy (the frequent use of ‘we’re pregnant’) that was common among participants, initially seemed to suggest that men’s experiences of pregnancy could be undergoing a shift into a shared experience of expectant parenthood. I wondered whether Andrew saw himself as part of a ‘pregnant couple,’ and what this would mean for his and his partner’s transition to parenthood.
Men in the female spaces of pregnancy

As Andrew continued to tell me about his experience of pregnancy, however, a different narrative began to emerge. Andrew began telling me about the ‘booking appointment’ (the first antenatal appointment during pregnancy), which he called ‘our’ appointment:

So we went in our booking appointment at the midwives.’ And they were great. I mean, I did notice all the flyers on the wall are all kind of focused straight to ‘mum.’ Obviously there’s mums breastfeeding photos and obviously that’s not gonna, there aren’t gonna be guys doing that. Well, not at the moment anyway! But nothing about dads, or about males and the male role. And there was even a seat in the corner for ‘dad,’ you know, or for someone else to come along. The midwife actually said these words to me, she says: ‘Oh, you must be the dad? If you could just sit over there.’ And it was literally a chair over in the corner of the room. And I was quite frustrated by and quite annoyed by that. I thought society or the NHS had moved on slightly from that. And, you know, I get it. I’m not carrying the baby. Us blokes don’t carry the baby – or girlfriends, or partner. You know what I mean: it’s the mother who carries the baby and that’s it. But, you know, as I always say to people: it takes two to tango! So you know if you’re there for each other, then that’s the most important thing. Who cares if Miss Jean Brodie puts you in a corner. As long as you remember everything, what they’re saying in flyers or whatnot, take notes… yeah.

Though he referred to it as ‘our appointment,’ Andrew’s narrative about the booking appointment quickly set up a contrast between the inclusive language he used to describe finding out about and announcing the pregnancy, and the ‘mum’-focused nature of antenatal care and the clinical midwifery space. In attending the booking appointment, Andrew was entering the clinical space of pregnancy for the first time. Upon entering the midwives’ office for the booking appointment, Andrew told me he had been struck by the depictions of and references to ‘mums’ and ‘mothers.’ His immediate response to the ‘mum’-focused space, as he described it, was to think ‘what about dads?’ and wonder about the lack of information about and images of ‘the male role.’
Andrew went on to describe his aversion to being directed to ‘a chair over in the corner of the room’ by the midwife, who he characterised as ‘Miss Jean Brodie.’

During this first appointment, the seat in the corner ‘for dad or someone else to come along,’ in combination with the imagery of and references to mothers and pregnant women, clearly communicated to Andrew that, in spite of him calling it ‘our appointment,’ the appointment was for his partner and not for him as a father or them as a ‘pregnant couple.’ Andrew’s characterisation of the midwife as ‘Miss Jean Brodie,’ combined with his description of her dismissal of him to a seat in the corner, implied a schoolmarm figure. He explained to me that he was disappointed by her ‘old-fashioned’ attitude, and, from this initial engagement with maternity care, judged that he had apparently been wrong in thinking ‘society, or the NHS had moved on.’

Andrew had expected to be included in the appointment and to have an active role as part of the expectant parent couple. He told me he felt ‘side-lined’ by being directed to the chair in the corner. He was clear that he felt it was both important and natural for him to be present and involved in the pregnancy – ‘I wanted to be at everything, know everything that was going on. I think that’s natural’ – and he was offended by being separated from his partner and placed to the side in the first appointment.

Andrew’s language thus suggested that he had expected pregnancy – at least to some extent – to be a shared experience: as he insisted, ‘it takes two to tango.’ However, though he felt that fathers should have a key role to play during pregnancy, the booking appointment did not address this role in any way. Instead, being directed over to the corner communicated to Andrew that the focus of

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8 A schoolteacher character in Muriel Spark’s novel The Prime of Miss Jean Brodie who teaches at a girl’s school in 1930s Edinburgh.
antenatal care was the pregnant woman, not a ‘pregnant couple.’ As fieldwork continued, other men shared similar accounts of being placed ‘to the side’ or ‘over in the corner’ in the first midwife appointment, and in subsequent ones.

Andrew’s description of the ‘seat in the corner for dad – or someone else’ was especially striking to me when I transcribed our interview. I had initially heard ‘dad, or someone else’ as Andrew’s acknowledgement that a pregnant woman might not have a ‘bloke’ (in his words), she might have a ‘girlfriend or partner,’ and also that if there is a ‘male’ involved, he might not be ‘the dad.’ However, this image of the chair in the corner for dad or someone else struck me as also relevant to the classic anthropological debate over the self-evidence of motherhood and the relative ambiguity of biological and social fatherhood discussed in the Introduction (Strathern 2005). When a heterosexual couple enter the booking appointment, as Andrew describes it, the pregnant woman is taken as self-evident: she is the mother, her body is focus of the appointment, and she takes a seat in the middle of the room. In contrast, the midwife’s questioning tone when she says, ‘you must be the dad?’ and direction of the man over to the seat in the corner points out the relative ambiguity and invisibility of (expectant) fatherhood in this ethnographic context.9

The seat in the corner: excluding men?

9 It would be fruitful to compare the experiences of pregnant women and their female partners of these spaces. Unfortunately, as discussed in the introduction, I was not able to recruit any LGBTQ+ couples to take part in the research so I cannot do so within this thesis. A project on LGBTQ+ couples’ experiences of antenatal care is a possible direction for further research.
Andrew’s experience of being ‘side-lined’ was common; participants often described men being directed to the side. The fact that there is a seat in the booking appointment room ‘for dad or someone else’ at all is the product of a particular socio-historical context. The historian Laura King (2015) has provided a history of pregnancy and birth in the UK during the 20th century. She details the move of medical care from homes, where a number of factors including work, childcare and midwives’ and birthing women’s attitudes influenced whether women’s husbands may or may not have been present, to hospitals and clinical settings, where husbands were at first entirely excluded and then gradually, in response to women’s demands, increasingly accommodated. In contrast to men’s initial exclusion from clinical spaces of pregnancy and birth, during the latter years of the 20th century and into the 21st century, men have been increasingly expected to be ‘involved’ in pregnancy and birth according to the dominant narrative of new fatherhood. As King (2015) has discussed, this expectation applies to men of all class and regional groups in Britain; however, perhaps not equally to men of all racial, ethnic and religious backgrounds, and more research on this is needed. Of course, what men ‘being involved’ actually means in practice can vary. Even among my research participants, what constituted being ‘involved’ or what men were expected to attend during pregnancy varied widely – a point I will return to.

The chair for the father or partner being ‘over in the corner’ is also both a result and a reflection of specific social and historical contexts. As Jeanette Edwards (1997) has detailed, healthcare practitioners in Britain have sometimes been wary of including men in pregnancy, birth and postnatal spaces because of a desire to ‘protect women.’ Edwards details how midwives’ own class prejudices may impact this, with working class men perhaps more likely be excluded by healthcare practitioners (1998: 273).

As part of participants routine antenatal care in Edinburgh, midwives asked pregnant women various questions about their welfare, including questions about
their partners, such as whether they have been abusive or used illegal substances. If men are present during the appointment, midwives may ask them to leave, so that they can question women alone. Most of my participants either did not view this as a significant part of their experience of antenatal care, or at least did not think to mention it to me. The few who did seemed to think that they were not the kind of people for whom such a protective procedure was necessary.

For example, Ruth, who had become pregnant soon after ‘falling in love,’ told me how a doctor asked her ‘baby’s father’ (as she most often referred to him) to leave during an appointment, though Ruth had asked him to attend with her, so that Ruth could consider the decision whether or not to continue with the pregnancy or have a termination without him present. While Ruth’s baby’s father had in fact previously tried to convince her that having a termination was the best decision, they had already come to a decision to ‘keep’ the pregnancy, and she resented the idea (which she felt the doctor was implying) that she might be being coerced into having a termination.

Lucia, a psychologist originally from Mexico, was one of the few women to bring up the questions about domestic abuse when talking about her experience of antenatal care. ‘The whole midwife thing was totally new to me,’ she told me. Since most middle-class women in Mexico would see a private gynaecologist and obstetrician during pregnancy, Lucia made frequent comparisons between her expectations of antenatal care (and the expectations of her Mexican friends and family) and her experiences with the NHS. Her husband had not been with her at the first midwife appointment (‘he was very busy with work at the time,’ she said), and she described being surprised by the questions about him:

[S]he asked me interesting questions about the marriage… I suppose what she was trying to get to is whether or not he was abusive or something. Or, you know, whether he was supportive. I remember questions like yeah whether I felt safe or maybe even whether or not he used substances [laughs] or, yeah, I guess they’re trying to find out whether the woman – and
the baby – will be in a safe environment. I can’t remember exactly, but she asked questions that made me think ‘Oh, I wonder if she’s trying to find out whether I’m a battered woman’ [laughs]. Have you heard that before?

Despite it being standard practice for midwives to ask them, few women other than Lucia mentioned these questions. It seemed that for most women the questions about domestic abuse and substance use were just one in a series of questions they had to answer in their early appointments and they did not tend to reflect on them to me.

However, while few women brought up the ‘wellbeing’ questions, far more commented specifically on the fact that the chair for their partner was ‘over in the corner.’ Thus, while maternity services are structured to seek to identify and protect vulnerable women through such protocol carried out in female ‘safe’ spaces, most of the participants saw these processes and spaces (if they dwelled on them at all) as unnecessarily separating couples or as ‘excluding men’ in clinical settings.

Whatever participants’ reflections on men’s inclusion or exclusion from such spaces, the seat in the corner was generally a first step during pregnancy in a process of repeated distinction between male and female expectant parents. For many participants, this process of gendered distinction in pregnancy set up an early contrast with their expectation of going through pregnancy ‘together.’

**Men-only responses to ‘female’ spaces**

As fieldwork continued, it became apparent that the chair in the corner at midwife appointments may have been the first experience of being ‘side-lined’ during
pregnancy for most fathers-to-be, but it was usually not their only experience of feeling excluded.

From getting to know Andrew early on in my fieldwork, I knew that he and others were making plans to set up some ‘dads only’ NHS antenatal classes in Edinburgh. I later met a pregnant couple, Steven and Caitlin. It was relatively early on in the pregnancy: Caitlin was not yet ‘showing.’ Over coffees in a busy supermarket cafe, Steven told me he was signed up to go to ‘dads only classes during the third trimester’ of the pregnancy. I told him I would be really interested to hear what he thought of it. Afterwards, as we were walking out of the supermarket, I wondered aloud at the number of ‘dads only’ things being started in Edinburgh. Caitlin responded:

Caitlin: How do you mean?
Hannah: It’s interesting there’s a trend now to make something “men only.”
Caitlin: But there’s loads of women-only stuff.

With conversations like these in mind, I began paying more attention to the (sometimes implicit) examples of ‘women-only’ spaces I was coming across. Early on in the research, I had taken men’s joking remarks at the (explicitly) ‘dads-only’ playgroup lamenting the name of the ‘Mothercare’ chain of shops as reflecting fairly minor, even mock, outrage, not a deeply-felt genuine sense of exclusion. And while there were signs around town for ‘mother and baby groups,’ for example, many were also called ‘parent and toddler’ groups. I initially doubted that group organisers meant to create ‘women-only’ groups, though I will come back to a discussion of the gender dynamics of ‘parent’ and baby groups in the chapter on parental leave and care.

10 Participants usually chose to take part in the research when they were relatively late in the pregnancy (when they were more visibly pregnant), or even after their baby had already been born.
At the same time, especially because I was trying to recruit more men to participate in the research, it was becoming glaringly obvious to me that the pregnancy and birth education spaces where I was trying to meet pregnant potential participants and their partners were almost always attended by a majority of women. The reasons for and implications of this are widespread.

Participants in the research had a number of options for antenatal classes in Edinburgh. The majority of women attended the ‘standard’ NHS antenatal classes, which were free. Though pregnant women are not actually required to go to these classes, women who participated in this research described them as mandatory. Women were referred to these classes as part of their midwifery care and they took place during weekday ‘working’ hours. As I have discussed, pregnant women are entitled paid time off work to attend. Many participants also attended a National Childbirth Trust (NCT) ‘course’ costing upwards of a hundred pounds that took place over several evening or weekend sessions. There were a number of smaller-scale options, including pregnancy yoga, hypnobirthing, active birth and others, which variously charged a range of fees or ran on the basis of voluntary donations. Most of these were targeted directly to pregnant women, and though most – apart from pregnancy yoga – said that they ‘welcomed’ partners, although several of the men who took part in the research clearly felt that these spaces were not for them.

While I had expected to encounter majority female spaces during fieldwork, I was not quite prepared for the extent to which this would be the case: generally there would be all-female groups, or just two or three men in a large group. Only very rarely, though, would there be just one man in attendance. One Sunday, at a ‘preparing for birth’ group I went to regularly during fieldwork, 12 women were seated around the table chatting casually before the meeting began. A woman who I had not seen before came in and hovered around the door. One of the group leaders invited her to sit down. She hesitated and responded, ‘Hang on. I’ll just
ring my partner. He’s parking the car and I’ll tell him not to bother: he can just come pick me up later.’ The group leader assured her that her partner was very welcome, but the new woman looked around the table a little sceptically: ‘I’ll just phone him: I think he might feel uncomfortable. God forbid we talk about vaginas!’ Other women laughed politely. This kind of impromptu assessment, that though men were ‘welcome,’ groups were not for them, was often made. As a result, seeing just one man in attendance at this kind of group was a rare occurrence.

When men were present at such pregnancy groups – almost always in the minority – they tended to take part somewhat peripherally. For example, on another Sunday meeting of the same group, a few men did attend with their partners. We went around the table at the beginning, each introducing ourselves. When the introductions reached the first of the men, he turned to his partner, who introduced herself before introducing him. The other men followed suit, and did not introduce themselves when it would have been their turn but waited for their female partners to introduce both of them. It seemed that being in the minority was sufficient to make the men feel that they were not the focus of the group, and minimise their participation accordingly.

Even when antenatal groups included equal numbers of men and women, men still expressed feeling peripheral. For example, many participants attended NCT classes, which they described as being entirely made up of middle-class couples (one mother, Laura, described feeling out of place ‘at the NCT’ because she and her husband were in their twenties and did not own their own home). Men who attended antenatal classes most often told me of attending these fee-paid ones with their partner. Fewer men attended the free NHS antenatal classes which participants generally presented as mandatory for mothers-to-be, and only one participant attended a dads-to-be course on his own. Despite describing rooms full of couples at the NCT classes, the ways that participants discussed these classes suggested that they still saw them as for pregnant women, rather than for
couples or for men as well as women. In an interview with one couple, Eve and Sean, Eve described her experience of the antenatal class as largely focused on the prospect of labour – with one of the sessions entirely focused on pain management – and women’s bodily experiences through pregnancy and the transition to parenthood. She told me she would have liked more on ‘hints and tips for bringing baby home.’ She turned and asked Sean: ‘From a daddy perspective I don’t think there really was much – did it do much for you?’ Sean said that he felt there ‘wasn’t much to’ the session that was applicable for men, and told me that he felt the midwife leading the class was ‘not in touch really with the younger generation’ of ‘involved’ fathers-to-be:

She was saying, like, you know: “Oh you’ll have to have to make sure to help out and all” … I just thought, ok, do you really think we need to be told that? More of the actual practicalities of looking after the baby and what it will be like would have been helpful. Like, how do you bath them and change their nappy – what are the specific things you can do as a dad.

Eve and Sean had expected to be learning together about how they would care for their newborn in antenatal classes, and were frustrated by the narrow focus on the bodily aspects of pregnancy and birth, though Eve acknowledged they were also ‘obviously important.’

A main reason many participants gave for attending antenatal classes – especially the fee-paid, couple-attending ones – was for women to meet other mothers-to-be. This was another aspect of antenatal classes that participants described as not being ‘for’ men. Especially for fee-paid classes (but also a factor in women’s attendance of NHS classes), women often told me they had chosen to attend for social reasons: they were eager to meet other women in ‘a similar position’ who would be a ‘support network for motherhood.’ Men, more often than not, did not choose to attend for similar reasons. In a conversation with Leah, an accountant, I asked about her experience of the NCT classes she had attended. She responded:
I personally found it really, really helpful and I’m still really in touch with a lot of the girls now: they’re really lovely. Erm, my partner felt differently about it. He, he was very much of the opinion that he has his male friends. He feels like he doesn’t need friends just because they’re dads so he was a bit more stubborn about it and kind of like ‘No they’re not totally my type of guy; I don’t need to have “dad friends.”’ He came along to NCT and that was fine but I saw it as a way to meet a really good support network whereas he was just sort of coming along with me in order for me to do that.

Leah’s partner’s lack of interest in making new friends who were fathers was shared by some of the other men who took part in the research. These men often expressed that they would be ‘back at work’ and would thus not ‘need’ a community of fellow parents in the same way that mothers on ‘mat leave’ would. This was in stark contrast to the sense of a ‘need’ most women expressed to connect with other mothers who would be ‘going through the same thing’ as them.

Towards the end of fieldwork, I was able to attend one of the newly set up ‘dads-only’ antenatal classes. The organisers of this ‘men only’ space used language of gender and gender equality in specific ways. They articulated a need for equality through separation: at the beginning of the session they explained that they created the group because they felt that fathers-to-be needed something extra and apart from the existing classes and spaces to prepare them for parenthood because ‘the existing focus is on women.’ That focus on women and women’s bodies in standard antenatal classes and groups did seem to re-emphasise the invisibility of expectant fatherhood for some fathers-to-be. Andrew described it to me this way: ‘the regular antenatal is all well and good but the focus is on the woman – as it should be, understandably. But men need something on what their role will be, on the male role.’ A clearly articulated notion of differently gendered parenthood existed here, and a significant minority of the men who took part in the research (and some of their female partners) strongly felt that more such spaces needed to be created for men.
The organisers of ‘dads only’ spaces drew on the idea of ‘gender equality’ to promote ideas of gender difference. As Andrew put it, ‘it takes two to tango’ so ‘dads should be treated equally to mums.’ In these articulations of (expectant) parenthood men and women were seen to have different, ostensibly complementary, roles. The dads-to-be group, emphasised that while men would ‘obviously’ not be able to feed their babies if their partners were breastfeeding, there were still ways of being ‘involved’ with their babies. They told fathers to be that men are often better at playing with their babies, for example. But, specifically in reference to men’s only spaces during pregnancy, the differences articulated were bodily ones. Men were said to need different spaces because the focus in existing antenatal classes and groups was on women’s bodies, such as managing pain during labour. This education on women’s bodies was described as being of limited use for fathers-to-be (despite the fact that most men expected to be women’s birth partners during labour). These explanations of the differences in men and women’s antenatal needs and parental roles were given by the same men who used inclusive language like ‘we’re pregnant’: this was not seen as a contradiction.

Thus, while very few of the spaces of pregnancy – clinical or otherwise – were explicitly women only, in practice even mixed-gender groups were perceived to be ‘for women,’ by many women as well as men. Explicitly ‘men only’ antenatal classes, playgroups, and other parenting spaces were thus considered a reasonable and, indeed, necessary response by many research participants. Participants in the research, both men and women, expected men to share in pregnancy (though understandings of what this entailed varied); however, through antenatal care and social interactions during pregnancy in Edinburgh, pregnant women were increasingly treated as embodied mother-child dyads, while men came to be situated outside of this unit (as will be discussed later in this chapter).
Women and especially men spoke of men being ‘excluded’ from aspects of pregnancy, yet at the same time, a relatively minimal ‘male’ role in reproduction came to be increasingly accepted by participants.

Most (all but two) participants were in an established relationship throughout the perinatal period, and expressed expectations that their experience of the transition to parenthood would be something they shared as a couple. Yet, over the course of the pregnancy, what ‘sharing’ meant often seemed to shift for participants. Specifically, participants often seemed to be pushing their ideas of men’s ‘involvement’ into an imagined future. For example, interviewing Caitlin and Steven in pregnancy, Steven expressed that he was looking forward to being able to ‘do more’ when the baby arrived: ‘I’m as involved as I can be but at this point [during pregnancy] it’s hard because obviously physically it’s all her. It’ll be good when I can take the burden a bit.’ This suggests that despite widespread expectations that the transition to parenthood would be a shared experience for couples, during pregnancy women and men’s experiences of the transition to parenthood already begin to diverge from men’s along gendered lines, with significance for the creation of differently gendered parental roles: during pregnancy many women and men had already begun to see motherhood and fatherhood as qualitatively different embodied roles, while they continued to talk about sharing in parenthood ‘as equally as possible once the baby’s here,’ as Steven put it. This tendency to push men’s greater involvement into an imaginary future has implications for the patterns of infant care established by new parents, as will be discussed in Chapters 3 and 4. For now, I turn to an analysis of how the

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11 One participant, Ruth, initially mostly referred to her ‘baby’s father,’ whom she had met shortly before becoming pregnant. Over the course of the research, she began calling him her ‘partner’, and towards the end of my fieldwork they became engaged. Another participant, Tomasz, had separated from his wife by the time he participated in the research.
gendering of expectant parenthood influenced women as well as men’s transition to parenthood.

**Pregnant bodies & gendered hormones**

I have discussed how participants described men being ‘excluded’ from various spaces of pregnancy and how this undermined participants’ expectations of men’s ‘involvement’ in pregnancy, often pushing men’s ideas of involved parenthood into an imagined future. I now turn to how experiences of these ‘female-centred’ spaces also affected women’s transitions to parenthood. Overall, I argue that these spaces set up a notable emphasis on differences between women and men, and a focus on women’s experiences as embodied, with a tendency for differences between individual women to be flattened.

During pregnancy, women’s bodies began change in obvious and visible ways. Participants expected other visible changes to various aspects of women’s daily lives – what they ate and drank, their ways of moving and exercising and their clothing – as appropriate to the physical state of pregnancy, and according to medical advice. In addition, participants expected mental and emotional changes for women. In talking about these participants emphasised the role of hormones.

During fieldwork, ‘hormones’ were used as an explanation for anything a pregnant woman could feel. If women were feeling ‘down,’ they or those around them might explain it as ‘hormonal.’ If they were feeling ill, they or those around them might question whether it was something ‘serious’ or ‘just hormones.’ If they were lacking energy, that could be explained as a hormonal issue. Being annoyed with one’s partner was frequently attributed to hormones. Birth educators and healthcare workers, women’s partners, and pregnant women themselves all framed women’s emotions as ‘symptoms’ of pregnancy hormones, and seemed to use ‘hormones’ as a cover-all explanation for all manner of things women
experienced during pregnancy. No participant ever suggested that men might be impacted by hormonal changes; if I suggested this possibility, it was met with confusion, disagreement, or laughter.

Despite men’s use of the phrase ‘we’re pregnant,’ men’s everyday practices were not – on the whole – expected to change in analogous ways during pregnancy. In general, men could continue to eat, dress, exercise, and so on, in all of the same ways they had done before the pregnancy. Most of the men who took part in the research continued drinking alcohol throughout pregnancy, for example, though a few limited their alcohol intake in ‘solidarity’ with their partners.

Despite men’s linguistic claiming of inclusion in expectant parenthood, men largely saw themselves as outwith the physical and hormonal aspects of pregnancy, as well as, to some extent, the emotional aspects, because – as discussed above – women’s emotional states during pregnancy were understood to be intertwined with the physical and hormonal changes made visible by women’s pregnant bodies.

Participants employed the explanation of ‘hormones’ when describing the phenomenon of ‘nesting.’ ‘Nesting’ was generally used to describe an overwhelming urge, during the latter stages of pregnancy, to clean, organise or otherwise prepare the home for the arrival of a baby. The way people talked about nesting emphasised an understanding of ‘parenthood’ – often the use of this word actually referred more specifically to motherhood – as an embodied and gendered state. Women’s drive to prepare a space for their baby was presented as a hormonal, physiological urge.

Tomasz had described himself as ‘pretty involved’ in his wife’s pregnancy. Originally from Poland, he told me he had been in Scotland for ‘so long’ that ‘sometimes I think “did I get this idea from Scottish culture or from Poland?”’ He
had been to all the antenatal classes and scans with his wife, and took frequent trips to hospital with her during the pregnancy when she became anxious and wanted to have the foetal heartbeat monitored. As he told me: 'It was happening all time. One time she rang me “I’m in a taxi on the way to the hospital” and I even had to leave the pub in the middle of the football.’ In other parts of our conversation he expressed views about the need for ‘gender equality’ and told me that he had no preference when it came to the sex of the baby (though he also told me that when his wife pushed him to express a preference he had said: ‘If I had to choose I would pick a boy because I myself am, so if I had a boy I naturally know how to be a boy’). He told me he did not see the point of finding out about the sex, ‘And anyway, I don’t like the idea that the girl has to be always pink or boy has to be blue. I kind of like to mix the colours – like having a green something – not just “boy” or “girl” things.’ Yet when I asked him what sort of things they had bought during pregnancy and whether they had prepared a nursery, he responded:

I left a lot of stuff for my wife to deal with because I know that females are hormonal – you call that nesting, yeah? Nesting feeling. So they have to create the nest. So I, no, I left that. I’m not saying I was lazy, it’s just I felt that she as a mother will naturally know better. Her hormones, her natural instincts, will tell her what she needs, what she doesn’t.

While Tomasz was one of the participants who expressed it the most explicitly, it was common for men to explain that women were better-suited to make decisions about the preparations for the baby’s arrival because of ‘hormones.’ While men might use inclusive ‘we’ language in relation to pregnancy, they also increasingly tended to emphasise the embodied ‘hormonal’ nature of a pregnancy happening apart from them, in women’s bodies.

While some people gave me examples of men ‘nesting,’ it was usually told as a comical anecdote. Jools laughed about her partner having been ‘seized by a need to scrub, scrub, scrub! It’s quite funny to see when I suppose that should be me but it’s not hit me yet.’ As in historical attitudes to couvade, in which men were
seen to be ‘imitating’ female behaviour (Newman 1966), ‘nesting’ men in Edinburgh were seen to be acting like pregnant women, while similar behaviour by women was presented as the normal and natural result of ‘hormones.’

Antenatal spaces foregrounded women’s bodily experiences of pregnancy and couched women’s personal emotional responses within the body as hormonal phenomena. Men, in contrast, were presented as excluded from these embodied, hormonal and visible aspects of pregnancy. The sense of pregnancy as an embodied physical state particular to women was thus introduced to participants early in pregnancy, encouraging both women and men to see the transition to parenthood as being more closely connected to women. While research has indicated that men as well as women undergo physical and hormonal changes when they become parents (Berg & Wynne-Edwards 2001; Edelstein et al. 2014), this was not something that participants ever talked about. Instead, through the course of pregnancy, participants increasingly emphasised embodied and hormonal effects of pregnancy on women.

Embodying worry: gendered responsibility & tentative pregnancy

Anthropologists and sociologists have developed the notion of ‘tentative pregnancy’ largely in relation to the development of tests in pregnancy, such as amniocentesis and ultrasound (Rothman 1986; Rapp 1999; Ivry 2010). In her ethnography of the ‘culture of pregnancy’ in Israel, for example, Tsipy Ivry has argued that the barrage of antenatal tests that pregnant Israeli women are routinely subject to leads them and their partners to view pregnancy as a ‘tentative state’ (2010: 4). Thus, she argues, for expectant parents in Israel, it is seen as presumptuous to buy things for the unborn baby or prepare a nursery during pregnancy, and to assume the foetus will become a full social person, since
women will be strongly encouraged to terminate a pregnancy that shows any abnormality in antenatal testing.\textsuperscript{12}

Similarly, parents in Edinburgh were extremely wary of ‘assuming’ that pregnancies would result in the hoped-for outcome of a live, healthy baby. Pregnancy was a tentative state having to be continually confirmed and monitored up until the birth of a healthy baby. Participants often discussed fears of ‘losing’ their pregnancy and many described ‘superstitious’ practices such as delaying buying anything ‘for the baby,’ or having ‘essential’ purchases (such as a pram) delivered to the homes of other family members or friends, ‘just in case.’ Catherine described how she and her husband chose a pram and ordered it online but had it delivered to her mother’s house as, she told me ‘I didn’t want it in the house until the baby was here safely.’

Pregnancy could therefore be an unnerving time for participants. During fieldwork, fear, worry and anxiety were all words commonly used by participants to characterise pregnancy, especially the first trimester but often the pregnancy as a whole. One expectant father, Steven told me: ‘I was sort of in denial about it at first, thinking it might not happen. The first ten weeks was the hardest time because you’re worrying. Especially when you know you’re coming up to the first scan…’

Catherine, described how becoming pregnant affected her:

Finding out we were pregnant on Valentine’s Day’ made it the best Valentine’s Day ever. But it also started a cycle of absolute fear and anxiety. What had I done to be so lucky when so many people that I knew who were

\textsuperscript{12} Beyond the prevalence of testing, tentative pregnancy in Israel may be linked to historical Jewish ideas about when babies become people. Similarly, historically Judeo-Christian notions of foetal/infant personhood may influence tentative pregnancy in Edinburgh.
going through the same process [IVF] weren’t pregnant? What had I done? So although on one hand I was totally elated that this was a miracle, I didn’t understand why it’d happened for us… so it was elation and then fear quite quickly afterwards.

Tomasz, told me:

[U]ntil the second scan, until it was confirmed to us that obviously the baby has five fingers, five toes - well, not saying that I would, but sometimes you would have to even make like a late decision [to terminate]… So we didn’t feel until we had ‘all clear’ from the perspective of the medicine, that, yeah: ‘we will be mum and dad.’

Tomasz emphasised that being ‘mum and dad’ was contingent on the birth of a healthy baby, which had to be repeatedly confirmed by testing. During pregnancy, participants tended to distance themselves from the identifiers of ‘mum’ and ‘dad.’ Late in her pregnancy, Jools told me she had found it ‘jarring’ and ‘weird’ to when she was sometimes referred to as ‘mum’ by health professionals during her antenatal appointments. ‘A mum,’ she told me, ‘is someone who actually looks after a baby. I’m not anyone’s mum yet.’ On the whole, participants were wary of presuming that pregnancy would have the hoped-for outcome of becoming parents. Pregnancy – and the series of tests it entailed – was the long process of waiting for that outcome to occur.

This fear and worry around pregnancy – for both expectant mothers and fathers – could be related to a number of factors. Some participants had previously experienced pregnancy loss. Others were aware of friends or family members’ experiences of miscarriage or infertility: One mother, Rebecca, told me, ‘I think being a bit older – me and all my friends are all in our thirties – so you know quite a lot of people where it hasn’t gone to plan…’ Others told me they were affected by high profile stories of stillbirth. As Catherine told me:

[T]here was always doubt. Every time somebody said something horrible like ‘Oh, my sister-in-law’s had a miscarriage, a late miscarriage’ or …
around about that time there were a couple of celebrity stories about stillbirths at seven or eight months – Ben Fogle and a girl in ‘Home and Away‘ – and when I was the same stage, I just thought, you know, I cannot imagine this person that’s inside you… what if you don’t get to meet them. … But there’s always the fear of something going wrong.

Participants particularly described that their feelings of worry or anxiety would rise before each appointment, scan or test. One new mother Clara, described how she felt anxiety ‘building and building’ before each of her routine midwife appointments and scans. Unusually among my participants – all of whom had their maternity care through the NHS – she had had an early private ultrasound scan to ‘confirm’ the pregnancy after she had taken an at-home pregnancy test. However, to her surprise she found that it did not provide her with the reassurance that she had been expected. As she explained it: ‘Although you know you’re pregnant you don’t really feel it, and you don’t believe it. So we had an early scan. But still, you’re just a little bit worried something might go wrong and don’t want to get too excited in a way, which is sad.’

As with Clara’s experience, the reassurance offered by these diagnostic tests could be short-lived and limited. As Taylor has argued, though scans have been popular among pregnant women as well as doctors, their potential for reassurance is undermined by the anxiety-inducing possibility of discovering something ‘wrong’ (1998: 20). While participants sometimes described experiencing short-term relief when a scan or test did not detect problems, it could not entirely assuage fear because, as participants put it, there was always the chance of something going wrong later on.

Clearly, worry and the sense of pregnancy as a tentative state was experienced by fathers as well as mothers. However, it became apparent during fieldwork that there were a number of significant gendered dimensions to the experience of worry, fear and anxiety during pregnancy.
Firstly, during pregnancy women’s experiences were understood as embodied, to a new extent. Jools told me that she had found becoming pregnant shifted her relationships with people: the question ‘how are you?’ had taken on a different significance after she became pregnant: ‘There’s this sudden focus on your physical symptoms all the time. No one asks how you are, meaning how you are emotionally, they all start to ask about aches and pains and morning sickness and stuff like that.’ Her experience of this newfound focus on her body was common. Women’s bodies were centred in antenatal classes that focused on the physiology of birth and breastfeeding. And focus on women’s bodies was also reflected in a general tendency to flatten women’s differing experiences of pregnancy into a more generalised, gendered experience. Women themselves, as well as those around them – from colleagues, to medical staff, family members and friends – began to explain women’s emotions in terms of ‘pregnancy hormones.’ Speaking about their own specific experience of pregnancy, women often described experiences of pregnancy in generalising terms, using the general ‘you’ rather than the individual ‘I.’ For example, Erin told me, ‘When you’re pregnant you feel totally unlike your usual self,’ and Lizzie told me, ‘Pregnancy hormones turn you into a madwoman, to be honest.’ This contrasted with quite considerable differences in different women’s bodily experiences of pregnancy. Some women experienced extreme pregnancy sickness or debilitating breathlessness or antenatal depression, while other women told me they felt ‘better than ever’ and continued in (or took up new) strenuous activities such as cycling long distances and running up Arthur’s Seat during pregnancy. Yet in generalising statements about what it felt like to be a pregnant woman, the differences between women’s varied embodied experiences were flattened and set up as contrasting with the experiences of male partners on the basis of their differently gendered bodies that were not experiencing reproduction in an embodied sense.
So, during pregnancy, women’s emotional states became increasingly viewed as linked to this embodied state of pregnancy, and women’s feelings particularly attributed to hormones. At times this could lead to women’s emotions and physical symptoms being naturalised or minimised by health professionals, birth educators, friends and family, and women’s partners. When women raised concerns in pregnancy, they were sometimes dismissed as ‘new mum’s worry’ or trivialized as ‘just hormones.’ One evening, while introducing herself to an antenatal group, a pregnant woman broke down in tears, telling us:

I’m so worried about how I’m going to cope when the baby arrives. We’ve just moved to Edinburgh: I don’t know anyone. I don’t have any family in Britain… My husband is self-employed and we don’t know whether he’s going be able to take any time off work.

While she wiped her tears away and apologised for crying, the facilitator of the group responded ‘No problem, we’re very used to tears here. Oh yes, we get lots of women crying here, what with all these pregnancy hormones! Don’t you worry, it’s very normal.’ In this case, and others, what to me seemed like specific practical worries were dismissed as the general result of ‘pregnancy hormones.’ And this was common in a variety of settings: participants who were concerned about physical symptoms during pregnancy – Clara, for example, had various symptoms of anaemia (rapid heartbeat, shortness of breath and dizziness) – described being told by midwives or GPs that their symptoms were ‘mental’: Clara was told she was ‘simply’ anxious.

At the same time, in the context of tentative pregnancy, women became subject to greater scrutiny than expectant fathers, and women expected to participate in this scrutiny. Due to their embodied experience of pregnancy, expectant mothers, and not expectant fathers, were expected to be able to monitor their pregnancy. For example, a stillbirth prevention campaign encouraged women to ‘count kicks.’ If their foetus was not as active as usual, or there was a change to the usual patterns of foetal activity, women were to inform their midwife. Though pregnant
women were supposed to be able to ‘feel’ their baby, it was not always the case that women felt confident in this, and it equated to an additional level of responsibility for women that did not always sit comfortably with them. Lizzie told me, ‘You’re the mum and at the end of the day you’re the one responsible. What if you’ve been busy and haven’t paid attention to whether your baby has been kicking..?’ As a result, some women went to hospital regularly for confirmation that their baby was ‘still ok.’ Other women turned to at-home foetal heart rate monitors (despite them being discouraged by the NHS), or a few even went for private scans (out of fear that they would be abusing the NHS if they went to hospital) because of this heightened, gender specific responsibility that weighed on them.

Beyond monitoring their foetus & pregnancy, pregnant women’s own emotions also became subject to increased scrutiny. Women were expected to monitor their emotions in a way that was not required of expectant fathers. Women told me that if they expressed emotions, feelings or thoughts perceived as negative, they were encouraged to minimize them. For example, when Catherine discussed feeling anxious with her IVF provider, they suggested counselling. The counsellor encouraged her to try to relax, asking her, ‘what [is] the embryo picking up on with all this negativity?’ The implication being that women’s thoughts could impact negatively on their unborn children. Many women I got to know told me about similar responses they had received after expressing feelings of stress, anxiety, worry, or any other ‘negative’ feeling. Such questions and comments were understood as warnings to women that any negative emotions would be potentially harmful to their baby. In most cases it seemed to be well-meaning, and the family members and health workers who said this kind of thing generally seemed to be trying to help women ‘relax.’ However, pregnant women often felt that these implicit warnings against harming their babies could inadvertently cause ‘more harm than good.’ In many cases, they created a cycle in which women worried about worrying and would even blame themselves for perceived
harm to their unborn babies. Some women figured this in very technical terms, telling me they worried about what her stress level would do to the unborn baby. Lucia: ‘I would start thinking oh my god all this cortisol and the harm of it in his brain, you know, stuff like that. Just getting myself more worried… about me harming him in some way.’ As a result, many women attempted to police their own thoughts and could feel even worse if they ‘failed’ to control ‘negative’ thoughts because of this perceived possibility of harm to the unborn baby.

As I have mentioned, women’s emotions were thought to be linked to their hormones. Both pathologisation of women’s worry and the dismissal of women’s specific concerns were linked to these gendered ideas of the ‘hormonal’ embodied state of pregnancy. This scenario puts pregnant women in the difficult position of having to minimize emotions that are also understood to be ‘caused’ by hormones and thus presumably beyond their control.

Worry and parental responsibility are thus gendered over the course of tentative pregnancy. While men who participated in the research certainly worried during pregnancy, men’s worry was not subject to the same kind of scrutiny as women’s. Men did sometimes feel guilty about negative feelings during pregnancy. For example, Steven told me he felt bad for dampening his partner’s excitement about the pregnancy because of voicing his worries about the potential of miscarriage, which had ended their last pregnancy. However, men’s anxiety did not carry the same threat of harm that women’s did in this context, because it was not figured as having biological/bodily effect on the foetus. As long as Steven ‘kept his thoughts to himself,’ they were ‘fine.’ Women’s thoughts, on the other hand, even when unvoiced, were potentially problematic because, within the maternal child dyad, it was not considered possible for women to keep them to themselves. When she thought about ‘things going wrong’ with her pregnancy, Catherine would admonish herself, ‘Ugh! Why are you thinking all these horrible thoughts?!’
as though her own thoughts would be to blame if anything was to ‘go wrong’ in the tentative pregnancy.

Thus, in participants’ understandings, anxiety in pregnancy came to be understood as an embodied phenomenon in women with potential for impact on the pregnancy and baby. Women’s anxious thoughts were seen as possible threats to the wellbeing of the foetus. This notion of the embodied mother-child dyad gained in significance throughout pregnancy, increasingly placing women in a position of greater responsibility and scrutiny, and increasingly excluding fathers from such responsibility and scrutiny. As a result, men were exempt from the intense pressure to stop themselves from having any negative thoughts or fears during pregnancy, while women were encouraged to self-police their own thoughts and feelings. Thus, research on the gendered aspects of tentative pregnancy shows how parental responsibility and the pressure to be a good parent is disproportionately borne by women from the earliest part of the perinatal period. While both women and men experience worry on account of tentative pregnancy, women are made responsible for monitoring it, their foetus, and themselves.

**Waiting women**

After my conversations early on in fieldwork with Andrew, I had expected that men in Edinburgh would, like him, go to most of the ‘events’ (i.e. midwife appointments, scans and antenatal classes) of pregnancy and would ‘share’ in it that way, despite perhaps feeling side-lined in some respects as he described. However, as I recruited and interviewed more fathers as participants, I was surprised to realise that Andrew’s account was less typical than I had expected.

The extent to which men in Edinburgh attended midwife appointments, antenatal classes and other events related to pregnancy varied widely between participants.
Some men did attend all (or most) of midwife appointments, antenatal classes, scans and so on. When I asked these men why that had attended all or most things, they usually naturalised their attendance, providing little narrative on the decisions and processes that led to their attendance. When I asked Andrew why he went to ‘everything,’ he had responded: ‘It’s natural, isn’t it: it was my first baby and I always felt that I should be at everything; I wanted to know everything that was going on.’ Andrew’s explanation that it was ‘natural’ to be interested and present at every appointment contrasted with other participants’ attitude that men’s attendance was a personal choice or even a luxury. Men who did not attend midwife appointments or antenatal classes almost always attended at least one of the ultrasound scans. When I asked these participants why they had not attended other things during pregnancy, this was also naturalised by them, usually through the category of ‘need’ (or lack thereof). As Will, a software developer, told me: ‘Well, as the partner, you don’t really need to go. It was more for Lucia.’ Or men blamed ‘work.’ As Lewis, a physiotherapist said, ‘I would’ve like to go to more but, like most people, you’ve got work at those times.’

As well as asking men about what they attended during pregnancy, I also asked women about what their partners came to. Early on, having assumed that, like Andrew and the first few men I had recruited, most men would want to attend most appointments, I asked women if their partner had come to all their midwife appointments with them. Lindsey, a PR worker, frowned when, during an interview in her flat, I asked her if her partner came to all of her appointments. ‘Well, no,’ she responded, ‘Dads don’t really need to go, you know.’ By the end of fieldwork, it was clear that the most typical response was that men attended the ‘most important’ appointments or ‘as much as [they] could.’

In contrast, women’s attendance at all of their midwife appointments and scans was unquestioningly viewed as mandatory. Pregnant women themselves, of course, often also had work ‘at those times,’ but among the people I talked to that
was never raised as an issue: it was described as ‘necessary’ for women to take time off work to go to all appointments, (and, importantly, women were legally entitled to do so). Those who took part in the research never considered midwife appointments, antenatal classes and scans as optional for women – they were effectively viewed as mandatory. As the ones who were ‘actually’ pregnant, women, it was understood, ‘had to’ take time off. This is reflected in – and reflects – policy: women are entitled by law to ‘reasonable time off’ antenatally, including around 10 antenatal appointments as well as other classes.

Women tended to have relatively little to say about midwife appointments to me, and seemed much more eager to discuss other topics at length, for example, birth (the topic of the following chapter) or infant feeding. Participants did often tell me that they found their engagements with antenatal care mundane, increasingly – sometimes even frustratingly – so. Clara, a new mother who I met for coffee, responded to my question about her experience of midwife appointments: ‘I always built it up in my head because having this baby was such a huge thing for me, and it was always disappointing: I was just one among many to them.’ Thus, even if before pregnancy women and their partners might have imagined attending appointments together in the context of viewing pregnancy as something to share, in practice the appointments soon felt mundane – even anti-climactic – not ‘worth’ men ‘taking time off work’ for. ‘I wouldn’t have my husband come with me if I was giving blood or anything,’ Clara said, ‘so I don’t see the point of him coming to sit in the room while they take my blood pressure for the umpteenth time.’

Women described being scolded by midwives if they missed or had to rearrange appointments for any reason. Clara missed an appointment because the letter was sent to an old address. When she called about making an appointment, she told me, ‘I got such a scolding. I was really embarrassed – I wouldn’t do it on purpose!’ Jools, who had been referred to a specialist for what she hoped (but
was not entirely sure) was a minor issue during pregnancy, asked to change her appointment time because she was supposed to be out of the country that day, visiting her partner’s family in the Netherlands. She told me she was spoken to very sharply: ‘She basically told me “Don’t think you’ll get another appointment! Either you take this appointment or you don’t get one.”’

In considering the significance of women’s experiences of midwife appointments, I have found the anthropology of waiting useful. Scholars of waiting have argued that waiting teaches those who have to wait about the power of those who can keep them waiting (Schwartz 1975: 856), with implications for understanding gender and class relations. Javier Auyero, writing on ‘lived experiences of waiting’ in a Buenos Aires welfare office, draws on Bourdieu (2000: 228) in arguing that waiting can ‘persuade’ those in less powerful gender and class positions that their time is of less value to society (Auyero 2011: 5). On-going engagement with waiting, delays and discomfort can also persuade the waiting person or group to accept their position within an inscrutable system as ‘just the way it is.’ Auyero points out the stratified gender dimension of waiting in the welfare office, where women (often accompanied by young children) are the majority of those becoming ‘patients of the state.’

For women in Edinburgh, the conditions of waiting were not nearly as extreme and inscrutable as those described by Auyero in the Buenos Aires waiting room. Unlike in Buenos Aires, women in Edinburgh did not feel they were being given the ‘runaround,’ or experiencing a Kafka-esque ‘trial’ of waiting (2011: 14, 13). However, as in Buenos Aires, the social condition of waiting in Edinburgh can be analysed in gendered terms, as pregnant women ‘interpreted’ their waiting. During pregnancy, no matter how mundane they found their appointments, it was accepted that mothers-to-be ‘had’ to go and wait while fathers-to-be did not. In this context, pregnant women also became subject to a system of scrutiny while men did not. Participants’ engagement with the system of antenatal care,
mandatory for women and optional at best for men, can be understood to begin persuading them that (expectant) parenthood requires more of women than men.

During pregnancy women thus begin to become accustomed to taking time away from work and engaging in parenting in ways that men do not. Seen as outwith the mother-child dyad, men are exempt or excluded from engagement with the system which is focused on mothers and their foetuses. Arguably, this establishes a pattern in which interruptions to women’s (working) lives related to parenthood thus become normalised and (more) accepted for women than for men, justified by women’s embodied connection to their baby.

Simultaneously, in women’s routine attendance of antenatal appointments (at least ten appointments in ‘low-risk’ first pregnancies, and more often in high-risk ones) women quickly gained a fluency in the medical language of pregnancy and midwifery care. More frequently than men, women talking about pregnancy used medical jargon and abbreviations such as ‘the twelve week [dating scan],’ ‘my first [pregnancy],’ ‘geriatric pregnancy,’ ‘HG,’ and so on. While women may have felt that their midwife appointments were of relatively little significance, the rate of women’s increasing knowledge about pregnancy and birth created a subtle distinction from men, who did not attend usually attend all such appointments and generally did not appear to have the same fluency in these topics. Having attended ‘just the scans,’ Will’s account of pregnancy was much shorter than his wife Lucia’s, and he was sometimes, in his own words, ‘unsure on the details.’ In our kitchen-table interview, he sometimes looked at me for confirmation: ‘We had the second scan, erm, what would that be? The 16 week scan?’ Thus, during pregnancy, women come to be familiar with medical jargon and knowledge of pregnancy and parenthood through engagement with various structures that men remain outside of. At the same time, the gendered division was often naturalised by participants as a difference between men and women.
Conclusion: Embodying difference

Upon investigation, inclusive language like the phrase ‘we’re pregnant’ was not a straightforward marker for ‘shared pregnancy’ or men’s involvement in expectant parenthood. The full range of fathers-to-be used this language, despite variation in men’s engagement with antenatal care and preparation for the birth of their baby, and in spite of increasing distinction during the course of pregnancy between male and female expectant parents.

Decades after the back-and-forth debates over the appropriate definitions of couvade (Newman 1966), Janet Chernela re-evaluated the term, arguing that couvade as an anthropological category only exists because ‘Western’ theorists had seen birth as something exclusively ‘female’ (1991). According to her, the category of couvade exists because all male behaviour surrounding parturition was seen by early anthropologists as imitative, ‘feminine’ behaviour in need of explication through this anthropological categorisation.

In some ways, participants’ experiences through the course of pregnancy show how this assessment of the origins of the category couvade remains relevant when analysing gendered ideas of reproduction and parenthood in Edinburgh today. Here, I argue that the tendency for men and women in Edinburgh to view expectant motherhood as a visible, embodied and hormonal state created increasing contrast to expectant fatherhood as invisible, disembodied and non-hormonal. The acknowledgement that women are the ones who were ‘really’ pregnant created increasing distinctions between pregnant women and their partners during pregnancy; and developed despite many couples beginning pregnancy with the idea that the transition to parenthood would be an experience they would share as a couple.
Focusing on the hormonal, bodily aspects of pregnancy, also naturalised women’s connection to the foetus. Those who interacted with women during pregnancy treated women as embodying a mother-child dyad. This entailed increased scrutiny and responsibility for pregnant women. In contrast, men were increasingly situated outside this dyad, ‘making up’ their relationship with their unborn baby, for example, through inclusive language of pregnancy and seeing the foetus at ultrasound scans, but also being free of analogous scrutiny and responsibility for the foetus. In using inclusive language like ‘we’re pregnant,’ men were not claiming to be literally or physically sharing in the pregnancy, but taking one of the limited opportunities to claim a share in expectant parenthood.

Despite the expectation of sharing pregnancy suggested by participants use of phrases like ‘we’re pregnant’; participants also reinforced dichotomies that anthropologists have often sought to problematise in other ethnographic contexts: the visibility or ‘self-evidence’ of expectant motherhood versus the invisibility and bodily distance of expectant fatherhood, for example. In daily life these dichotomies could often blur, as seen when Jools, a charity manager, told me that it was her partner, Nils, rather than her, who was ‘frantically nesting’ in preparation for the baby’s arrival. Yet when me-n exhibited this kind of behaviour, it was increasingly framed as unusual and imitative of naturally female behaviour, similar to the positioning of men’s couvade behaviours in early anthropological research.

In the meantime, women learned to participate in new system in which their bodies became newly visibly gendered. Pregnancy as an embodied female state thus increasingly became an explanatory factor for differences between male and female expectant parents. The variety of embodied experiences of pregnancy between women were often flattened by generalisations, ‘when you’re pregnant you feel….’ Thus, despite the actual differences between pregnant women’s experiences, responses to them became increasingly standardised, with women’s particular situations being traced back to the same explanations of ‘hormones.’
As part of the apparently self-evident mother-child dyad, women face increasing responsibility for reproduction, while men are increasingly placed outwith the realm of reproduction and whose experiences remain viewed as disembodied and individual.

Thus, while couples in Edinburgh often began pregnancy with an announcement – 'we're pregnant' – implying something shared, the focus in social contexts and the clinical events of pregnancy on women’s embodied experiences tended to create increasing distinctions between pregnant women and their partners. These distinctions were articulated as gendered, bodily differences between men and women. As such, I argue, these distinctions began to create a new salience of embodied gender difference for pregnant women and their partners. The newfound salience of gendered difference impacts on both women and men’s experiences of pregnancy, in that women’s experiences come to be increasingly attributed to hormonal, embodied states, while men’s are not. In both cases, I argue, this impacts on expectations of gendered parental behaviour. Such a focus on women’s embodied experiences during pregnancy continues to build through the transition to parenthood. The following chapter addresses participants’ narratives about birth and how these birth stories heighten the salience of gendered difference for new parents.
Chapter 2 Births as stories

Hannah: I'm interested in hearing about your experiences of becoming a parent.
Catherine: So our birth story?

This chapter examines the role of the ‘birth story’ in participants’ experiences of becoming parents. Birth was a highly salient event for participants: during pregnancy, participants often described the prospect of birth as hanging over them; post-birth, the kinds of birth experiences participants had could have a lasting impact on their experiences of new parenthood after the ‘event’ itself was over.

‘Birth story’ was not a term I introduced to my research participants but one that they frequently brought up early in our conversations and interviews. Research participants like Catherine often brought up the term ‘birth stories’ without my reference to it (though men did so less than women, reflective of a gendered divide that will be examined in more detail later in the chapter). For example, as in the quote above, when I was first explaining the research to Catherine, who sat with me at her kitchen table, and John, who leant against the doorframe between the kitchen and the living room where their baby daughter, Maisie, was playing; in John’s words, ‘turning my house into a hovel.’ Catherine’s interpretation that my research was about ‘birth stories’ was a common one, and it is a telling one: many potential research participants read my use of the words ‘becoming a parent’ as specifically meaning ‘giving birth.’

I had been aware of the term ‘birth story’ when I began fieldwork, and initially avoided using it. I avoided it for several reasons: I wanted to hear as much about what comes before and after birth as I did about birth itself; I wanted to use as inclusive language as possible and not exclude non-birth parents; and I wanted
to recruit men, who I thought might be put off if I focused too explicitly on pregnancy and birth: I thought men might not consider birth their story to tell.

Confirming my wariness of the term, people sometimes told me they weren’t sure if I had wanted to hear from men because my research project was ‘about birth stories.’ When I asked participants to refer other new parents who might want to take part in the research, they most often referred pregnant women and new mothers who had given birth (not men, nor adoptive parents, for example). A few adoptive and gay parents who got in touch with me ultimately decided not to take part in the research, though I tried to encourage them to, because they were unsure where they would ‘fit in a project about birth stories.’ One woman explained that she did not wish to be ‘an outlier.’ This suggested to me, again, that the meaning people ascribed to my words was that in using ‘becoming a parent’ I was specifically referring to ‘experiencing birth.’

It also became clear to me that birth stories were highly significant for those who did decide to take part in the research, especially for women. Cheryl Mattingly’s work on medical narratives explores the role of narrative in patients’ experiences of medical care (2000). Mattingly argues that narratives help patients ‘come to terms’ with their experiences of illness and treatment (2000:29). Building on her work on medical narratives in this chapter, I argue that birth stories can be understood as powerful tools in helping participants make sense of their experiences of birth, and also the wider transition to becoming parents. I also consider the role of authoritative knowledge in the creation of women’s birth stories (Jordan 1993).

As well as helping new parents ‘come to terms’ with their transitions to parenthood, I argue that birth narratives can be understood as a form of ‘family practice’ by which new parents create kinship. I take the term ‘family practice’ from Julie Roberts’ work on commercial ultrasound as a form of ‘family practice’ by
which women ‘create and affirm’ kin relationships and ‘rehearse’ familial roles during pregnancy (Roberts et al, 2015: 527). Telling birth stories was a form of gendered ‘family practice’ by which participants enacted their new roles as parents. When performed by women, I argue that birth stories were moral acts of ‘family practice’ that made them into specific kinds of mothers – ‘good’ ones. In this chapter I discuss the gendered aspects of birth storytelling, arguing that men did not tell birth stories to make themselves into (good) fathers in analogous ways. Rather, men’s birth stories emphasised women’s authority over the experience of birth, women’s good motherhood, and men’s roles as supporting partners and parents. Birth was still a highly significant event for many men, and birth stories helped men as well as women come to terms with births that didn’t ‘go to plan.’ The telling of birth stories also had implications for parent-couple partnerships. Overall, in this chapter I show how the gendered dimensions of birth storytelling shed light on the question of what it meant to become a parent in Edinburgh; or, more specifically, what it meant to become a mother or a father.

**Birth rites, plans and stories**

Since Brigitte Jordan’s ground-breaking cross-cultural analysis (1978), birth has become an established topic for anthropological investigation. In this chapter, I expand on the significance of birth rites, plans and narratives for men as well as women’s experiences of becoming parents. Anthropologists of birth have argued convincingly for the significance of birth in remaking social personhood for new parents – particularly for new mothers (see, e.g., Davis-Floyd 1992; Homans 1982; McDonald 2006; Olson 2013). Anthropologists have used the rites of passage framework from the work of Van Gennep (1960 [1909]) and Turner (1969) to develop theories of what experiencing birth means for women. In her analysis of the rite of ‘technocratic’ birth in the United States, Davis-Floyd, for example, has argued that childbirth is a rite of passage that transforms women into mothers who accept their role in US society (1992). In her work, Davis-Floyd
suggests that birth may also be a rite of passage for babies and men becoming fathers, but explorations of the specifics of how fathers or babies might undergo a rite of passage during birth are scant. One example of an anthropologist using ritual framework to understand the transition to fatherhood is Richard Reed (2005), who focuses mostly on analysing men’s roles as advocates for women giving birth.

During pregnancy, women in Edinburgh were encouraged by their midwives to write a birth plan. Among my participants, many women and their partners were sceptical about doing so, feeling that making ‘too rigid’ a plan would be a pointless effort to control the uncontrollable and inevitably lead to disappointed hopes (a point I will return to). When I asked Jools, who was around six months pregnant at the time of our first interview, whether she had made a birth plan, she snorted in response. ‘I’ve only ever had one birth plan and it’s this,’ she told me, ‘go to hospital where there are medics who know what to do and will do it; just get that baby out.’

Whether or not participants embraced the idea of a birth ‘plan,’ however, many women did have hopes, expectations and plans – shaped by antenatal education and the birth stories they heard – for how birth would go, and so did their partners. In many cases, whether or not their ‘plan’ was a firm written one or a vague aspiration, what actually happened during birth upended these expectations. Perhaps this is in part why births become stories; even when participants attempted to minimise their expectations, birth was a point of potential fracture between expectations and experiences.

Early on in fieldwork I realised that when women told me a birth story, it was usually not the first time they had told it: women had generally already told a version of events to friends and family, though I had several women tell me that they would be ‘more honest’ with me than with others – ‘for the sake of the
research.’ Before telling a birth story to friends and family, women had often compared notes with others who were present during labour and birth, such as the medical staff or their partner, or with accounts of other births, like those of their friends, or birth stories on the internet. Thus, women were accustomed to birth being presented in a particular form.

The women who took part in the research were generally comfortable talking about what Amy, an office manager at an estate agent, described as ‘the gory details’ of birth. With a few exceptions, most women appeared not to mind whether they were sat talking about birth in the privacy of their living room or in a café full of strangers – though it did help free discussion of the ‘gory details’ if the café was loud. When I commented on this openness with Amy, who freely raised the topic of perineal tearing in a busy coffee shop, she responded, ‘Well privacy goes out of the window when you give birth – you lose any squeamishness about discussing this sort of stuff.’

Men who participated in the research, on the other hand, often seemed less comfortable discussing details – gory and otherwise – of birth, regardless of the setting. Will, a software developer, told me as we sat at his kitchen table: ‘it’s actually a bit weird for me, talking about the birth and stuff. I’ve never really discussed it with anyone other than Lucia [his wife].’ One reason for this may be that women’s more intensive engagement with medical care during pregnancy (as discussed in the preceding chapter) gave them an easier fluency in the technical language of pregnancy and birth. Participants implied that men and women, overall, had different relationships to birth stories, which was related to the tendency to view birth as the women’s story to tell: when Will was telling me about his son’s birth and could not remember some of the specifics he wanted to relay, he explained: ‘See, in a social situation I’d just turn to Lucia and let her tell it.’ Later, as I was gathering my notes together in preparation to leave, he said: ‘It’s interesting talking about this to someone you’ve never met before, but it’s been
good. It’s good to think about.’ When I asked another new father, Jayce, if he would participate in the research he said be was ‘happy to help’ but told me, ‘I don’t know that I’ll be able to add much beyond what Erin’s [his wife] already told you.’ In thinking about birth what birth narratives do, then, there was clearly a gendered dimension. This chapter considers what the telling of birth stories did for women, and what it meant that men were less likely to tell them.

Do stories ‘resolve’ births?

In their work on medical narratives, Cheryl Mattingly and Linda Garro have argued that stories not only are about things but also do things. One of the things that medical narratives can do, they argue, is help tellers ‘come to terms’ with ‘problems’ they have experienced (2000: 29). Anthropologists studying the cultural forms around birth (such as couvade), have often analysed birth as a crisis or ‘critical period’ which must be ‘worked out symbolically’ (Doja 2005). In Edinburgh, various kinds of knowledge of birth were used to form birth stories that could help participants come to terms with birth experiences that had not ‘gone to plan,’ as was often the case.

Anthropologists of birth have often explored the role of authoritative knowledge in women’s experiences of birth. Coined by Jordan (1993: 154), authoritative knowledge is the knowledge that counts as legitimate and consequential in a given context. In ethnographies of what has been called ‘medicalised’ birth (Sargent & Gulbas 2011) – a category in which the births of all of my participants, whether they gave birth at hospital or at home, could be included as they were all attended by NHS medical staff – authoritative knowledge of birth is the medical and technologically-informed knowledge wielded primarily by healthcare providers, such as doctors and, to a lesser extent in the existing literature,
midwives. In Jordan’s argument, authoritative knowledge during birth works to maintain medical control over birth (1993: 154). In Edinburgh, midwives as well as doctors could be understood to have authoritative knowledge of birth. During birth, women’s embodied knowledge – for example, women’s awareness of foetal movement, or their desire to labour in a particular position – was sometimes subsumed by the authoritative medical knowledge of midwives and doctors and their use of technology such as foetal heart rate monitors. Anthropologists of childbirth have argued that healthcare practitioners wield ‘authoritative knowledge’ with more power than women’s embodied knowledge of what happens in and to their bodies, with the possibly of making birth a ‘disempowering’ experience (Jordan 1992). Here, I consider the role that authoritative knowledge played beyond the event of birth, in the creation of two birth stories that women used in an attempt to resolve their difficult birth experiences.

Laura, in her mid 20s, was one of the youngest participants in the research, and she told me she felt like ‘a younger mum.’ Laura had initially struggled to bond with her daughter, Edie, and know ‘what to do with her.’ I first met Laura at a busy coffee chain near her university and she was telling me her ‘birth story’ minutes later. I had explained a bit about the research and initially asked her to tell me about her pregnancy and her experiences of antenatal care. She quickly jumped from those topics into praising the midwife who had noticed her slightly raised blood pressure at a routine antenatal appointment late in pregnancy. The midwife had sent her to hospital for ‘further checks.’ These checks were followed by an induction of labour, and Laura was soon telling me about how things ‘ended up a bit of an emergency in the end,’ and gave me a detailed description of her experience of the forceps delivery.

Broadly, in the U.S. literature on birth, midwives are often positioned as ‘alternative’ to ‘medicalised’ birth, in a way that does not apply in the UK where midwives provide NHS maternity care.
In telling me about the birth, Laura repeatedly emphasised how the experience ‘could have been quite traumatic’:

The labour itself was not… it didn’t go how we [she and her husband, Gavin] were expecting. I don’t think they ever do but it very much – very much – was not what we were expecting. It was quick: I was in full labour within about 20 minutes of the induction. Yeah. It was quick. And she was born 23 hours later by forceps because she’d got in distress and her heart rate was dead slow and I was not having any of it. [laughs] Like, I’d had a lot of, I’d had- pretty much every pain relief you could throw at me, I was having it. So we had been aiming for sort of just breathing and maybe gas and air and it all being very calm and it ended up being this, like, bit of an emergency in the end getting her out with the forceps. So… It could have been really… I think it could have been quite traumatic, psychologically.

However, in the birth story Laura told me she emphasised that ‘talking through’ birth – both during labour and afterwards – had helped her from becoming traumatised:

But the midwives were dead calm and sort of talked through everything they were doing and even when the surgeon and like the anaesthetist got involved they were very much sort of taking me through step-by-step … so even though it wasn’t what we were sort of planning on or expecting, it wasn’t as… It sounds awful saying it back… But it, it didn’t feel quite so, quite so, traumatic [laughs] as it was.

‘Talking through’ was a crucial part of Laura’s experience of birth and the immediate postnatal period, as well as the story she told about birth. Following Edie’s birth and their first attempts to breastfeed, Laura told me how a student midwife ‘came and sat’ with her and told her ‘everything that had actually happened’ during the birth:

I’d had an epidural and SO much morphine [laughs] so during the actual labour I was sort of spaced out a little bit. So one of the- a student [midwife] sort of sat with me afterwards when I was a bit more awake and had like had some breakfast and stuff and talked through everything that had actually happened and that was really sort of valuable, otherwise it would become a bit sort of surreal… but, yeah, they were great. Like I said, it could
have been really sort of quite scarring but it wasn’t because the midwives were amazing. I think my husband felt a little bit like possibly a little bit traumatised by it, especially because they, the partners, go home afterwards. So when the student midwife was sort of talking me through everything that has happened he was at home by himself, a little bit sort of shell-shocked, I think.

Hospital staff’s attempts to ‘talk through’ everything with her were thus a central aspect of Laura’s ‘birth story,’ which incorporated their authoritative account of what ‘actually happened’ during her birth. This ‘talking through’ birth was, she felt, a reason she had not found the birth ‘as traumatic as it was.’ She credited the student midwife with helping her ‘understand what had happened’ and she told me she felt that her husband, Gavin, had been more ‘shell-shocked’ because he had had to go home by himself afterwards and had no one to ‘talk him through.’ For Laura, as for some of the other women who took part in the research, a member of hospital staff was the first person who talked to her about her birth, and who emphasised for her the importance of talking about birth.

Arguably, this ‘talking through’ birth is an example of authoritative knowledge in practice, as health practitioners told Laura ‘what actually happened’ during birth. However, while authoritative knowledge is portrayed in much of literature as problematic for birthing women, Laura found authoritative knowledge reassuring. Laura made clear that she found the process of being told what was happening and had happened helpful.

As Mattingly and Garro have argued, all stories can be understood as containing ‘problems’ – implicit or explicit – that tellers are attempting to resolve or ‘come to terms with’ (2000: 29). In Laura’s case, the way the birth of her daughter had unfolded was very different to how she and her husband had expected, and the gap between expectation and experience was widely understood among participants in the research as holding the potential for trauma – or, at the very least, ‘problems.’ Laura accepted the student midwife’s authoritative account of
‘what had actually happened’ during her birth, and this ‘helped’ her ‘come to terms with’ – and also to make up – the ‘birth story’ she went on to tell others.

Laura was able to laugh lightly even as she told me about aspects of birth that she described as being potentially traumatic. She felt that talking through and about birth had dissipated that potential for trauma. Laura’s birth story, as with the medical narratives discussed by Mattingly and Garro (2000), clearly helped her come to terms with the potential ‘problems’ of her birth experience and she was concerned that her husband had not had the same opportunity to talk through birth ‘with a professional’ and deal with potential trauma resulting from this unresolved experience.

However, participants’ birth stories did not always comfortably incorporate authoritative medical knowledge and ‘resolve’ the problems with a birth. A few weeks after meeting Laura, I sat in a cosy living room with another participant, Erin, as she told me her birth story. Erin, who was originally from the north-west of England but had lived in Edinburgh for over a decade, was on maternity leave after the birth of her daughter, Hazel. We were sat in the cosy living room of her and husband Jayce’s flat with a cup of tea and chocolate biscuit, and had been talking about her experience of pregnancy for around half an hour. Jayce, a musician and former nurse, was next door in the kitchen looking after Hazel, and interrupted apologetically at one point to ask Erin if she would try feeding Hazel, who, he affectionately explained, wasn’t ‘half giving me gyp.’ Erin latched her on to breastfeed, but Hazel, distracted by my voice coming from the other side of the room, kept pulling off her breast to look round at me every time I spoke. After a few minutes, Erin called Jayce back in to take Hazel out for a walk.

Erin spoke at length about her difficult pregnancy that had been ‘marred’ by ‘horrendous’ morning sickness. She told me that her experience of the transition to parenthood had been far from the ‘fantasy’ she’d expected. ‘I think I thought I’d
be wandering around in a maxi dress eating like organic fruit and going “oh, how lovely, I’m so connected to this baby’,” she said, scoffing at her former self. She described her pregnancy as ‘brutal’ but said she felt at the time that it would all be worth it when her baby was born.

Erin’s birth story had some parallels with Laura’s: she also ended up having an emergency forceps delivery, and she had also struggled to ‘bond’ with her daughter in the weeks following birth. At first glance, their birth stories could, therefore, appear similar. However, upon more detailed examination, it became clear that though the two birth stories that might appear to be ‘about’ similar things, these birth stories were ‘doing’ different things for Laura and Erin, and show distinct experiences with medical staff’s ‘authoritative’ knowledge.

Unlike Laura, Erin had not found hospital staff’s attempts to tell her ‘what actually happened’ during her birth helpful. After a series of events during labour – including (but not limited to) high blood pressure, which Erin ‘managed to bring down’ by ‘breathing’; ten hours labouring in a birthing pool with no increase in cervical dilation; ‘artificial breaking of the waters’; the discovery of meconium (the foetus’s faecal matter) in the amniotic fluid; a ‘stuck baby’; an epidural; a diagnosis of ‘foetal distress’; Erin’s husband, Jayce, disappearing and then returning – Erin and Jayce’s daughter was eventually ‘delivered by Kielland’s emergency rotation by forceps.’ By this time, Erin told me, she was having an out of body experience, which she described as ‘like I imagine being on acid or something, but in the most horrible way.’

Unlike Laura, Erin told me she felt traumatised by the birth. Erin’s profession as a clinical psychologist informed her in the belief that ‘talking through’ birth would be a helpful process in dealing with the events of her birth, so even before she was discharged from the hospital she asked to meet with a consultant:
[To] talk through what had happened [during birth] because I, ‘cause it was all such a blur… I wanted to know why it was that I’d had to wait so long to have the morphine and then the epidural and things like that and – because I work in trauma as well, I know about the importance of talking through things and telling your story to help your brain kind of register things.

However, she told me that she found the meeting with the consultant and his authoritative knowledge much less ‘helpful’ than she expected:

Some of the things that they said, it was only after I came out the hospital I thought, ‘Well, that’s nonsense.’ Like, I was saying, ‘Could the fact that she’s struggling to latch on be anything to do with this forceps delivery?’ and he was like, ’No, you know, it’s really quite a gentle - we just rotate them by the head.’ And it’s only when I got home that I thought, ‘Hang on. She had like cuts all over her face, a bruise, and a facial palsy: that is not gentle.’ Like, you know? And I couldn’t walk properly and I was really sore and I couldn’t sit but they didn’t say ‘That might be the forceps'; it’s only when you go on the internet and say ‘Why is my coccyx absolutely agonising?’ that you read stuff like ‘Oh, perhaps it’s fractured.’ Like, they didn’t tell me that. Just: ‘the forceps delivery is really quite gentle.’

Ultimately Erin did not feel comforted by talking through her birth in the meeting, nor comfortable with the authoritative explanations offered by the consultant. She was troubled by the unresolved differences between the consultant’s version of events, and her own recollections of the birth. She felt that much of what the consultant told her – in particular, that the forceps procedure was gentle, and was not the cause of her daughter’s feeding difficulties or her ‘agonising’ pain following birth – was ‘utter nonsense.’ Rather than accept the consultant’s authority over the birth story, she looked to the internet and to her partner for alternative explanations of ‘what really happened’ during birth, piecing together her own account of the birth. She and Jayce, who I met for an interview a few months later, had talked through the birth ‘over and over’ by the time I met them; Jayce told me, ‘I can’t really get away from talking about it, being married to a psychologist!’ Erin was explicit about her use of talking through the birth as being an attempt to deal with the trauma they both felt they had been left with; however, her birth trauma lingered for many months afterwards despite their attempts talk through it.
Authoritative knowledge played a role in both Laura and Erin’s birth stories. Repeated talking through birth, though, did not resolve Erin’s trauma or her ‘problem’ with how birth had gone, the way Laura felt it did. However, continued talking through of Erin’s birth story did help her create a narrative about birth that affirmed her version of events as the authoritative one. Backed up by her partner, the internet and her own expertise, Erin’s birth story asserted that her understanding of birth was the most valid one, deconstructing – at least somewhat – the authority of the medical professionals who failed to offer her the resolution she expected.

In telling her birth story, Erin did not necessarily resolve her ‘problem’ with birth. Yet in talking through and telling her birth story, Erin reaffirmed herself as an authority – and mother – who best knew what ‘really’ happened. Using her husband’s, and her own memories of birth, and calling upon her professional experience on trauma and the role of talking, she repositioned her relationship to the consultant’s authoritative knowledge. While this did not ‘solve’ her trauma, her own story foregrounded her explanation for the initial difficulties she faced in adjusting to motherhood.

For both Laura and Erin, despite their very different engagements with authoritative knowledge, the creation of their birth story was crucial to resolving problems with how birth had unfolded. In the following sections I delve further into what birth stories did for women; in particular, the way that women’s birth stories made them into specific kinds of mothers.
‘Horror stories’ & ‘fortunate’ experiences

In the examples above, Laura and Erin used birth stories in their attempts to come to terms with their potentially traumatic experiences of labour. In both cases, women and their partners had expectations of birth profoundly undermined when things ‘went wrong.’ This was certainly not the case for all participants; in fact, the reverse was true for some participants who had been surprised by their positive experiences of birth. Yet birth stories remained profoundly important for participants regardless of how ‘negative’ or ‘positive’ they felt their experiences of birth had been, and the gaps between experiences and their expectations. Among participants, I argue, birth stories did more than simply grapple with authoritative knowledge or resolve ‘problems’ with birth – they were a form of ‘family practice’ (Roberts et al. 2015) by which women made themselves into (particular kinds of) mothers.

Birth stories had featured in people’s lives long before they experienced or witnessed birth themselves. As soon as people told friends, family and colleagues they were ‘expecting,’ or as soon as women began to ‘show,’ they were subject to ‘unwanted advice and horror stories’ as Steven, a master’s student, put it. Not being visibly pregnant, men were less often subject to these stories, but were still well aware of them. As Steven’s wife Caitlin, a charity manager, explained:

I come home from work all the time telling him, like, ‘Oh somebody else has just told me another horror story birth. Thanks for that!’ Yeah. Especially like the girls I work with – it’s mostly women – so they’ve all had children so every one of them has – I think they like to get that off their chest and tell you how their birth was. So it’s like break times I’m sorta not going down anymore. I’m like I’ll just leave them ‘cause if I go down it'll just be another story.

By ‘positive’ or ‘negative’ I refer to whether birth was better or worse than participants had expected, and how participants felt about their birth experience upon reflection.
‘Horror stories’ about birth usually featured pain, humiliation or ‘something going wrong’ and causing some sort of damage to the woman or baby. Many people’s expectations of birth were thus tinged with fear of something going wrong. As with medical narratives (Mattingly and Garro 2000), ‘horror’ narratives of birth did a number of things for research participants. As Eve’s birth story, in which various horror stories were built into her own narrative of a ‘fortunate’ birth, will show, ‘horror’ stories could affect the kind of birth women ‘aimed’ for, whether or not they felt they had a ‘firm’ birth plan. For Eve and other women, horror stories encouraged women to accept medical authority, and they also worked to make women ‘grateful’ if they experienced a straightforward labour and birth. The prevalence of horror stories may thus encourage women to accept low expectations and outcomes for birth.

I met Eve and Sean at their home a few weeks after their daughter was born. We had been chatting about their experiences during pregnancy and of antenatal classes for some time before I asked them if they wanted to talk about their experiences of labour and birth. Eve took the lead in telling me their ‘fortunate, good experience of birthing.’ As became clearer to me later, after spending more time with them, Eve’s description of the birth as ‘fortunate’ and ‘good’ was in comparison to the many negative stories she had heard while pregnant. Eve started her birth story by telling me about her waters breaking:

> When you’re really pregnant, everything’s pressing down on you, right, and you hear all these stories like ‘ooh, Tena Lady\(^\text{15}\)’ and all this stuff and you start to get a bit worried about – you can’t see down there! – so sometimes you get a bit worried about what’s going on in there. So when the waters burst, for one thing I think I thought, ‘Am I peeing?’ and you think ‘Oh god, this is the worst thing ever!’ but obviously it wasn’t: it was just the waters breaking. So, basically, we phoned triage. They’re like, ‘Right, well, just come in because we want to check your waters are ok’ – ‘cause apparently

\(^{15}\) A brand of incontinence pads.
you can get something in your waters that poisons the baby – so we’re like ‘Ok, right, that’s fine.’ So we went in though I wasn’t really having any contractions so to speak, just a little twinge now and again.

From early in her ‘birth story,’ Eve was already making reference to other stories about pregnancy and birth. While ‘Tena Lady’ stories could be seen as relatively benign jokes, they emphasised women’s loss of control over their bodies, and Eve’s narrative also contains an undercurrent of more insidious stories about babies being ‘poisoned’ by the ‘waters.’

Eve and Sean were initially sent home from the hospital because she was not yet in established labour, but ‘things just started to happen very quickly and it started to get quite uncomfortable very quickly’ once they returned home. They quickly turned around and headed back to the hospital. When they got there, Eve told me she was vocal about her needs:

I was like, ‘Right, I need an epidural. I need to be taken to the [labour] ward now and then epidural please,’ ‘cause it was quite painful and I just, you know, you start to panic ‘cause it’s something you don’t know about. We’ve heard the horror stories. ‘Cause you hear so many horror stories from other people who had terrible experiences. You know people who’ve been in labour for three days. You know people who’ve been induced, people who’ve had [emergency] c-sections. You hear all the worst stories probably more than you hear any good stories of labour. So you’re probably quite worried. … You’ve waited for nine months for this to happen and then you’re there and it’s just like, ‘It’s sore, I don’t want anything to go wrong, let’s just go for epidural.’ Well, this is how I felt.

The plan Eve had for labour – for going into hospital, being taken to the labour ward and getting an epidural – was informed, as she explained to me, by the ‘horror stories’ she and Sean had heard about labour and birth and her feelings of fear and pain. However, the midwife who admitted her told them, ‘Unfortunately

16 Possibly a reference to developing an infection, or to foetal distress related to the foetus ingesting meconium.
there’s a bit of a queue. You’re six centimetres dilated so you’re not gonna get an epidural today and we’ll take you to the birth centre not the ward.’ According to Sean, Eve was:

[Panicking a bit: ‘This wasn’t how it was supposed to go.’ ‘Cause you can only do the epidural in the ward so that’s why you wanted the ward. We were set. We were thinking, ‘We’re going to the ward.’ And then that sort of fell through and I was alright – I was just adapting to the whole thing – but you were panicking a bit.

Eve agreed with him but told me she had turned to the midwife and ‘I just said, “Listen, let’s get whatever pain relief you’ve got going and get it now.” [laughs] So, so they did, bless them. They did. Got gas and air, morphine. They [the birth centre] were really good.’

To Eve’s surprise, after all she had heard about how ‘terrible’ birth could be, she told me that the gas and air and morphine was pain relief enough for her to ‘manage’ on. She surprised me by turning to Sean and saying to him:

It must’ve actually been worse for you to endure in a way – ‘cause you’re not actually actively doing anything but you’re having to watch everything. It must be horrendous ‘cause it would’ve been about four hours you would’ve been watching.

Sean shrugged, and said that he too had been pleasantly surprised by the experience of labour and birth: ‘I didn’t find it too bad actually. I mean I kinda knew that was coming so it wasn’t like “wow, this is something I hadn’t expected.” I found it alright: it’s just needing to be patient. But actually we were very fast.’ Eve interrupted him to point out ‘It wasn’t that fast. It was really painful still, it’s just that it was manageable. I just got in the zone.’

Though Sean said he found witnessing the birth ‘alright’ because he ‘knew what was coming,’ it may be that part of the reason his experience was so positive, was that the surroundings in the birth centre were actually much more mundane and
calm than he had been led to expect by the birth stories he had heard. He told me:

I expected more sort of screaming and obvious pain I suppose … I thought the whole experience was much more mellow than I had thought. I had had visions of three or four people being round her and lots of stuff going on but actually in the birthing centre it’s just the one woman [midwife] and in fact she was just kinda like doing stuff while waiting for this thing to happen, you know? I expected more chaos. It was really tiring though.

For Eve and Sean, as well as for others I met, positive experiences of birth could be as ‘problematic’ as traumatic births, in the extent to which they upturned their expectations of birth. Their plan for and their experience of birth were informed by stories they had heard about how bad birth could be, which affected the kind of birth they were ‘aiming’ for. Eve and Sean were eager to talk through their birth story because it had turned out so differently – in this case much better – than they had imagined. Eve felt ‘profoundly grateful’ that the birth had been ‘straightforward,’ though certainly not without considerable pain and effort. Like Eve and Sean, other participants who experienced birth as ‘much more mellow than [they] had thought’ often expressed feelings of overwhelming relief and gratitude.

Thus, as much as negative experiences of birth could need to be resolved, ‘good’ experiences of birth also had to be resolved. The prevalence of ‘horror’ stories of birth encouraged women to be grateful for good experiences of birth as apparently ‘anomalous’ outcomes. Women who took part in the research seemed to feel the need to express their gratitude for such ‘fortunate’ experiences. I continue by discussing the moral significance of women’s birth stories in the following section.
Women's birth stories carried significant moral weight. Women whose births were straightforward sometimes also felt expressed feelings of guilt, knowing that other women ‘had it so much worse.’ Thus, while talking through birth could also help those with positive experiences of birth come to terms with the ‘problem’ in that experience, this was not straightforward and could be fraught: women who were vocal about their positive experiences of birth could face being seen as smug, gloating or judgemental. One woman expressed dissatisfaction with the NCT course she had attended during pregnancy, telling us:

‘They’re all hypocrites anyway. When you ask why they are teaching the class it’s because they all had horrible experiences and yet they tell you, “You can get through it on gas & air.” And they make out that you’re a worse mother if you take the drugs. Seems like they’re compensating for their own stuff.’

Women with negative or traumatic experiences of birth were also wary of sharing their stories. No matter women’s specific experience of birth, therefore, women enacted ‘good’ motherhood by the discretion of their birth storytelling.

Women were highly aware that their stories of birth could be seen to carry heavy moral weight on their conduct as persons and mothers; women sometimes told me that the birth story they were telling me was different to one they would share more widely with friends or family members. For example, Lizzie paused early on in telling me her birth story: ‘I wouldn’t usually say this to a woman who might go through this in the future, but I’m going to be honest, for the research.’ This applied to both women who felt they had ‘horrible’ experiences of birth and women who felt their experience was ‘good.’ However, women who had ‘good’ experiences of birth seemed most likely to self-censor, saying little about their births compared
to other women. Clara explained her difficulty with talking about her surprisingly easy birth: ‘It’s hard because you want people to know that it’s not all bad but you also don’t want to gloat.’ Judging by how often they were shared, horror stories seemed to be more morally acceptable than ‘gloating’ about a positive experience.

In light of the moral weight of birth stories, for women especially, I argue that in the repeated telling of birth stories, women made themselves into certain kinds of mothers. Women’s birth stories allowed them to grapple with this moral weight and turn it into an affirmation of their own good motherhood. Specifically, in their birth stories, women often focused closely on the pain, hardship, and threats of injury that they faced during birth, but also on how they were willing to endure these things for the safe arrival of their baby; women repeatedly expressed their willingness to do ‘whatever it takes’ to ‘get baby out.’ Jools told me: the ‘medics know what to do and will do it; just get that baby out.’ This phrase, ‘get that baby out,’ exemplifies how little agency some women felt they had in the process of birth. Molly literally rolled her eyes at the idea of being ‘consented’ in labour, telling me: ‘See, I just didn’t get why they were even asking me some of this stuff. Obviously I wanted them to do whatever they needed to do to get the baby out of me!’ Women often felt they had to obey ‘doctors orders.’ Simon, a teacher, told me how doctors had suggested an induction of labour: ‘they couldn’t tell [why there was reduced foetal movement], so I think once we’d gone 37 weeks plus they told us it was really time to just get the baby out, basically.’ His wife Rebecca, a university administrator, interjected:

So they induced me. I think Simon just thought we could opt out of the induction and I was like no, it’s medical: the doctor’s saying you’ve got to. I mean I know they can’t force you, force you, but I didn’t feel an option not to go ahead with it. And I didn’t want to: I wanted to go ahead with it. I do think the doctors know what they’re doing.
Rebecca described feeling that she didn’t have the option to not be induced when the doctor suggested it; however, she was very clear with me that she also didn’t want to ‘opt out.’ She emphasised her wholehearted belief in the doctors’ expertise. This was the case for many (though not all) of the women I talked to, and some men. However, as Rebecca and Simon’s story exemplifies, men were more often willing to ‘opt out’ of doctors’ orders, perhaps because the decisions did not ultimately fall to them. In contrast, it was made very clear to women that their decisions carried moral weight. Erin, for example, told me about ‘the threat of a dead baby being held over [her] head,’ when she felt she was too exhausted to push.

Implicitly, women’s birth stories also referred to other (bad) mothers, who are too selfish to endure these things. Erin, who at one point after hours of labour was so exhausted that she lost any desire to meet her baby and simply wanted everyone to go away and let her sleep, felt profoundly guilty that she had felt that way. In her telling of birth, she focused on the series of events that led to her feeling that way, and emphasised the love that she now felt for her daughter. However, women who had more straightforward or ‘positive’ birth experiences also told birth stories that emphasised the aspects of their births that showed them to be ‘good mothers’ who submitted to medical authority and put their babies first: for example, women’s tendency, when discussing birth plans, to repeatedly emphasise that these were simply preferences, and ‘obviously, the main thing is to get the baby out safely.’ Women’s birth stories often affirmed good motherhood by emphasising women’s willingness to cede control of their births and bodies to doctors and midwives.

John told me about the moment when an anaesthetist came to ‘top up’ his wife Catherine’s epidural. To check whether it was working the anaesthetist ‘went through the – her – body and said “Can you feel this? Can you feel that? Can you do this, can you do that,” all kinds of things and he said “can you stick your tongue
out?” Catherine interrupted: ‘so I did, because he’s the doctor and he’s telling me to do all these things! And then he said “that’s for my own entertainment, you don’t really need to do that!”’ John told me he had felt uncomfortable, and that the anaesthetist was ‘taking advantage’ of his wife’s vulnerability. However, for Catherine this moment was a ‘highlight’ of her birth experience. The memory made her laugh, and she felt that the anaesthetist has been ‘a light in quite a worrying time’ precisely because he reminded her, ‘yep, you know what, you [the doctors] know what you’re doing and I don’t: I just need to let go of control and go with the flow.’ She felt this moment with the anaesthetist helped her accept that her birth was not ‘going to [her] plan,’ while John felt that he had been trying to help her achieve her original plan for birth.

Part of performing ‘good’ motherhood in this context was going along with what medical staff told women to do. This placed medical staff in a position of heightened power but, in the context of women having sole parental responsibility for the wellbeing of the foetus, it also absolved women from the moral responsibility if something were to ‘go wrong’ during birth. Some women talked candidly to me about feeling that they would rather have not been informed and consulted in real time about things that happened to them during birth: they felt they would rather trust in a doctor to make decisions because in that case the responsibility (for the life or death of the baby) was out of their hands.

In telling their birth stories, women carefully grappled with the moral weight of expectations of mothers. I argue that despite differences in the specific content, women’s birth stories were all acts of family practice. In telling their stories, women positioned themselves as morally ‘good’ mothers, whether by not gloating or take crediting for their positive experiences of birth, or by emphasising that the arrival of their baby made the struggle through a negative experience of birth worth its difficulties.
Do birth stories make fathers? The salience of gender in men’s birth stories

The experiences in the birthing centre or labour ward are highly exceptional moments in the lives of labouring women and their partners. Drawing on classic anthropological work on transitions (Turner 1969), birth has been understood in anthropology as a liminal period (Davis-Floyd 1992): while a baby is being born, women and men are being transformed by the social and medical practices around birth into gendered parents – mothers and fathers. In Edinburgh, while women’s narratives about their experiences of birth carried moral weight and women were careful to make sure they portrayed themselves as ‘good’ mothers, men’s narratives were different: I argue that their birth stories were not about making decisions on the basis of good fatherhood, but were primarily focused on women’s experiences, and on being good partners during birth.

Men who took part in the research often told me that this was the first time they had talked about birth in much detail. Their stories of birth, though extremely varied in the specifics, usually seemed to come to the same conclusion: that what their partner ‘went through’ during birth made them ‘amazing,’ specifically ‘an amazing mother.’ In their narratives about birth, men who took part in the research tended to focus closely on women’s emotional and embodied experiences, with relatively little reference to their own emotional and bodily sensations. While men generally used the plural first person when announcing and talking about pregnancy, as discussed in the previously chapter, men did not usually use ‘we’ when they spoke about birth. In these respects, men’s reticence to claim birth stories ceded authority on birth to their partners.

Partners of women I had already interviewed sometimes told me that while they were happy to help with the research, they were not sure they would be able to ‘add anything’ that I had not already heard. As Jayce put it, ‘She was the one it was all happening to.’ In fact, Jayce’s (and other fathers’) experience of birth was
interesting and dramatic in its own right. Jayce's was unusual in that he actually did dwell briefly on his own emotional and bodily experiences during birth. He began, like most men who took part in the research, by focusing closely on his partner's physical and emotional feelings during labour, describing how ‘the pain made her panic, panic increased her pain, and so on, in a vicious cycle.’ However, when the events of birth escalated to the extent to which Erin was ‘on a table naked, signing her life away,’ he told me:

I had reached a point where I was just like... I'm gonna be that dad that you see on TV where like you lose your wife and your baby like that and have to go home on your own. And I literally had to walk out, find a toilet and I just stood in a toilet and just wept because I was just completely kind of overwhelmed by the awfulness of it.

Yet, overall, Jayce still situated himself as a witness to a traumatic event, rather than describing his experience of it. He found it easier than Erin to recover from the birth trauma and to bond with their newborn. In his feelings of being a witness to, rather than a participant in, birth, Jayce was like most men who took part in the research. Sean, for example, felt that he had in fact ‘seen more of the actual birth’ than Eve, having cut the cord and seen the ‘mess’ while Eve ‘didn’t look’ and focused on ‘the baby.’ Yet he ceded the telling of the details of birth to Eve and was corrected by her if he said something she did not feel was accurate – like the exact length of time she was in labour.

In placing the focus of their birth stories on women and their bodily, emotional and hormonal sensations, men highlighted the primacy of women’s experiences and stories of birth. In doing so, they heightened women’s status as authorities on birth and emphasise their roles primarily as partners. For example, John described how he tried to help his wife achieve her ‘original plan’ for birth by encouraging her to labour for a little longer without an epidural, which she had previously told him she wanted to avoid.
I have described the pressure that most of women who took part in the research felt to perform ‘good motherhood’ during labour by going along with ‘doctor’s orders.’ Men were not made to feel the same level of responsibility for decisions made during birth. Indeed, it was made clear to them that decisions around birth were not their responsibility, but the labouring woman’s.

Thus, men’s birth stories did not make men good or bad fathers in analogous ways. The birth stories told by men were – like women’s – extremely varied in the specifics. However, despite the huge variance in their stories, men’s birth stories often came to the same conclusion: that their partner (regardless of what happened during birth) had done ‘amazingly’ (and was an amazing mother).

In doing so, men’s birth stories often made gender salient in new ways for participants. Most of the men I talked to, like Jayce, had not spent much time prior to pregnancy and birth considering the differences between men and women. Birth changed that. Specifically, it brought to the fore apparent bodily differences between men and woman: things that men(’s bodies) could not do. While men watched – often, as they told me, feeling ‘helpless’ or ‘useless’ – women(’s bodies) were subject to (and survived) pain, hardship and threats to their bodies. Men often spoke to me about birth leaving them in ‘awe’ of the ‘strength’ of their partners, and women in general. Jayce, told me that ‘seeing what Erin had to go through’ had made him ‘really respect women’:

[I]t’s not like I was a monster before or anything: like, I’ve always respected women… but birth is just mental, or it can be: in our case it was. And I don’t think I could have done what she did. It just makes you take a step back and really think about what women go through and I have so much respect for them being able to get through that.

In Jayce’s narrative, the experience of witnessing birth directly impacted on his notion of gender, and this kind of response to birth was typical among the men who participated in the research. The implications of the way witnessing birth can
impact on men’s perceptions of gender, and on how gender relations are naturalised is examined further in the chapter on parental leave and care.

Thus, I argue, that while women performed good motherhood in their stories about birth, men did not perform good fatherhood in analogous ways. In contrast, their stories emphasised their roles as partners more often than their roles as parents. Birth stories are therefore not only about kinship but actually help in the formation of specific kinship roles and structures, in which mothers are the parents with primary parenting authority (and responsibility), and fathers take secondary, supporting roles to ‘amazing’ mothers.

**Birth stories and parent-couple relationships**

While I have argued that birth stories did not make men fathers in the same way that they made women into (good) mothers, they clearly had meaning for men as well as women. Birth stories were also often powerful testimonies about parent-couple relationships, and while women were invariably made ‘amazing’ mothers in men’s birth stories, men could be good or bad partners in women’s stories. A good birth story could become an emblem of a good relationship, while a bad birth story could exemplify what was wrong in a relationship, with lasting implications.

Catherine, who was induced and ended up having an emergency caesarean section after hours of active labour told me about the importance of her husband’s support in her experience of birth:

John was brilliant. Throughout the birth, the whole birth experience. And that was one of the defining moments, I think, possibly of our relationship, that. I always knew he’d be fine because, you know, having conversations about personal things, he’s not the kind of person to go ‘eurgh’ or if you’re sick or you’ve got diarrhoea, he would be there, holding my head or cleaning up. But there was one point when I was sitting on the ball bouncing around and I needed to go to the toilet and I stood up and obviously it’s just water, fluids, that are leaking out of you, but it was like a torrent. And I just looked
at him and was like ‘Oh my god, are you ever going to love me again? Because this is disgusting!’ [laughs] you know, stuff coming out of me all over the floor, all down my legs, all, like literally a puddle. And he took me to the toilet and got me cleaned up and got fresh pads to put on and that’s something that I always, when we’re rowing now, [laughs] I think you know, he was there for you in that really dark time, so… He was rubbing my back, massaging my shoulders, kind of trying to use the pressure points to give me a focus rather than pain, so that was, that was brill’ and I’m lucky to have him.

Catherine, and other women who had had positive experiences of their partner’s support during labour could ‘hold on’ to their partners’ effective support in a ‘dark time’ as a meaningful statement about their relationship. Anna, a counsellor, told me that during her birth at home:

I felt really connected to my husband during all of it. He was very, very much there. I really felt like he sort of was there to look after me and he made himself really available like that and actually as our son was born he was literally holding me up so I could squat because my legs by that stage were just too tired and so he was looking over my shoulder as Samuel’s head popped out and so he was very, very much present in the birth and actually I needed a couple of stitches ’cause, Samuel had given me a wee tear on the way out and so actually, the midwives just did that there and then, um, and Joe actually had the skin-to-skin contact with Samuel right after he was born.

For Anna, this level of connection she felt with her husband played out in surprising ways. She laughed as she told me:

This is really odd but I had never before fancied my husband as much as I did in that moment: I just had this extra surge of love for him. It sounds really stupid but I really think that sort of love hormone really transmitted to Joe and connected me to him even more.

Anna felt that her home birth was a personal achievement, but also something that she and her husband had ‘got through together’ due to his literal hands-on support of her. Going into parenthood with this feeling strengthened her trust in him as someone who would be a good partner in the transition to parenthood. Indeed, calling upon a shared experience of birth as something that could ‘bond’
the parent couple was a common phenomenon, also noted in previous research (King 2016: 399).

Not all women had felt particularly connected to their partner during birth. However, this did not necessarily mean that they felt their partner was a bad partner: women who hadn’t felt as ‘connected’ to their partners during birth often expressed sympathy for their partner. This sympathy hinged on the difficulty they felt men faced in ‘knowing what to do.’ Rebecca, a university administrator, told me:

My husband was with me during the birth and honestly basically he felt completely useless. Um, he, he probably found it worse than me in some ways. He didn’t know what to do. He’d been to the antenatal classes but the thing is there’s not really much he could do. Um, you know, it was good to have him there… when I was on the ward… and, um, because I was on ward 4 and not on the labour ward [because she was in the early stages of an induction] I didn’t have someone, like a particular midwife, so it was good that he could go off and get me like water and go and get the nurse to say, ‘Hey I really think you’ – things like that. But there wasn’t really much he could do, so… Having always been like ‘dads should really be at the birth!’ I’m now like… I’m not sure how useful it is for either of you…

Rebecca herself did not feel that she innately ‘knew what to do’ during birth, but, like other women who took part in the research, she felt that birth ‘took over’ her, pain relief made her ‘out of it,’ and that the hospital staff were there to focus on guiding her through the process. Lizzie told me that she felt ‘sorry’ for men that they didn’t have any of that: ‘At least the midwives were there supporting me. Men are in the background during birth and I think that’s quite hard for guys. They want to being doing something and they maybe feel like they’re in the way a bit.’ This understanding of men’s experiences during labour and birth is coloured by the gendered expectation that men expect to yet cannot be truly ‘active’ participants in birth. Both Rebecca and Lizzie’s partners felt that they didn’t know what to do, or couldn’t do anything, despite having been ‘involved’ in pregnancy (‘he’d been to the antenatal’). This gendered expectation is consistent with historical accounts
of men’s involvement in birth in previous generations: as Laura King notes, men at birth in the 1970s and 1980s ‘often expected [their participation at birth] to be led by medical staff, their wives/partners and other female family members’ (King 2016: 399), rather than feeling they were able to get involved or know what to do by themselves.

However, these experiences of birth also did not ‘bond’ new parents the way that other kinds of birth accounts did. For example, Lizzie’s feelings of sympathy for her partner varied on different days. The first time I met her we had talked for quite some time before we got to the topic of birth and Lizzie told me about the birth of her son, and her partner’s place in it, in quite a light-hearted manner:

We slept for three hours, which was lovely, and I woke up to the midwife saying that my baby was a bit in distress, which I think it happens quite a lot. Apparently stress is quite good for a baby ‘cause it means it means that if they have a small amount of stress that when they’re born they’re kind of adrenaline-d up and better awakened to the world. And they got the, the GP through and the foetal heartbeat kept dipping and I was kind of drowsy but aware of the situation and he was beginning to talk about forceps and the chance of that happening. That’s my kind of worst nightmare is forceps or the vacuum – oh, awful. Anyway, so I had to be catheterised again, and after the catheterisation he checked and Fraser’s head was half out and that’s why he was in distress because my epidural was working so well that I couldn’t actually feel that I was giving birth to my baby. So my second stage took about 8 minutes and my pushing was like over like that [snaps] and I’d done half of it in my sleep and that’s why he was in distress. So we didn’t need forceps or anything. It was just… it was lovely! Kieran had fallen asleep too and I was like: ‘Kieran! Are you asleep? He’s half out!’ ‘What do you mean he’s half out?’ ‘His head’s half out.’ ‘My god, that’s fantastic! Push!’ So it was lovely. And then, he was born! And it was just perfect. And he came out beautifully.

However, the next time I met up with Lizzie for coffee, we returned to the topic of birth and she described the birth, and particularly her partner’s level of support as far from ‘perfect.’ She told me she had been embarrassed to tell me about Kieran’s
role as a birth partner, because she felt it would reflect badly on their relationship. She told me not to take this as a criticism of her husband, or think badly of him, but:

I wouldn’t say he was a great birth partner. He was a rubbish birth partner. He was there... I think my mum would’ve done a better job, you know? And maybe some husbands are just better at that kind of rubbing the back and, and kind of being there. You know? So when I was told to push, Kieran sat down in a chair at the side of the room. ‘Cause there were so many, there was two nurses and a doctor. So I think he felt ‘That’s their job, I should stand back.’ And they actually had to say, ‘Come and hold your wife’s hand.’ …I think other people would’ve been like, ‘Oh, I must hold her hand,’ you know? It just didn’t occur to him that that’s what his role was at that point.

Lizzie’s story about her husband being ‘a rubbish birth partner’ was told to me only after she had gotten to know me. She stressed to me that she had ‘a good husband’ but clearly felt that telling me about his limited participation in birth would impact on my understanding of their relationship. The way Lizzie talked so differently about the birth in two different conversations exemplifies the complexity of the ways that birth narratives and relationships are intertwined. As Lizzie’s different birth stories demonstrate, birth stories could reflect as well as impact on participants’ relationships – both within the parent-couple and in wider sets of relationships – as they adjusted to their new roles as parents.
Conclusion: What birth stories do

While birth had been only one of several topics I wanted to hear about, participants made it clear to me through their foregrounding of the ‘birth story’ that stories of labour and birth were central to their understandings and experiences of becoming parents. The exceptional, liminal nature of their time in labour and birth is one of the reasons that births become stories for women and men in Edinburgh, as stories became an attempt to ‘come to terms with’ things that had happened during birth (Matiingly and Garro 2000), whether their experience of birth was negative or simply different to what they had expected.

In Edinburgh, women’s birth stories made them into good mothers as women navigated the incorporation of authoritative knowledge, and the implicit moral threat of bad motherhood. Men’s birth stories did not perform an analogous function. Birth stories made clear that women (and not their partners) bear the moral responsibility for decisions during labour and birth, and ‘horror stories’ lead women to limit their plans for birth and submit to medical authority. Though some women resisted authoritative knowledge, they were at pains to practice good motherhood in their narratives of birth.

Birth stories made gender salient for many of my interlocutors in new ways, as women and men understood themselves to be fundamentally different actors in relation to birth. Birth stories, thus, do more work in creating specific kinds of mothers than specific kinds of fathers. However, birth stories were understood to have meaning to the parent-couple’s relationship and good birth stories were often told as emblems of good couple relationships, while bad birth stories had to be explained and excused.
I argue that for my participants in Edinburgh, birth played a highly significant role in (re)creating the social person. Specifically, the stories recounting birth were highly salient events in this process of (re)creating social personhood for new parents, especially mothers. Following Cheryl Mattingly and Linda Garro’s account of medical narratives (2000), I argue that birth stories did not simply recount the events of birth, nor did they only help participants come to terms with these events: birth stories actually helped create specific forms of kin and social relationships. The telling of birth stories can be understood as acts of ‘family practice’ (Roberts et al. 2017), by which women assert their good motherhood and performatively emphasise their own authoritative knowledge, and men highlighted their positions as their partners’ supporters. As Roberts et al. note in their work on commercial ultrasound, recent social studies of how people ‘do family’ in ‘new’ or ‘not conventional’ ways, while important, have left the formation of ‘conventional’ families relatively unexamined (2017: 530). They argue that new mothers in even the most ‘conventional’ circumstances feel the need to ‘do/display family adequately’ (2017: 530). I argue that birth stories were a way for women to display their new roles as mothers. As such, birth stories functioned to make women into ‘good’ mothers and social persons, through focus on the pain and selflessness women performed in telling their birth stories, and their emphasis (usually) that these were willing sacrifices in service of the goal of a healthy baby. Fathers instead emphasised their roles as supportive partners in birth stories. Men ceded authority over birth stories to women. In doing so, they also participate in family practice, acting out the role of the secondary, supportive parent. Men as well as women’s birth stories show how people participate in the reproduction of specific kin and gender roles.

Overall, in this chapter I argue that stories about birth play a role in the specific process of how men and women become differently gendered parents. In many birth stories the bodily aspect of women’s experiences is emphasised in ways that recreate and reinforce gendered distinctions between women and men, and
mothers and fathers. The next chapter discusses how postnatal care and bringing the newborn home could intensify these gendered distinctions.
Chapter 3  Sent Home: The early postnatal period

Lewis: He was born and I was sent home quite quickly afterwards. I was surprised by that actually. Compared with birth, it was more difficult to get participants to talk at length about their early postnatal experiences. Participants’ recollections of postnatal care and other aspects of this period did not have the same clear narrative structures as their ‘stories’ of birth tended to, in part due to the temporal and emotional ‘fuzziness’ that participants’ described as characteristic of this time period.

Despite this ‘fuzziness,’ this part of the perinatal period was highly significant for participants, particularly for the gendering of new parents’ roles. In this chapter I argue that in the early postnatal period the role of mothers as the primary parent was starkly enforced through structures of postnatal care, social and hospital policy, and kin expectations and interactions. In the immediate postnatal period new mothers were given sole responsibility for their babies and new fathers were situated as secondary supporting parents; this was strongly demonstrated the night after the birth, during which new mothers experienced their first night of parenting alone while new fathers were sent home from the hospital.

Building on anthropological analysis of birth as a rite of passage for mothers (e.g. Davis-Floyd 1992) and Jan Draper’s work on the immediate postnatal period as a ‘liminal period’ for new fathers (2003), I focus here on early postnatal experiences, arguing that this period created gendered distinctions between new mothers and new fathers, setting strongly gendered patterns of early infant care and parental roles.

Following on from my analysis of participants’ birth stories in Chapter 2, this chapter explores the early postnatal experiences of men and women in Edinburgh. By early postnatal experiences, I refer to the move from the hospital’s
labour ward to the maternity ward; postnatal care in hospital; being sent home from the hospital; and participants’ experiences in the early days at home with their babies, including home visits by midwives. I focus on the significance of this liminal period for participants in the creation of gendered parenthood.

**Postnatal stories?**

When I asked participants to talk about their experiences in hospital, more often than not they would talk at length about labour without much interjection from me, until their narratives often came to a climactic end with the final push: the ‘delivery’ of the baby. Though participants would talk – sometimes at length – about postnatal care when I asked directly about it, it was usually much easier to get participants to talk in great detail about birth than about their early postnatal experiences. As discussed in the preceding chapter, most participants expected that experiences of birth would be seen as particularly significant for the research, and most had already related some form of a ‘birth story’ to friends and family.

The story of what happened *after* birth was less frequently articulated to others. This did not necessarily mean that participants thought this time was unimportant, or that they never talked about this period to others. Rather, their recollections of the early postnatal period lacked the kind of linear structures that characterised their recollections about pregnancy and, especially, birth. My transcripts of interviews reflect this, as the transcripts often change from lines of back-and-forth dialogues into long blocks of text – participants’ extended monologues on birth – before returning to more back-and-forth dialogue about the postnatal period.

The fact that postnatal experiences tended not to be narrativised may reflect the kinds of stories participants expected others to want to hear – participants often told me they avoided what they called ‘gory’ or ‘gynaecological’ topics in ‘mixed-[gender] company’ and the postnatal period could be as ‘gory’ as birth, to the
surprise of some participants. Also, linked to reasons I explore in the previous chapter, postnatal experiences could be harder for participants to make sense of through narrative; unlike pregnancy and birth – any difficulties with which were often justified in participants’ narratives as necessary for the end ‘result’ of the birth of a healthy baby – postnatal difficulties could be harder to resolve in narrative form.

Participants’ experiences of the maternity ward were relayed to me in interviews. Thus, any depictions of hospital staff in this chapter are somewhat impersonal. This is in part a result of the research method relying on interviews and narratives about this part of the perinatal period. However, it also reflects the way my interlocutors talked about the hospital staff who provided their postnatal care and the ‘fuzziness’ of their time on the ward. Participants often either didn’t remember or said they had not known the names, titles or roles of the staff they interacted with on the ward. It might have been unclear to them either at the time or in their recollections whether the staff member was a nurse, midwife or healthcare assistant. While many people told me about specific midwives who they felt provided excellent care during their pregnancy and birth, no one acknowledged any of the staff on the maternity ward in this way. Many participants recognised the difficulties faced by the ‘overstretched’ staff on the ward, but they were also often disappointed in the postnatal care they had received. Women described being ‘desperate’ for a different kind of care; most of all for ‘compassion’ and ‘sleep.’ After talking to Catherine for an hour in her kitchen at home, her husband John and baby daughter Maisie had come through to the kitchen, and together, they seemed to get to the crux of her negative feelings about the postnatal care:

John: They teach ‘em what to do, they don’t teach ‘em compassion
Catherine: But they should teach them compassion.
John: It’s like, ‘Take this in, put the baby in, put that over it and that’s what you have to do and then get back out here and wash some dishpans.’
Though it was generally spoken of in less detail than birth, this did not mean participants thought that the postnatal period was unimportant. Once we got talking about the postnatal period, it was clear that many participants had very strong feelings about their early postnatal experiences. For example, over the course of fieldwork I learned that several of my participants had made formal complaints to the hospital about aspects of their postnatal care.

The significance participants ascribed to the early postnatal period was often connected to ideas of the importance of parental-infant bonding: participants were concerned that this should occur ‘correctly’ in the immediate postnatal period. Specifically, most participants had expected that ‘maternal-infant’ bonding should occur immediately after birth. When participants felt that their early postnatal experiences were less than ideal, this could be problematic. Particularly for new mothers, the immediate postnatal period was often a fraught time in which they were recovering from birth while facing uneven levels of scrutiny and pressure compared to new fathers.

Despite lacking the same clear narrativisation as participants’ stories of birth, several themes did come to the fore in discussion of the early postnatal period. Gender was an implicit but extremely significant one, as the policies structuring the immediate postnatal period differentiated between new mothers and their partners, separating new fathers from the mother-infant pair. Throughout this chapter, I argue that this separation of new mothers and new fathers in this liminal period has a further-reaching influence on participants’ gendered transition to parenthood than is generally acknowledged.

**From partners to visitors: gendering the postnatal space**
Most of the new mothers who took part in this research gave birth in hospital either in Edinburgh or nearby Livingston.17 Of the three others, one participant gave birth at a hospital in South-West Scotland after going into early labour, and two gave birth at home (one of whom was transferred to hospital by paramedics following birth). Thus, all but one of my participants had their early postnatal care take place in a hospital.

Soon after birth in hospital, women were transferred from the space where they gave birth – either the labour ward or birth centre – where they had laboured in a private room with only birth partner(s) and medical staff present, to the maternity ward, where curtain-dividers separating women from other postnatal women and babies.18 There were a limited number of private rooms on the maternity ward, where staff might place women judged to have had a particularly difficult birth or a potentially difficult recovery. Among my participants, four women had been transferred to the high-dependency unit (HDU) after birth for emergency care, and three babies were transferred to the neonatal unit. In these cases, women and their new babies were separated from one another. In all other cases, new mothers and their babies were kept together throughout their postnatal stay in hospital. As one participant, Erin, told me, ‘Even if you’re out of it they just tuck them [the baby] in the crook of your arm and wheel you through.’ Another mother, Clare, showed me a photo of her after giving birth in which her newborn daughter was on her chest, though she told me she had been so unwell following birth that she had no memory of ‘meeting’ or holding her daughter until much later on. Most of the women who took part in the research stayed on the ward for one night after giving birth, but if there were complications during birth or in the postnatal period that required treatment women could stay in hospital for several days or weeks.

17 (20 out of 23)

18 Sometimes women who were in early labour or in the process of being induced were also staying on this ward alongside postnatal women and their babies.
Moving onto the maternity ward from the labour ward or birth centre was a transfer into a different area of the hospital and entailed a change in the team of staff looking after patients. Significantly, it also involved a change in the policy on the presence of women’s partners. On the labour ward and in the birth centre, labouring women’s partners were permitted – indeed, expected – to remain with them and ‘support’ them throughout labour and birth. Once women were transferred to the maternity ward, however, partners became subject to a different set of rules as ‘visitors’ to the ward. Partners were officially only allowed to be present within set ward visiting hours. Thus, in the move onto the maternity ward the status of men shifted from ‘birth partners’ who could remain at the labour ward or birth centre 24/7 to ‘visitors’ who were to be ‘sent home’ outside ward visiting hours.

Having had their status changed from ‘birth partners’ to ‘visitors,’ new fathers were usually sent home a few hours after birth while their partners remained in hospital on the maternity ward. The exact length of time men were allowed to stay in hospital after birth depended on a number of factors, including what time or day or night the baby was born, how busy the hospital was, and the health of the mother and baby. Thus, with few exceptions, most of the new parent couples who took part in the research had been separated for at least one night.

Thus, the structure of postnatal care immediately set up a clear distinction between new mothers and new fathers. In the liminal post-birth period, women and their partners experienced separation from one another, and were subject to different sets of rules and expectations. Participants’ experiences of this separation will be discussed in the following sections.

**Men sent home**
Soon after birth, men’s status in hospital thus shifted from ‘birth partner’ to ‘visitor’ and men were sent home from the hospital. After being sent home men usually spent at least one night alone – if not more – returning to ‘visit’ their partner and baby who remained in hospital. I analyse this period in relation to theories of liminality.

Robbie Davis-Floyd (1992) and others have emphasised that the experience of birth transmits powerful cultural norms to women. She has argued that birth may also be a rite of passage for fathers, but did not include men in her research. Jan Draper (2003; 2018), on the other hand, has used rites of passage theory to argue that men undergo a specific rite of passage around birth. For Draper, men’s time at home in between the birth of their babies and bringing their partner and baby home constituting the ‘liminal’ period in men’s rite of passage to fatherhood. However, Draper does not elaborate on what norms might be transmitted in this liminal period. Here, I attempt to add this aspect to an analysis of men’s transition to parenthood.

Some men described being sent home from the hospital as a very jarring experience. Jayce, sent home after the gruelling and traumatic birth of his daughter, told me he found the separation ‘just surreal, bizarre, and nonsensical’ because his wife was ‘so ill and exhausted’ following birth. In separate interviews, both Jayce and his Erin told me how they felt that he should have been able to stay and help care for their newborn daughter while Erin recovered from birth.

Some men were surprised by the speed with which they were sent home from the hospital. As Will told me when I asked him about his experiences of being in hospital after his son, Oscar, was born:

Me? I couldn’t stay very long. I was quite surprised by that actually. I think ‘cause it was quite late. I guess it was a few hours after he was actually born but it felt like he was just born and then, ‘Oh, ok, I’ve got to go now.’ It was,
it was ok. It felt weird. It felt a bit like abandoning Lucia. It was weird going home alone and then, yeah, it was weird coming back in the next day.

However, despite his discomfort with being sent home and separated from his wife and newborn baby, Will, like most of the men who took part in the research, quickly naturalised the policy of sending men home from the hospital as common sense. While he told me that it had felt ‘weird’ at the time, he also expressed that, ‘with the benefit of hindsight,’ he now saw ‘sense’ in being sent home so soon after his baby’s birth: ‘You know, I was exhausted. So at least I could go home, get some sleep and be a bit more, I dunno… For a start, be safer driving them all home.’ Will naturalised the policy of sending men home shortly after birth as a common-sense way of ensuring the safety of his wife and baby on their journey home. Whether it had been ‘sensible’ or ‘safe’ for Will to drive himself home when he was sent home from the hospital was never a consideration.

Other men also naturalised being sent home as ‘just common sense.’ During an evening interview in a coffee shop near his work, I asked Tomasz, about how he had felt about being sent home from the hospital after his partner’s caesarean section. Seeming surprised at my question, he told me it was ‘not a big deal’:

I knew that I would get soon the baby back and my wife as well so it’s going to be two days or three days at home without them. Actually, I would say I was knackered after all day in hospital … so actually when I was back home I actually quite enjoyed the silence – get a bit of sleep!

The need for the new father to sleep – here in Tomasz’s, as well as Will’s descriptions of being sent home – frequently played a role in men’s naturalisations of being sent home. Gendered articulations of new fathers’ greater need and/or

19 It is important to note that this is not a universal NHS policy; different hospitals have different policies and rules around partners staying with women and different wards may have different ‘visiting hours.’ However, across the UK, men are often sent home after birth while women and babies remain in hospital.
ability to sleep were frequent themes when participants naturalised gendered distinctions between mothers and fathers. As I will discuss further in Chapter 4 on parental leave and care, sleep was often deployed as part of parent-couple negotiations of gendered caring responsibilities.

Although Tomasz initially seemed to dismiss my question about being sent home from the hospital, later in our conversation when he was telling me about how becoming a father had impacted him emotionally, he returned unprompted to the immediate postnatal period, telling me:

[S]oon after she was born I came back and was that evening at home alone. I was crying on the bus home. I was happy the baby was born; they told me the baby was healthy, but... And then that night when I was at home then I actually started crying and couldn’t stop crying, I don’t know why. I think I was kind of, it was both joy of happiness and releasing the stress. All the nerves and adrenaline dropped.

Thus, though he initially minimised the significance of being sent home when I asked about it directly, Tomasz later returned to his experience of returning home on his own, recalling crying and being unable to stop, and also being unsure of exactly why he was crying due to an intense combination of joy, happiness and stress. Particularly interesting was Tomasz' reference to adrenaline as a factor in his emotional state. Tomasz had been adamant when discussing pregnancy (see Chapter 1) that hormones affected only women during the perinatal period, and did not affect men’s actions or emotions in analogous ways. Though adrenaline is a hormone, Tomasz did not describe it as such when referring to his own experiences of birth and the postnatal period, or men’s more generally. Consistent with the gendered emphasis discussed in Chapter 1, Tomasz, like most participants – male and female – placed an emphasis on women’s bodies and emotional states as hormonally-influenced and men’s as hormonally-neutral throughout the transition to parenthood.
Tomasz slept at home as usual the night after his baby was born. The next day he went into work before returning to ‘visit’ his partner and baby in hospital. He had wanted, he told me, to make sure all of his work was ‘tied up and put in order’ for his six-week period of leave. In doing so, he was signalling to his workplace that, he was committed to his job despite his six weeks off (four weeks beyond statutory paternity leave). He told me how ‘being a dad is about making sure that baby is ok’ and within that remit he stressed to me the financial responsibility that burdened him as a new father. His main worry about fatherhood, he told me, was the question: ‘How do we manage with money?’ For Tomasz, as for many of the men who took part in the research, fatherhood presented a balancing act in which looking after their baby and looking after their partner was quite explicitly linked to their sense of financial responsibility, from the earliest days of expectant and new parenthood. (The gendered implications of working and caring divisions between new parents will be discussed in greater detail in Chapter 4.) In this liminal period, Tomasz’ was able to continue his familiar rhythms – sleeping, going into work – in what seemed to him like a ‘short’ period of separation.

Regardless of men’s particular situations, or their feelings about being sent home, new fathers – who had been classed as ‘partners’ and expected to support women throughout birth – were classed as visitors and expected to leave new mothers to care for their babies alone in hospital. The structures enforced in this liminal period thus differentiate between the roles of mothers and fathers and begin a shift into distinct gendered parenting roles, in which women are immediately provide round the clock infant care, while men become accustomed to time away from infant care.

I argue that, in sending men home after the birth of their children, the system of postnatal care positions fathers as secondary parents. Postnatal policies contributed to men ‘crying,’ feeling ‘weird,’ and feeling as though they ‘abandoned’ their partner and new baby. Yet the same men’s naturalisations of these very
policies show that being sent home clearly communicated to new fathers that their role as fathers was not to directly care for their baby, but that the mothers had direct caring responsibilities that men were to provide support for. In this liminal period that marks the transition to parenthood, men were excluded from direct parental responsibility, and they were sent away to sleep while women who remained on the ward were effectively denied sleep, surrounded as they were by other women and babies and, at times, their visitors, and periodically checked on by hospital staff. The gendered division of sleep as something men could seek and women were denied was a notable theme in participants’ accounts of early parenthood, a topic I return to in the following chapter. In the next section, I discuss the experiences of women who remained on the maternity ward.

**Women on the ward & maternal responsibility**

With men sent home, most women remained ‘alone’ in hospital with their baby for at least one night or, depending on their and their baby’s health, for a few days or weeks following birth. As I have discussed, some men naturalised this as only a ‘short’ period of separation; however, on the whole women’s accounts of this period differed dramatically. Women’s experience of this same length of time as a prolonged and disruptive period shows the way that parental roles diverged significantly along gendered lines almost immediately following birth: the same ‘short’ time that men talked about could feel unending to women on the ward. In hospital, women’s familiar rhythms were profoundly disrupted. While they recovered from the physical impact of birth, they were faced with sole responsibility for the care of their newborn.

For women who remained in hospital, the time on the maternity ward could be fraught; women often described struggling to care for their newborn baby. When women described this time ‘alone’ in hospital to me, they rarely used their baby’s name, instead referring to them as ‘the baby’ or ‘this baby,’ as Erin did when she
talked about her husband having to leave the hospital after her traumatic birth: ‘I ended up – like, Jayce was sent home – and I was literally left in hospital with this baby on my own just thinking, ‘what the fuck?’ Like… yeah: it was bizarre.’ Women who had been supported through birth by their partners and midwives felt they were suddenly ‘left’ to care for their newborn babies without support.

On the maternity ward, a team of staff were responsible for the care of numerous postnatal women and babies. Ward staff ‘checked on’ women and babies at regular intervals, reminding women to feed, change and soothe their newborn baby. As Clara described:

You’re kind of on your own, but then you’re not: the midwives are there. She [the baby] was getting three-hourly checks just because like for her temperature so that was quite disruptive in a way, and I was sort of struggling to, well, she was just tired and didn’t really want to feed, so I was a little bit worried about that because they were coming in to check that. And I couldn’t get her to lie in her cot like I was supposed to. I wanted to lie with her on me and I knew I wasn’t allowed to.

For women recovering from birth, these checks and reminders could be a disorienting experience. Women felt that they had to follow set rules – such as soothing their baby to sleep and placing them in the hospital cot, rather than letting them sleep on them – without necessarily having the knowledge or experience that would help them do so. Most described receiving little support on the practicalities of caring for their new baby.

For some women, this contributed to very negative experiences on the maternity ward. For example, after Erin had given me her detailed account of the ‘traumatic’ birth recounted in the previous chapter, I asked her if she would tell me about her experience in the hospital afterwards. She described her ‘five or six night’ stay on the maternity ward as ‘the most surreal out-of-body, unpleasant experience I’ve ever had in my life.’ After birth, Erin told me, she was ‘so tired I couldn’t think.’ She
was so exhausted and felt completely 'out of control,' yet midwives expected her to begin caring for her daughter:

I didn’t think about the fact that she [the baby] needed feeding. Like, I literally - I looked down at one point and there was a midwife stood there and she was milking my nipple into a syringe. And I don’t remember anybody saying to me look, this is why we’re doing it. Nobody said - or maybe they did, but I definitely don't remember it.

Being too tired and 'out-of-it' to ‘properly’ feed her baby, Erin found herself being ‘handled’ by midwives. This compounded the ‘bad trip,’ out-of-body sensation Erin felt following her traumatic birth. Continued lack of sleep on the noisy maternity ward and being woken to feed her baby – or be ‘milked’ – heighted her sensations of a profound disruption.

During another interview, I sat in a café with Clare as she told me about her experiences of IVF, induction and instrumental delivery. Like Erin, Clare described her birth as ‘hard,’ but felt that it was after she gave birth to her daughter, Amelia, that the situation became ‘really’ horrible. As Clare found out much later, she had become feverish with a severe urinary tract infection after birth. She told me: ‘It was horrible: I was shaking so badly. I was completely numb. They were telling me to turn over and I couldn’t: my body wouldn’t move.’ Shortly after birth, when she described being ‘the ill-est I’ve ever felt in my life’ the hospital staff began insisting that she needed to breastfeed her baby:

What started panicking me was they were saying: ‘your baby’s here, she needs a feed.’ ‘Your baby needs you’ and they were pulling my top down and were trying to latch her on. I was saying to Chris [her husband], ‘I can’t look after the baby! I’m not feeling well!’

Both Erin and Clare recounted the pulling, milking hands of hospital staff to me with a horror distinct from that of labour and birth, which in both their cases had been protracted and ended up in emergency forceps deliveries. Like many women, Clare had perceived birth as a dangerous event in which it would be
necessary to relinquish some control to doctors in exchange for the safe arrival of her baby (the narrative ‘resolution’ of birth difficulties is discussed in Chapter 2). She had been much less prepared for the way that a lack of control and personal autonomy could continue after birth. In particular, both Clare and Erin found the handling of their breasts without explanation or a meaningful opportunity to consent extremely invasive and humiliating. For both women, their postnatal stay in hospital was punctuated by the handling of their bodies by midwives and by the insistence that they breastfeed or pump breastmilk and care for their babies despite being ill, in a great deal of pain, and sleep-deprived. In addition, for both Erin and Clare, as well as for several other women who participated in the research, being cannulised and catheterised reduced their mobility and increased their sense of vulnerability. Women often described their lack of mobility as negatively affecting their early interactions with their baby, specifically on their ability to care for them.

Catherine described a lack of explanation and consent in the routine care ‘on the ward.’ Her husband John had been sent home after she was moved onto the maternity ward, and their daughter Maisie was being treated for jaundice. Catherine told me about her ‘horrible, horrible memory of the woman who brought the jaundice machine’:

She didn’t talk me through the process or ‘This is why she needs to go under this machine, I’m going to go and get the machine now, it’s a bit scary because it’s quite cumbersome and this is what it does and your baby might not enjoy lying under it,’ she just marched into the room with this enormous light machine and took her from me and put her under the machine.

The nursery nurse then left the room. At the time, Catherine was ‘lying in bed with a cannula, a catheter and a caesarean scar and struggling to get out of bed.’ Catherine described the difficulty of the situation:

Catherine: Under the light this baby is screaming and bringing up piles of brown gunk and aspirating and I just didn’t know what to do. I was panicking.
So I think I ended up calling John at about 3 o’clock in the morning, saying, ‘You have to come and help me!’ and to be fair when he arrived at about five thirty or something-

John: -which was as quick as I could get there, as quick as I could get dressed and come down.

Catherine: Yeah. They did let him in because I was just… I was hysterical. So… it was probably just new mum’s worry. But still, it was a really horrible experience.

For Catherine this period of time between the baby being put in the light and John getting to the hospital was several ‘horrible’ hours of panic and a screaming baby, while for John it was ‘as quick as’ he could get dressed and drive from home to the hospital.

Most women experienced this immediate postnatal period on the maternity ward as a disruptive environment in which it was difficult to care for their baby. Even for women who had relatively straightforward births and recoveries, disrupted sleep on the ward was often mentioned in discussion of postnatal experiences in hospital. Every night in hospital, Lucia told me, was a night without sleep. Thus, women often felt there were unrealistic expectations of their ability to provide sole infant care when they had not slept in several days. Though Lucia experienced her labour as ‘extremely’ painful, she was told by midwives at the birth centre that it was a ‘very straightforward’ birth. Nevertheless, she, she told me: ‘I spent three days in labour without any sleep, was absolutely shattered and a bit disoriented.’

Lucia felt that any acknowledgement of this was lacking in the postnatal care she received on the maternity ward. While, she said, ‘I understand – and understood then – that it’s my responsibility [to look after the baby],’ she also told me, ‘I would’ve liked a bit more care.’ She struggled with being woken up repeatedly in the night by staff to change her son’s nappy and felt pressure from them to do things herself, rather than feeling she got the ‘help and guidance’ that she would have liked from them. ‘Obviously they feel it’s going to be your job so you should get on with it, but I think they forget the difference between doing something as an expert and learning it for the first time.’ Other women echoed her sentiment of
struggling to grasp the skills of infant care while they remained in the disruptive environment of the maternity ward.

Participants frequently pointed out that babies born 30 years ago would have been routinely taken to sleep in a nursery at night, whereas now babies are supposed to sleep in a cot beside their mother’s bed on the maternity ward. This historical change occurred at least in part as a response to concerns about maternal-infant bonding and women’s desire not to be routinely separated from their babies. For my participants, it meant that there were several newborn babies and new mothers in the same room as women tried to sleep and recover from birth. When women’s babies cried, they were concerned not only about figuring out how to soothe their baby, but also about waking other women and babies on the ward. Though the new mothers who took part in this research were certainly concerned about bonding with their baby, many women wished that if they were to be ‘alone’ in hospital they would have the choice to have someone else look after their baby for a few hours each night to let them rest. Many felt that hospital policy was counterproductive: by seeming to prioritise ‘mother-infant bonding’ over women’s recovery, bonding could actually be impeded. As Erin pointed out:

The last thing that your body’s going to want to do is like bond or produce all this wonderful milk when you literally are exhausted and so anxious and stressed. It’s weird. It’s like a weird kind of … dichotomy between like you’re supposed to be bonding and producing milk but your body is not in a state that it’s gonna be doing that very well. … It definitely got in the way, to begin with, of our bond.

Thus, Erin felt that the very hospital policy that was designed in part to facilitate bonding actually prevented women from being able to bond with their baby. Pushing women to prioritise infant care over recovery, Erin and other women felt, increased anxiety and impeded women’s attempts to breastfeed and otherwise care for their baby in the early days and weeks following birth.
Thus, while men experienced the post-birth separation as ‘just a short time’ apart, this same period of time was experienced profoundly differently by women who remained on the ward. I argue that the immediate postnatal period was extremely significant, in that it quickly taught new mothers specifically that there was ultimately no one to ‘hand back’ to: the care of a baby was its mother’s round the clock responsibility.

This time in hospital impressed upon women their sole responsibility for the care of their baby. When Erin’s husband, Jayce, had stayed after visiting hours to help her look after their newborn daughter, things ended up in a confrontation with the ward midwife, who she framed as an intimidating disciplinarian:

Jayce was still there at midnight. I was so stressed because she was so dehydrated and you feel so responsible for trying feed her ... And the midwife came through and she was quite - I felt like she was telling me off and I literally burst - she was like ‘You can’t be here! It’s midnight!’ in quite a matronly way and I literally just burst into tears and I was like: ‘You’re telling me that my baby’s dangerously dehydrated. I cannot express milk and look after her at the same time. What the fuck do you want me to do?!’ And she did, I think she did kinda think, ‘Oh,’ and backpedalled. But it did really make me think about how we – even I think if you have a straightforward labour it would be hard to be left in hospital on your own – but there was no acknowledgment of ‘No wonder you feel absolutely like you’ve just run ten marathons in a row.’ There was none, there was none of that and I didn’t feel like we were made very many kind of concessions for people who’d been through something as traumatic as that. Just to say look, it’s alright if your husband’s here or, you know, we’ll try and find a separate room for you so he can maybe stay with you for the first few hours or whatever. There wasn’t, you know. And I know the NHS is overstretched. I work for the NHS, so I get that, but I think there’s a lot of things that we could do better in that regard.

As I have detailed above, this time in hospital impressed upon women that they were ultimately responsible for their baby. Even after a short time on the postnatal ward, a pattern of women as the primary carers for their newborns was established. Caitlin recounted that after her two nights on the maternity ward, her husband Steven had come in to take her and their baby Elsie home. While they
were in hospital preparing to leave, Elsie’s nappy needed to be changed and – after two days and nights of being expected to do so without help from staff – Caitlin began to change her. At the same time a passing midwife paused and said to Steven, ‘Shouldn’t you be helping with that?’ Caitlin told me she had felt quite offended, ‘It was like, so you’ve been pushing me to do this without help and now you’re making it seem like my husband’s being a bad partner for making me do it. I’ve already got the hang of it now, so why would I make a point of making him do it?’

In an interview with, Eve and Sean, I mentioned that a few of the men I had interviewed previously had told me that being sent home from hospital and separated was not ‘a big deal.’ Eve responded: ‘But back in the day they [men] wouldn’t have seen it as a big deal to be sent away from the birth, you know? Things change.’ As she reminded me, while many participants sought to naturalise the hospital policy of sending men home from the hospital as simply common sense, what some men naturalised was not ‘natural’ but the product of a particular history and set of policies. A few hours after her straightforward – ‘fortunate, good’ – birth, hospital staff gave Eve the choice of whether to stay overnight or go home with their new baby. New father Sean felt entirely comfortable with the prospect of taking their new baby home, but Eve was less sure, and wavered over the decision over whether to stay overnight or take their new baby home. Ultimately decided she would rather ‘all leave together.’

**Gendered scrutiny at home**

As I have detailed, many participants described their time on the maternity ward as unpleasant. Most women described looking forward to going home so they could ‘finally start being a family,’ a sentiment I heard repeatedly during fieldwork. Catherine ended her description of the stay in hospital: ‘she was born on the Tuesday morning and we were in [hospital] until the Friday night. We got home
on the Friday night and I could not wait to get home and start being a mum, being a family.’ Her words exemplify the sense that time in hospital, where her partner was made to leave and her baby could be ‘taken’ from her and put under a machine, constituted a liminal period in which the ability to be a family was suspended.

‘Bringing baby home’ was the title of one of the four NHS antenatal classes that most women (and some of their partners) had attended during pregnancy (the others being Labour 1, Labour 2 and Breastfeeding). ‘Bringing baby home’ was also repeated to me frequently as a ‘goal’ when participants talked about the postnatal stay in hospital. This process of starting to be a family seemed to be something that people felt was put on hold during the hospital stay. While in hospital, ‘home’ was judged by most participants to be a more comfortable and private space. Often the familiar domestic space, in contrast to the unfamiliar clinical space, was held up as the place where the process of becoming a family could ‘really’ begin. For many women, the scrutiny and lack of privacy of the maternity ward meant that they felt they would remain suspended between conflicting senses of responsibility and scrutiny until they could go home ‘as a family.’ For men, home was where they would be ‘reunited’ with their partner and new baby.

Many participants were excited to get home from hospital even if they had been lucky enough to have a private room in hospital or they had just stayed one night on the ward. Like most participants, Clara, who had felt under scrutiny even in her private room on the maternity ward, felt she would be more relaxed once she got home and she could start to get to know her baby away from the stress of the maternity ward and the scrutiny of its staff.

However, home generally turned out to be ‘not much better,’ in terms of the scrutiny women felt they were under. For the first ten days after being discharged
from the hospital, midwives made home visits to check on the health of the mother and baby. Participants often described feeling pressure to ‘keep up appearances’ for the visiting midwives. Clara, whose baby was born a couple of weeks early, told me about how she had ‘retreated to the bedroom’ with her baby when they got home from hospital. She planned not to emerge from there for the ‘next two or three days,’ sending her husband Connor out to get food and buy ‘essentials’ for the baby who was born a few weeks early. However, 9am the next morning the doorbell rang for the first midwife visit – ‘it sounds late but when you’ve been up all night – yeah – and the house, the mess that it was in, it was just a complete shock!’ Clara got up and was ‘running round’ the house tidying the house because she wanted the midwife to think she was ‘fine.’

Midwife visits were described to me as a ‘double edged sword.’ Most participants were grateful for the ‘safety net’ of having a professional come check on them and the baby, yet many women also often experienced these visits as a form of scrutiny, one which primarily focused on new mothers, and not new fathers. Midwives were predominantly focused on checking the health of the baby and new mother, and – consistent with participants’ experiences of antenatal midwife appointments described in Chapter 1 – fathers tended to be peripheral. Some new fathers had already returned to work, others ran errands, or slept during midwife visits. One mother, Ruth, told me about how her husband would go into the kitchen to make ‘endless’ cups of tea while the midwife sat with her and the baby in living room.

Once at home, infant feeding tended to dominate the early postnatal period. In the first few days and weeks after birth, most of the women who took part in this research attempted to breastfeed. Though several women decided to bottle-feed their babies later on, only two participants had made an initial decision not to breastfeed at all, instead exclusively bottle-feeding their babies with formula. Thus, this meant that among the majority of participants in the first days and
weeks following birth, women continued to feel exclusively responsible for their babies’ wellbeing, and to face disproportionate disruption to their usual waking and sleeping routines. Many women told me they had struggled with breastfeeding, particularly early on.

When midwives (and later health visitors) would visit women, they would weigh the baby and ask about feeding. NHS guidance recommends breastfeeding ‘on demand’ (‘whenever the baby is hungry’); however, if the baby was judged to be losing too much weight after the first few days, women would be ‘put on a feeding plan.’ Clare told me about her experience with this:

I was having to put her on the breast for ten minutes maximum, and then give her a bottle which was expressed milk and she had to take, it was something like in the beginning 60ml and then it moved to 80ml. So this was like right at the beginning but I had to do this every three hours and it was taking her over an hour to feed. And then I would have to express and then you would have to basically wake her up an hour later like to start the whole process again so it was like constant. I was feeding, expressing, like … it was horrible – constant.

Whether ‘on demand’ or according to a ‘feeding plan,’ infant feeding controlled and structured women’s time in the early days at home. In the early days and weeks following birth, participants’ decisions about feeding often meant that men and women had qualitatively different relationships with their baby. Many participants, both men and women, were shocked by how difficult and painful women found breastfeeding, and also simply the amount of time it took. Eve told me about, as with the ‘Bringing baby home’ class, she felt that the ‘Breastfeeding’ class at her NHS antenatal left her and Sean ‘totally unprepared for the reality’: ‘they don’t actually say there are things like cluster feeding and growth spurts when the baby will literally want to be on you the whole time.’ She laughed easily when she told me about the early days at home, but also earnestly described them as ‘hell’:
Literally I was in this cycle of feeding-nappy changing-crying from five o’clock in the morning to 2am. Sean was making dinner, Sean was literally - there was one night there was linguine so I couldn’t eat it one handed. He was feeding me linguine as she was feeding. It was really horrible.

Like, Eve, many women spent the first few days and weeks ‘constantly attached to’ their baby, while their partners ‘supported’ or ‘helped’ them. In the first few weeks, many women felt that the only time they were really ‘interacting’ with their baby was when they were feeding (which was often much of their time). For some of the women I got to know, this led to breastfeeding becoming ‘an obsession.’ Rebecca, a university administrator who met me for coffee one morning before work, explained how early on she was ‘all about [breast-]milk feeds’ because ‘there’s just not that much else you can do with a baby when they’re tiny: they don’t do much! If you’re not feeding them, they’re asleep, so it’s quite easy a thing to get obsessed about.’

If, as was the case for the majority of participants, women were attempting to breastfeed exclusively, men’s role could feel limited. While women might feel like the only time they were ‘interacting’ with their baby was breastfeeding, for men, they might feel like they were not interacting with them at all. This could make them feel like a ‘bystander.’ The majority of men had taken only a short time off work after the birth of their baby (as will be discussed extensively in Chapter 4) and could feel doubt over their ‘purpose’ during that time. Many men and women told me about having envisaged a much more ‘shared experience’ than ‘the reality,’ as with Eve and Sean who had planned to do ‘mixed feeds’ so that Sean could share in the care of the baby but whose plan changed after birth with Eve deciding she wanted to breastfeed ‘exclusively.’ For Sean, as with other men, his idea of how much he would be interacting with his baby felt very different to this new ‘reality,’ as they referred to it.20 Sean told me how he and Eve had been

20 A discussion of the significance of participants’ use of ‘reality’ is in Chapter 5.
hoping to do a ‘mixture’ of bottle-feeding and breastfeeding so he could ‘help’ more with the baby, but after their daughter Mae was born Eve changed her mind. She explained to me that quite quickly after birth she had re-evaluated their plan, thinking: ‘Why would I spend so much effort doing it [breastfeeding] if I’m also going to have the downsides of formula like cleaning up all the stuff and doing whatever else?’ Many other women I spoke to seemed to agree with her that ‘sharing’ infant feeding with their partner in this way simply created more for the mother to do, whether in the form of expressing, sterilising bottles, or washing up. Participants did not usually employ the language of work or labour explicitly when talking about how women had ‘more to do,’ and I discuss the gendered labour of infant care and feeding further in Chapter 4.

The language that my interlocutors used when discussing this could be telling of the way participants implicitly gendered maternal and paternal roles. Tomasz told me how he had been keen to do as much as he could to ‘help’ his wife with their son while she was recovering from her caesarean section. When they got home from the hospital he slept in a separate room with the newborn baby, doing the night-feeds with a bottle and formula. As a result, he told me, he felt he shared a special bond with his son because he had ‘in a sense, been a mum to Nicholas.’ Even while Tomasz was telling me about how involved a father he had been from the very beginning of his son’s life, the language he used when describing this clearly suggested that he primarily associated this behaviour with mothers. Another father, Dan, told me how, due to his baby’s stay on the neonatal ward, his wife had been unable to express and breastfeed as she wished to. This meant that he had been more involved with early infant care, including bottle-feeding, than many of the other men who took part in the research. He relished being ‘involved’ in this way. At the same time, he told me, his wife struggled with guilt that she was not ‘doing enough.’
Indeed, several women told me about feeling guilt about getting ‘help’ from their partner, even in the early weeks when they were very much recovering from birth and their partner was usually still off work. Leah told me how her partner had imagined ‘Going out and sitting in cozy coffee shops with a sleeping baby. It must have been quite the shock to him to be stuck in a dark living room in the middle of winter for two weeks looking after a sick and overwhelmed wife and screaming baby. It was pretty grim for him.’ In Chapter 5, I cover women and men’s negotiations of working and caring responsibilities. For now, I continue to discuss the uneven scrutiny faced by new mothers.

**Familial scrutiny at home**

Once home, women not only faced continued gendered scrutiny from visiting midwives and health visitors, but also from kin and others. The first time I met Lizzie, she talked at length about her experience of pregnancy and birth. She described birth itself as ‘horrendous’ but told me she had found her two-night postnatal stay in hospital ‘really nice.’ She described her experience as ‘lucky,’ because she was given a private room in which to ‘recuperate’ from birth.

For 48 hours I just sat in bed. I was so lucky. We [she and her baby, Fraser] got our own room, which meant that I had total privacy to establish breastfeeding. And I had my own television and my own bathroom. It was like private care. I think that’s really rare. I didn’t feel like I was infringing on anybody else’s space or that anyone inflicted on me. I was catheterised for 24 hours but that was lovely as well! I didn’t have to get up to go to the toilet and you’re sore after birth and your tummy’s funny ‘cause you still look pregnant. No, the post-birth bit was really nice and relaxing for me, though I think some women really struggle with it.

For Lizzie, the maternity ward was a relatively safe space compared to home, which made all the difference to her experience of her stay there – though, as she said it was also ‘lucky’ to have been given a private room.
Lizzie’s description of the ward was coloured by the fact that when she had gone home, she found it less private and less relaxing than her time on the ward. She later told me she wished she could have stayed in hospital for a week. A big part of the reason for this was that the maternity ward’s set visiting hours gave her a way of managing unwanted visitors that did not exist at home:

The night we got home from the hospital Kieran’s dad arrived to visit the baby and then Kieran’s mum arrived unannounced and she – they’re divorced – and they stayed till 10 at night – we got home from the hospital at half seven. There’s almost this competition of ‘I need to see the baby too!’ I was just like: this is madness! I am knackered; I’m also in agony; I feel embarrassed ‘cause I’m walking like a penguin... It was awful. It was absolutely awful. Even now, when I think about it now I wish that Kieran had been more assertive about it. He just wasn’t. In fact, to be honest, he didn’t have much sympathy with that at all. And the one thing that people didn’t tell me as well: this is really intimate, but the peeing when you’ve given birth. The pain is absolutely I had a tear. Everything heals up quite well but it takes time and the peeing was really sore and if you have people in your house and you’re literally yelping in the bathroom ‘cause it’s really sore... it’s really not nice.

For Lizzie, the maternity ward was, relatively speaking, ‘heaven.’ For her, the rules and regulations of the ward, particularly because they were coupled with the privacy of a room to herself, had made it a space in which she could start her relationship with her son who, unusually, she actually referred to by name as well as using the plural pronoun ‘we’ when she talked about their stay in hospital. For her, home was in many ways less private and relaxing than her experience on the ward. She found breastfeeding her son after she had just given birth simultaneously very ‘intimate’ and also visible and audible to her visiting in-laws. Home was subject to intrusion from people she was not comfortable with seeing and hearing the evidence of these intimate experiences, and who she felt were not caring for her, but simply ‘competing’ to see her baby.

Lizzie was one of the only women to describe her postnatal stay in hospital in overwhelmingly positive terms. Privacy was perhaps the key: her ‘luck’ in getting
a private room was a certainly factor in her enjoyment of her stay, and most women who stayed on a standard ward (with multiple beds divided by curtains) cited the lack of privacy as a major issue. Women often spoke about the noise on the wards, and their inability to sleep, as well as feeling that they were under the scrutiny of the hospital staff. Women noted that visitors could be disruptive, and certainly accepted that ‘visitors’ should be limited to certain hours; however, most women felt that this rule should not have applied to their own partners.

Once at home, women could still feel under scrutiny from others, including family members such as their in-laws, their parents or their partner. Some new parents like Erin and Jayce had been wary about this and purposefully ‘battened down the hatches’: they didn’t allow any family to visit them for a month after their daughter was born. For others this was impossible or impractical. As detailed earlier, Lizzie’s husband Kieran ‘didn’t have much sympathy’ for her desire for privacy in the days after their son’s birth. She felt that her in-laws ‘all outstayed their welcome.’ She felt stifled by their presence, the pressure to ‘entertain’ – ‘none of them offered to make me a cup of tea; it was continuously me offering to make them cups of tea’ – and their opinions about how she should behave and care for her son, Fraser:

[H]e [Kieran] comes from quite a traditional Scottish family and in their head babies should be inside in winter and never outside, and so should mums. Now I’m sure a lot of mums feel that way but for me that’s what drives me mad. I have to get out. If I don’t get out I get cabin fever and I get really upset. His grandparents and parents kept coming from 12 to 4, which in winter is the only time that’s daylight and that you can get out. By day four I just went, I just went absolutely mad. Kieran kept saying ‘you can’t take him out, it’s too cold’ and I said ‘you’re being ridiculous: if you don’t let him go out – if you don’t let me go out with Fraser – then we will not be happy and I can’t do this, Kieran.’

Kieran did ‘let’ her go out with Fraser in the end, but it was ‘tough,’ and the first of a series of confrontations over what each of them thought was appropriate behaviour from a new mother. The scrutiny of her behaviour wore on her.
Though she told me she was not a ‘crier – I don’t cry,’ she got tears in her eyes when telling me about how Kieran told her in front of her family on Christmas day that she shouldn’t be drinking a second glass of wine:

[When your husband’s drank through your whole pregnancy; he’s continued to go on football nights out, stag-dos and, you know, and once you’ve given birth and it’s Christmas and you’re having your second glass of wine he says ‘You shouldn’t be drinking ‘cause you’re breastfeeding.’ You’re thinking ‘How dare you? How dare you? This is unfair’ – oh it’s so sexist. Sorry! I’m getting emotional but I think, I think the world is a bit on the man’s side.

Thus, throughout the initial postnatal period, women face the bulk of the responsibility for infant care, and also scrutiny to do it ‘correctly,’ as defined by others, whether staff on the maternity ward, midwives visiting women at home, or family members.

**Conclusion: Gendered liminality**

The structure of the early postnatal period set up distinctions between the responsibilities of new mothers and new fathers. Arguably, participants experienced the immediate postnatal period of separation – with women in hospital and men sent home – as a continuation of the liminal period of birth, while they waited to go home and ‘start being a family.’

In an expansion of theories of birth as a rite of passage (Davis-Floyd 1992) and post-birth separation as a ‘liminal period’ (Draper 2003), I argue that this period of separation was significant because it so clearly differentiated between women and men by gender, teaching new mothers and fathers that their roles and responsibilities were fundamentally different. Men were situated as helpers, while women are placed in a position of greater responsibility. In hospital, and also in the early days and weeks at home, women were expected to provide the constant care of their infants, and scrutinised for whether they were doing so adequately,
while men were general able to avoid scrutiny of their nascent role as supporting parents.

Men often described being sent home from the hospital in ‘common sense’ terms, but some found the separation more problematic than others, and it could make them feel like ‘secondary parents.’ Most men described feeling ‘side-lined’ at some point in this early postnatal period, whether by being sent home or later being unable to ‘help’ with feeding their baby.

Beyond the emphasis that women were primarily responsible for the care of their infants, and men were to play a secondary, supportive role, sending men home while women and babies remained in hospital marked the beginning of a shift into different roles and routines for new mothers and new fathers. In general, women experienced greater upheaval of their daily lives than men, who generally began to return to familiar structures – and to work – sooner. The structures of the postnatal period, as well as women’s sense of scrutiny, and familial expectations thus encouraged the separation of mothers and fathers into primary and supporting parenting roles.

Overall, participants described the immediate postnatal period as one in which it was almost impossible to establish the shared parenting roles they had expected. Men were excluded from the demands faced by postnatal women, for example, from women’s stay on the maternity ward, breastfeeding on demand or feeding according to a schedule. This created pressure on women who were positioned as primary caregivers whilst still recovering from giving birth – and often themselves requiring care. This period of intense change and scrutiny following birth thus frequently resulted in reinforcing unexpectedly gendered roles in the earliest stages of parenthood.
The following chapter discusses gendered experiences of parental leave and returning to work, and complex negotiations of women and men’s different ‘earnings’ as new parents.
Chapter 4 ‘I earned it’: Parental leave, work and patterns of care

Rebecca: I thought my husband to be honest would want to do more at home. At least when I went back [to work], I thought he would go down to four days a week or something like that. … But, yeah, actually he was like, ‘No, I’ve got to get the money in for the baby,’ which was more traditional that I thought. So, I’ve been doing four days a week since I went back.

This chapter focuses on participants’ decisions about and experiences of parental leave and the labour of caring for their new baby. In this chapter, I focus on how participants talked about parental leave in the context of my observations from spending time with new parents during their maternity and parental leave, which was the part of the perinatal period during which I was able to spend the majority of ‘everyday’ time with participants during fieldwork, and also once they had returned to work. This chapter addresses participants’ ideas about and experiences of maternity leave, paternity leave and returning to work, and SPL. In relation to literature on ‘new fatherhood,’ I attempt to elucidate the process by which expectations of shared parenthood transition into a new ‘reality’ of gendered division.

Despite widespread expectations that men would ‘share’ in parenthood, participants’ narratives about and experiences of parental leave emphasised the role of women as primary parents. Whether participants took the ‘standard’ amounts of maternity and paternity leave or men took more time off on ‘shared’ parental leave, the new parents who took part in the research frequently negotiated feelings of debt and resentment in their couple relationships during their baby’s first months of life. I discuss the justifications participants gave for their decisions about parental leave – among them, the explanation that men’s short paternity leaves were ‘financially necessary’ and that women’s comparatively lengthy maternity leaves were ‘natural,’ and what these decisions and explanations do. I argue that participants’ narratives about gendered parental leave disparities as ‘natural’ concealed complex notions and negotiations
between new parents about what new mothers and new fathers deserved and earned in relation to leave, work, and caring responsibilities. I expand upon sociologist Arlie Hochschild’s notion of the parent couple ‘gift economy’ (2003), and detail how new parents exchanged earnings and debt in relation to parental leave, work and care.

‘The full year’ and ‘the two weeks’: UK maternity and paternity leave policy

The provision of parental leave in the UK is distinctly gender-unequal. Women are entitled to 52 weeks of leave following birth (39 weeks paid and 13 weeks unpaid), while men are entitled to just 2 weeks of paid leave.

In the UK, women’s statutory maternity pay (SMP) is amongst the lowest in Europe. By law, women are entitled to 6 weeks at 90 percent of their pay, and 33 weeks at £139.58 or 90% of pay – whichever is the lower amount,\(^\text{21}\) with the last 13 weeks of maternity leave unpaid. Some employers have policies of ‘enhancing’ women’s maternity pay for some or all of their maternity leave, though many employers do not offer this. Some participants who worked for small organisations told me that their companies had no policy on maternity pay. These women negotiated for enhanced maternity pay, with varying levels of success.

In 2015, a new government policy, SPL, gave women who planned to return to work before 52 weeks the right to transfer their remaining leave to their partner. An elaboration of a similar earlier policy, Additional Paternity Leave (APL), SPL added a degree of flexibility: women’s partners could now take ‘remaining’ leave at any point after the birth, including parents taking leave at the same time (previously, women’s partners could only take the ‘remaining’ leave once women

\(^{21}\) SMP amount as of 2016.
had returned to work). The policy was introduced with much government fanfare about it being a step towards gender equality but faced widespread criticism before it came into effect, and continues to do so. It was predicted that men’s ‘uptake’ of the policy would be low, and indeed, in 2017 it was reported that only around one percent of eligible men had taken SPL (Taylor 2018).

At the time of fieldwork, employers did not offer enhanced pay to any of the men who took parental leave (though one man negotiated for enhanced parental leave pay on the basis of ‘gender equality’). Importantly, in the system of SPL, the vast majority of parental leave remains women’s by default, to use or share as they choose.

Among my participants the length of leave taken by women and men did vary somewhat. Some women returned to work after six or nine months, while several women actually took longer than the statutory 52 weeks off work, either because they were ‘signed off’ work during pregnancy due to illness, or because they had been in temporary employment or unpaid/voluntary positions that had come to an end during their pregnancies, or because they had decided during maternity leave that they would not return to their job after maternity leave. Only a few participants used SPL, with three men taking around two to three months off on SPL. More commonly, other new fathers supplemented their two weeks of statutory paternity leave with two to four weeks of annual leave they had ‘saved up’ in anticipation of the birth of their baby.

Yet, overall, when I asked participants how much leave they had taken, by far the most common response was that women had taken ‘the full year’ and men had taken ‘the two weeks.’ Overall, the majority of participants followed this standard split of women taking the vast majority of leave and men taking one or two weeks of statutory paternity leave, sometimes ‘topped up’ with the annual leave they had ‘saved’ in anticipation of the birth of their baby. Even among the men who took
SPL, the longest period of leave taken by a man, three months, was shorter than the shortest maternity leave of five months. The language most participants used, often referring to ‘the full year’ of maternity leave and ‘the two weeks’ of paternity leave, emphasised this as the standard option. Arguably, this allowed new parents who followed this pattern to minimise the extent to which their decisions constituted a personal choice, and positioned parents who shared leave as deviating from the norm.

The consistency of this gendered split was striking given the extent to which my cohort of participants professed expectations that men would share equally in parenthood, and because at least some participants were open about their financial positions offering them flexibility in their parental leave choices.

As I go on to discuss in more detail, new fathers often pointed to financial constraints affecting their choice: some men, for example, explained that they would be paid more for their time off if they took ‘annual leave’ and received holiday pay, than if they took SPL and received statutory pay. In comparison, women rarely referred to financial aspects of their decision making around parental leave, instead emphasising a year’s maternity leave as both ‘natural’ and ‘earned.’

The sharp gendered divide in parental leave seemed to belie participants’ previously professed expectations of shared parenthood. Though participants’ early expectations of sharing in parenthood may have been tempered over time by the woman-centred care and experiences of pregnancy and birth, as discussed in the preceding chapters, it is important to note that participants would have made their decisions about leave early on in pregnancy. By law, employees must give notice of when they plan to begin their maternity leave and when they plan to return to work at least 15 weeks before the due date (although women can later change their return to work date with eight weeks’ notice). However, in practice,
women often notified their work about their intentions much earlier on in pregnancy. As soon as they were visibly pregnant, women could feel obliged to let colleagues know their ‘plan,’ and give their workplace ample time to organise accordingly. As Rebecca told me:

It wasn’t like anyone was nagging me about what I was planning, but you know these things – hiring maternity cover and stuff – it’s a process and it takes time. So I told them as soon as I could after I’d had the [12 week] scan. I think it was about 16 weeks. It had been hard to hide anyway, because I was so tired and sick.

Thus, despite frequent claims during pregnancy that men would ‘share equally’ in parenthood ‘once the baby gets here,’ among the majority of my participants women planned to take several months of maternity leave while men returned to work shortly (within two to six weeks) after the birth of their baby. Within the space of a few weeks, therefore, a clear pattern tended to be set of mothers spending the majority of their time caring for their baby, while fathers often spent only brief periods of time with their baby outside their working hours. As I will go on to discuss, while spending time with participants during this period, a surprising number of participants began to explain the differences between men and women’s amounts of leave and involvement in the care of their children in terms of ‘natural’ gendered capabilities of men and women.

‘Women need time’: Maternity leave as ‘natural’

When I asked women how much maternity leave they had taken, and how they had decided, they usually gave one of two responses, or a combination: they represented the length of leave they took as a ‘natural’ amount; they explained that they had ‘earned it’; or both. In this section, I discuss the representation of a year of maternity leave as a ‘natural’ amount.
Amy, an office manager, had taken ‘the full year’ while her husband, she told me, ‘got two weeks off.’ I asked how she made her decision. She told me that it was ‘only natural’ for women to take as much time off as they could, and for men to take short paternity leave, ‘since women are the ones who go through birth’:

Practically we [women] need that time to heal. I couldn’t have gone back to work at twelve weeks – let alone six – just physically. I was still recovering three months after birth. That’s naturally not the case for men. And you [the mother] need that time with your baby after you’ve got over the trauma of it [birth] as well.

Amy’s explanation of a long maternity leave as ‘natural’ emphasised the physical necessity of maternity leave as ‘time to heal.’ She stressed it could take many weeks to heal physically from birth. She explained to me that, because the exact length of time needed to heal from birth would vary depending on women’s individual birth experiences, maternity leave provision needed to be long to cover any eventuality. Amy also naturalised women’s need to have time with their babies after they healed from the possible physical and mental trauma of birth. Though she emphasised the bodily in her explanation, she also implied that maternity leave was thus not just about physical healing but also about the less-clearly defined ‘need’ of mothers and babies to be together.

Implicit in Amy’s explanation was her assumption that, unlike women, men did not ‘naturally’ ‘need’ this time with their babies. This sense that ‘dads’ or men did not ‘need’ the same time with their babies was frequently articulated during my research planning and fieldwork, by research participants and also in media discussions of fatherhood. For example, a debate broadcast on the Channel 4 news, in response to the introduced of SPL in April 2015, asked: ‘Do dads really need to take a month off?’ Despite the title, the discussion quickly and subtly shifted in focus to ask another question: ‘Do babies need dads?,’ as Jon Snow, the host, asked the debaters: ‘Does a baby really biologically need its dad?,’ implicitly contrasting this with a baby’s apparently self-evident ‘need’ of its mother
(Channel 4 News 2015). This shift in focus in that debate signifies the broader attitudes on what ‘dads,’ men or partners need during their transition to parenthood. In the ethnographic context of Edinburgh, what fathers-to-be were understood to ‘need’ during pregnancy existed in implicit contrast to what babies needed, usually from the mother, with a focus on the physical nurturance provided by women. In the context of a transition to parenthood where care is focused on women’s bodies, what men were judged to need was comparatively, very little. It also exists in relation to another kind of ‘need,’ the necessity, as participants saw it, for men to work.

At first, I took explanations like Amy’s to mean that most participants’ saw maternity leave as a ‘natural,’ unquestionable right, based in the need for postnatal women’s bodies to heal. As I will discuss in Chapter 5, participants never made reference to the development of UK maternity leave, or acknowledged that it had not always existed in its current form. Instead, they naturalised the current system of maternity leave.

Most participants seemed to be aware that women everywhere do not have the same rights in relation to maternity leave, and women sometimes brought this up in our interviews. As I have noted, when compared with the rest of Europe, the UK has one of the lowest paid systems of maternity leave. However, women who made comparisons with maternity leave in other countries usually told me that women were ‘lucky in Britain.’ If women compared maternity leave in the UK to the situation of women in other countries, they held up the U.S., where women have no legal guarantee of maternity leave, paid or unpaid, as a counterpoint. As with horror stories of birth (Chapter 2), the horror story of the U.S. system may encourage women to be grateful for the U.K. system, despite its low pay.

Participants did not often bring up the fact that men’s parental leave rights also differ by country. Those who did most often referred to Sweden, Denmark or, in
more vague terms, to ‘Scandinavia,’ as having a preferable system of parental leave, in which men got ‘more time off.’ These systems were often presented as ‘lovely’ but fantastical. For example, Amy told me: ‘that works there because they’re such small countries – and lovely for them – but it wouldn’t work in the UK. You can’t just make every business give men that much time off.’ In considering why not, participants treated parental leave for men as costing too much to be feasible.

However, over the course of fieldwork I came to realise that, at least in part, women were using discourses of ‘nature’ as justifications of their decisions about maternity leave: while apparently positing the existing system as unquestionable, women’s explanations used notions of the natural to justify maternity leave’s necessity. This suggested that maternity leave was perhaps not seen as entirely natural and unquestionable after all, but something that, had to be justified in relational context, as I will discuss in following sections. Over time, I came to see women’s presentation of ‘the year’ of maternity leave as ‘natural’ as not purely an explanation but, at least in part, a justification. I return to this in more detail in the section on maternity leave as ‘earned.’ In the following section, I show how men also naturalised women’s longer leave.

**Breastfeeding: ‘It’s naturally going to be mums who do the lion’s share’**

When I asked men about parental leave, they too made reference to women’s bodies as an explanation for their longer allowance of leave. Their explanations often hinged on ideas of what men ‘couldn’t do’: give birth and, particularly, breastfeed. Andrew, a charity manager, had taken ‘the two weeks’ off work, though he told me he had wanted to take more and had been rebuffed by his previous employer. He told me he believed men should get more parental leave yet he qualified: ‘Ultimately it’s up to the mum isn’t it? Until men can breastfeed it’s naturally going to be the mums who do the lion’s share.’ Like Andrew, other
fathers who took part in the research called upon ideas of ‘nature.’ Nature decrees that men are not able to breastfeed, they explained, and this meant there could never be complete equality in early parenthood because ‘babies need their mums.’

However, it is important to note that the idea of breastfeeding did not clearly line up with the realities of breastfeeding. While Andrew’s explanation for the unequal division of parental leave hinged on the primacy and ‘naturalness’ of breastfeeding, his wife – like the majority of women in Scotland and the UK – did not breastfeed their baby. The notion of breastfeeding as a female capability thus stood for the naturalisation of women’s ability to care for newborn babies rather than being a literal practical barrier to many men caring for their new babies. Whether or not women were actually breastfeeding, women were expected to do most of the care of their baby. Women were thus positioned as ‘natural’ caregivers due to the perceived gendered capabilities of their bodies. Even when women were not breastfeeding, for example, it was still assumed that the baby’s Moses basket or cot would be on the woman’s side of the bed, as I discuss in the section on sleep.

This view of breastfeeding as a natural capability of women, and a reason for women to take the bulk of leave was intertwined with many participants’ expectations of women to be ‘instinctively’ or ‘naturally’ good at infant care, including breastfeeding. Some people had these expectations confirmed when women ‘took to motherhood like a duck to water’ as Hugo, over a drink in the pub, described his partner as a new mother: ‘She’s a natural. It’s amazing.’ By virtue of their bodily entanglements with their infants, women were seen to need this time, and be needed in this time, more than men.

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22 Though the majority of women in Scotland ‘initiate’ breastfeeding, only a minority of mothers are still breastfeeding at 6-8 weeks following birth (Skafida 2014).
Implicitly, participants, both men and women, tended to represent parental leave as a zero-sum game (Pollock & Sutton 1985), in which there was a fixed amount of time (and money), and giving men more time would come at the expense of women. While this need not necessarily be the case, it is indeed the implication of the current UK system of SPL, which operates so that men can only gain what women give up. Though participants rarely referred to policy explicitly when explaining their decisions around parental leave, in setting what was 'standard' time off for men and women, policy was influential in normalising the patterns participants followed. In this context, it was easy for participants to present their decisions about parental leave as standard. This is significant, because in spite of the ease with which participants explained that women’s length of leave was standard and ‘natural,’ women frequently emphasised that they had ‘earned’ it. In the following section, I discuss how, despite an emphasis on women’s maternity leave as natural, women also sought to justify maternity leave as ‘time off’ that they had earned. A consideration of the gendered implications of this follows.

‘I bloody well earned it’: maternity leave as earned

As I have explained, when asked about maternity leave, participants – both men and women – tended to position women’s long maternity leave as standard, natural and necessary. Yet, over time, I began to notice another theme that consistently came up when talking about maternity leave: women ‘earning it.’ When I asked about their decisions around maternity leave, women called upon their birth stories (Chapter 2), and the physical aspects of being pregnant and of giving birth, emphasising that through their ‘blood, sweat and tears,’ they had ‘earned’ their maternity leave (or ‘time off’), and the right of decision-making power around parenting. The decision-making power participants described women having covered the decision of how much leave to take, but also seemed to apply
more generally to decisions around infant feeding, sleep routines and various other aspects of infant care.

For example, when I asked Clare how she and her husband had decided to take their leave, she told me it was ‘a shame’ her husband, Chris, got ‘two weeks altogether’ of paternity leave but that she had ‘earned’ her year of maternity leave. Clare’s waters broke before her pregnancy was full-term, and she had to stay in hospital for several days before embarking on a lengthy induction process. Her husband left work to be with her in hospital. Paternity leave is granted in week-long blocks, so half of Chris’s paternity leave was ‘used up’ before their daughter was even born. ‘So he didn’t have a lot of time off of work. He got two weeks altogether, and he took some holiday days as well. He was interested in sharing my maternity leave but I told him, “Nope!” I bloody well earned it,’ she laughed. When I asked her what she meant, she responded: ‘Well, it was my blood, sweat and tears that went into that baby. Giving birth was such a trial. I just feel if you can take the full year off, why wouldn’t you, you know? No way was I giving any of my time up.’ Clare and other women suggested that through their labour in giving birth, women had ‘earned’ the right to have as much time as they could have (i.e., usually a year) off work. In their explanations, maternity leave was presented as ‘time off work,’ and it was assumed that no woman would want to ‘give up’ any of this precious commodity. (Women’s expectations of maternity leave as ‘precious time off,’ as Clare called it, were sometimes challenged by their experiences on maternity leave, as I will return to later, but in general women did tend to position maternity leave as time ‘off’ work, rather than a period of reproductive labour.)

In explanations of how participants had made decisions about parental leave, women and their partners focused on the ‘labour’ – of birth ‘earning’ women the right to make decisions about leave, and parenting more generally. Though as Clare hinted, a birth story with lots of ‘blood, sweat and tears’ might be called upon
more often, many women and their partners also told me they felt that women had ‘earned the right’ to make the decisions about parental leave, even pre-emptively: in many cases the prospect of birth alone was enough to give women all the decision-making power. When I asked Laura to tell me how she and her partner decided how much leave they would each take she told me: ‘Well, I sort of made the decision. I had the “I’m giving birth to your baby” pass,’ she laughed, ‘I think I used that.’ Laura took six months of maternity leave after being signed off work for three months during her pregnancy due to hyperemesis gravidarum (HG), while her husband, Gavin, took 6 weeks (two of statutory paternity leave, four of holiday).

As discussed in Chapter 2, men’s birth stories, which tended to stress the difficulty of birth and how ‘amazing’ women were to have gone through it, positioned men in supporting roles to women. Having witnessed their partners give birth, men often declared their ‘utmost respect for what women go through [during birth],’ as Jayce, said to me. Though a few of the men who took part in the research described struggling with being ‘side-lined’ in the decision-making process, most men told me they were willing and ‘happy’ to defer to their partner’s decision-making power, referring to birth as a justification. As Jayce put it, ‘She’s the one who had to go through it, so it’s only right that it’s her call.’ Thus, several men who, like Chris, had said they were ‘interested in’ taking more leave, explained that their partner had made the decision not to ‘give up’ any of their ‘well-earned’ maternity leave. Again, women’s power over how much leave men can take is enshrined in UK policy: women are given the vast majority of leave and can choose whether to ‘share’ it. Yet participants rarely mentioned policy explicitly when talking about how they made decisions around maternity, paternity and shared parental leave. Instead, women’s decision-making power over parental leave was explained as something women earned by the labour of giving birth and being pregnant. While participants professed that it was ‘only right’ for women to have sole decision-making power, in practice UK policy enforces this: in the
current parental leave system women are given the decision-making power over
the bulk of parental leave. As the current system stands, it is entirely up to women
to decide whether to ‘share’ (according to policy wording) or ‘give up’ (as women
were more likely to phrase it) – their leave. Again, participants’ narratives tended
to naturalise current UK policy rather than contextualising it historically or
internationally.

Thus, it initially seemed that birth, postnatal healing, and women’s other physical
contributions to parenthood were viewed as earning women decision-making
power around parenting. Over the course of fieldwork this repeated focus on birth
‘earning’ women ‘time off’ lead me to wonder why women felt the need to
emphasise that their leave was ‘earned.’ I address this in relational context, by
comparing women’s emphasis of their earned leave with what men were
understand to need and earn after the birth of their children and, in particular, what
men were seen as ‘earning’ by returning to work after a short paternity leave.

‘Someone needs to be earning’: paternity leave and gendered value

As I have discussed, participants justified the length of women’s maternity leave
as natural and necessary in reference to women’s physical contributions of
pregnancy, birth and breastfeeding, through the transition to parenthood. In doing
so, they reinforced a distinction between women as primary parents and men as
secondary parents. Women also emphasised that they had earned their ‘time off’
with their baby through their bodily labour. Most participants explained men’s
quick return to work as simply common-sense necessity: ‘Well someone needs to
be earning,’ Will told me when I asked how he had decided how much leave to
take. In general, participants explained that because of the ‘need’ for new mothers
to take time ‘off,’ the necessity of earning fell to new fathers. Men almost always
referred to workplace policy and financial obligations as the main influence on the
amount of parental leave they took.
Despite widespread acceptance of the gendered divisions in parental leave, both men and women who took part in the research also told me that it was ‘a shame’ that men ‘got’ such a short time off after birth, and participants often said they would have ‘liked’ for men to have a longer period of paternity or parental leave. Men frequently told me they had wanted to take more time off after the birth of their baby than they had done. When I asked these men why they had not taken more time, the first reason given was usually that they were not ‘allowed’ to by their employer. Steven was told that taking any time off his training course in the week of his daughter’s birth would put his ‘commitment to the profession’ in question. Andrew, a charity manager, had been working for a supermarket before his daughter was born and took ‘the -two weeks’ off: ‘it was all my work would allow. I asked to speak to HR about more time but they told me that’s all I could have. I think they broke a few rules there to be honest with you but, yep, two weeks.’ While men have the legal right to take the ‘remainder’ of women’s leave if women return to work before 52 weeks (as several women participants did), many men told me that, in practice, their career would have been sanctioned or they would have ‘risked’ their job by taking more than the standard two-week amount of paternity leave. Men seemed to imply that women’s careers were not analogously sanctioned in response to their taking maternity leave. This will be considered in more detail later in this chapter.

I asked Andrew how long he would have ideally taken, if his work had ‘allowed.’ ‘Six weeks is a good amount of time. If you can afford to, yeah, I think six weeks is good. So much happens in the first six weeks with the wee one; you feel like you’re missing so much when you’re at work.’ Andrew focused in his answer on what ‘you can afford,’ a common theme in men’s responses when asked about parental leave (as well as when I asked women what their partners had taken). Participants often explained that they were not ‘able’ to take more time off work, ‘ability’ to take leave being generally presented as a straightforwardly ‘practical’ –
usually financial – reality. ‘I have my own business so financially it would have been impossible,’ Lewis told me. ‘We tried to save a bit, but we still couldn’t do without my wages,’ Steven said.

However, as I have noted, it was comparatively rare for women to talk about money as a major factor in their decision of how much leave to take. It was often also not financially comfortable for women to take a year of maternity leave, given that the final thirteen weeks of maternity leave are unpaid and many employers did not offer women any ‘enhancement’ of their maternity pay. Women did sometimes acknowledge this indirectly during fieldwork, for example by talking about financial changes they had made during the later months of maternity leave: Molly stopped going to ‘expensive baby groups’ after her pay stopped and met her new ‘mum friends’ at the ‘M&S café instead,’ Lizzie told me she was buying less cake and had taken on cash-in-hand dog-walking work in the final three months of her year of maternity leave. Yet, these comments came up in other parts of our conversations; women hardly ever explicitly justified their decisions about how much maternity leave to take in relation to finances.

In fact, even in cases where women earned significantly more than their partners, and purely ‘financial’ reasoning would have thus made it preferable for women to take shorter maternity leaves, financial reasoning was rejected. Clare earned significantly more than her husband, and she told me ‘financially, it would’ve made more sense’ for him to take the bulk of the parental leave and her to return to work. Although she said it ‘would have been nice’ for her husband to have more time off, Clare – like other women – felt she had ‘earned’ her year-long period of maternity leave by having given birth and was adamant: ‘I wasn’t about to give him any of my maternity leave.’

Thus, while men frequently called upon financial practicality in their explanations of parental leave divides, the same financial practicality was not given as a major
factor in women’s decisions around leave. The implicit gendered reasoning behind this is complex. Initially, I felt it was explained by reference to the physical involvement of women in the processes of reproduction: by their labour, women earned time off. However, over the course of fieldwork, as I spent more time with participants on parental leave and as they returned to work, a more complicated picture of labour in relation to parenthood emerged, in which gendered valuations of parental labour led to complex relationships of debt and earning among new parent couples.

**Women’s work: infant care as labour or ‘just what mums do’?**

Over the course of fieldwork, I came to suspect that part of the reason women avoided financial justification of maternity leave and talked about their maternity leave as ‘earned,’ was in fact because of sensitivity to being perceived as unproductive, in relation to what I argue were gendered valuations of labour and productivity.

When I first met Ellen, an administrator in her early thirties, we started by introducing ourselves and I explained a bit about the research as well as the ongoing consent process, before asking why she had wanted to take part in the research. ‘I just thought it would be good to do something worthwhile during Mat Leave, when I’ve got a lot of time on my hands,’ she responded. It wasn’t the first time I had heard something like this: women – who disproportionately responded to the call for parents to participate in research – often told me they had wanted to participate in order to do something ‘useful’ with their time while on maternity leave, which they talked about as ‘time off work.’

I was surprised. As a non-parent, listening to women describe and observing the relentless nature of caring for a baby in early parenthood, it seemed like an exhausting amount of work. The way women described infant feeding – whether
breastfeeding on demand, following a feeding schedule, expressing breastmilk and preparing bottles of formula or expressed milk – led me to view it as a labour-intensive process. While some found breastfeeding easy, most women emphasised that it was ‘hard,’ ‘intense,’ or ‘relentless, especially in the beginning.’ Yet, while emphasising the difficulties of caring for their baby, the women who took part in research tended to downplay the extent to which it was ‘work.’ While sociologists, anthropologists and feminist theorists have detailed the way that women’s care work plays a role in the maintaining economies and labour market structures (see, for example, Hochschild 1989 on women’s second shift), my research participants tended to minimise the dimension of care as a form of labour in favour of a role based on the ‘nature’ of motherhood. For example, Clare told me that she had been surprised when people had been taken aback by ‘how well’ they perceived her to be ‘taking to’ motherhood, for example by the fact that she was ‘getting out and about’ every day after leaving the hospital and ‘keeping on top of the washing and the house’: ‘It’s just being a mum,’ she explained to me, ‘It’s just what you do.’

As discussed in Chapter 3, becoming mothers dramatically altered the daily (and nightly) routines and practices of most women, while men’s daily rhythms remained returned to relative consistency more quickly. Most men had returned to work after a few weeks and continued in their regular working patterns; some also continued with pre-existing hobbies on evening and weekends, for example regularly spending time playing sports and going to the pub. In contrast, when women became mothers their usual occupations and hobbies were almost always put on hold for at least several months. Used to going to work, socialising with friends, spending time with their partner and other family members, and generally filling free time as they saw fit, some women thus felt that when they became mothers they suddenly had ‘a lot of time’ in which they ‘weren’t doing anything’ – in spite of the fact that they were generally providing round-the-clock infant care. As Caitlin described it, in her new life as a mother: ‘I’m on my own all day, glued
to the sofa … with the clock ticking down.’ This feeling could be exacerbated when – as was not uncommon – women’s partners returned home from their normal working and social lives and asked them what they had done with their day. ‘I’ve kept the baby and myself alive, and that’s about it,’ Ellen told me she had responded, rolling her eyes.

Thus, in relation to their partners, participants on parental leave often seemed to judge themselves as unproductive, and felt the need to do something ‘worthwhile’ with this ‘non-productive’ time. It was not that women did not see looking after their baby as important; in fact, women (and men) frequently asserted to me that looking after their baby or ‘being a mum’ was the most important thing, yet there were subtle distinctions in the way time on leave and time at work was valued.

The fact that participants did not view motherhood and its daily practices – infant feeding being one example – as work or labour, no matter how ‘hard’ or ‘important’ it was, reflects a broader point about the complex ways maternity leave was valued – or not valued – by participants. Women often described maternity leave as extremely ‘valuable’ time. Similar phrases turned up repeatedly when women told me about their decisions about maternity leave, often telling me it was crucial to take as much time of as possible to spend with the baby, ‘because you’ll never get this time back’ or saying, as Clare did: ‘I know I won’t look back at the end of my life and remember my time at work, I’ll remember my time with her.’ But while many viewed maternity leave as ‘valuable,’ in other ways, maternity leave was not highly valued; while many participants invoked the trope of motherhood as ‘the best job in the world,’ it remains an un- or under-remunerated one for many women.

The impact of women’s lack of remuneration while on maternity could have significant impact on new parents. Ruth, a charity manager, told me that being on maternity leave had caused a shift of power in her relationship. Specifically, by
losing her regular income and having less money than her partner, who had taken
minimal time off work, she felt she no longer had a say over financial matters in
their life. Ruth’s partner was a lawyer; using legalistic language, she told me:

‘It’s [being on maternity leave] made me the junior partner in the relationship
and it means I leave financial decisions – things like selling the flat and
finding a new place – for my baby’s dad to make. My friends are horrified.
But I like it. I like the fact that I’ve taken this role and, since it’s his money,
it’s his decisions to make. I don’t want be a nag and, to be frank - I didn’t
expect to - but I quite like the fact that he’s the senior partner in the
relationship.’

I was surprised by the bluntness with which Ruth put this, but the overall sentiment
– that she was happy to take on the responsibility for the baby (in matters relating
to whom she retained decision-making power) in exchange for her partner to take
on greater responsibility for financial matters – was more common among woman
than I had initially expected. Some of my male participants mentioned similar
shifts in their relationships, and not all felt this was a desirable or fair exchange:
Tomasz found taking on sole financial responsibility for his family ‘a lot of
pressure, which she [his wife] didn’t seem to get at all’ and began actively
searching for a new job in the more ‘family-friendly public sector’ for his wife to
start after her maternity leave from her ‘high pressure private sector job.’

While the bluntness of Ruth’s declaration that maternity leave had made her the
‘junior partner’ in her relationship was unusual, her overall sentiment was not.
Nevertheless, there were women on the other end of the spectrum, who resented
these valuations of maternity leave, many of whom told me they ‘couldn’t wait’ to
get back to work. In particular, these women chafed at the lack of independence
they felt came with maternity leave, often implicitly but sometimes explicitly
referencing their loss or lack of earnings while on maternity leave - ‘I know that he
[her husband] wouldn’t ever question or pay attention to my spending,’ Amy told
me, ‘but I do think you relate to money in a different way when it’s not your
earnings and to be honest I really resent the dependence.’ These women also
described desiring a return to more normal rhythms of their lives – ‘adult time’ – and time away from the all-consuming aspects of caring for a baby.

More women work in caring professions than men in Scotland and the UK as a whole (ONS 2013), and the same was true among my participants. For women who had caring jobs, often low-paid (relative to their partner), the nature of their employment affected their feelings about time away from, and returning to their job after maternity leave. For women whose working lives consisted of caring or other labour intensive, undervalued professions, returning to work was generally not looked forward to as a ‘relief’ from the daily labour of caring for a baby like it was for other women who sought the ‘normality’ of work or ‘being around adults.’ As Catherine told me:

Having worked in nurseries for years I just feel like I’d rather just be a mummy and be at home with my baby instead of at work raising other people’s babies. But somebody’s got to pay the mortgage and I want her to come to school with me [attend the fee-paying school where Catherine worked] when she’s older.

Whether or not they were in ‘caring’ work, women often felt conflicted about returning to their paid work and ‘being a mum.’ Despite her career in childcare, Catherine told me: ‘It doesn’t feel right to hand over your kid to someone else. It feels like “that’s my responsibility.”’ Women were often at pains to justify their need to use paid childcare when they returned to work, or explain how difficult they found it to leave their babies, as though paying for childcare was somehow wrong. Rebecca told me: ‘I wanted him to grow up seeing me work, but I hated the idea of leaving him at nursery. It was really hard at first but actually now it’s a total joy dropping him because he loves the girls there and they love him so it’s such a relief.’ Other participants expressed stronger disapproval. John explained that he felt ‘babies should be looked after by someone who loves them.’ In many cases, that ‘someone’ was implicitly the baby’s mother.
In part, I would argue that for many women in particular, focusing on the pain and suffering of birth, and the intensive ‘nature’ of breastfeeding, as part of the explanation for their decisions about maternity leave was a way of emphasising the ‘earned’ nature of their ‘year off,’ in a context in which reproductive labour was widely viewed as non-productive time. Often, but rarely explicitly, many women and men made it clear to me that they saw parental leave as non-productive time. In women’s emphasis on ‘justifying’ the time away from their jobs, they implicitly placed greater value on men’s continued participation in the paid labour force.

**Valuations of infant care**

Breastfeeding was a powerful concept in relation to maternity and parental leave. As discussed, it was frequently used as an explanation and justification for the gendered differences between women and men’s parental leave.

As discussed in the preceding chapter, while my participants had a wide range of experiences with infant feeding, most women of the women who breastfed and their partners told me that it had been much more time-consuming and ‘intensive’ than they had expected. ‘I don’t think we were prepared, were we, for how much she would physically be on me,’ Eve said, looking over at her husband, Sean. Sean, nodded in agreement. Even months on from when I first met them, Eve emphasised:

> It was really horrible; the cluster feeding was horrible. And it still takes pretty much the whole evening, and the baby will literally want to be on you the whole time, like, I mean, we were totally unprepared for me being incapacitated ‘cause of just feeding all the time: I still can’t do anything.

Eve and Sean ran their own business together, which meant that they spent a lot of their time together and had a greater degree of flexibility in relation to work than many other research participants. Sean told me, ‘I spent a lot of time with her [the baby] on my chest too,’ he told me, ‘especially in those first two weeks. I was
getting up in the nights with Eve at first, and obviously if I could feed her I would.’ Eve added, ‘She doesn’t know the difference, bless her. She’d be bopping about woody woodpecker on Sean’s chest too, so I had to take on the bulk of holding her.’

Like other women who breastfed, Eve sometimes lamented that she had taken on the sole responsibility for feeding her baby: ‘It’s really hard breastfeeding, and especially because it’s all on me. I wish he could help more with feeding her. In the early days when he would say I wish I could help more I’d be like “Please: lactate!”’

Yet despite the labour-intensive nature of infant-feeding, participants tended not to view breastfeeding as a productive activity. Also, most of the women who took part did not seek to divide the burden of infant feeding. When I asked breastfeeding women if their partners ever gave their baby a bottle, whether of expressed breastmilk or of formula, the general response was that this happened very rarely or not at all. I was surprised by the uniformity of these responses, and asked women in follow-up interviews why, if they wanted more help with feeding, they did not do ‘mixed feeds’ with breast and bottle or their partner did not do what is sometimes called a ‘dream feed’ (where babies who are otherwise breastfed are given a bottle before they are put to sleep each night). In fact, many had expected that they would do so. When I asked Eve and Sean about this, they told me they had planned on doing ‘mixed feeds’: alternating between breastfeeding and bottle-feeding. As discussed in the previous chapter, Eve told me that she hadn’t been ‘that bothered with the idea of breastfeeding before she was born. In fact, I bought everything for bottles as well.’ Yet soon after their daughter was born, she had decided that she wanted to breastfeed exclusively: ‘I just became convinced that she much preferred breast-milk. We had tried her on a bit of formula but I – I don’t know why – but I really became a bit obsessed with breastfeeding I suppose, even though I found it really hard.’ She also added that
she had quickly begun to question ‘why bother’ with what could be considered the ‘extra work’ of bottles: ‘cleaning up all the stuff, or fiddling about with formula and bottles when she’s crying and going red in the face?’

Several of my research participants who had wanted to breastfeed had imagined that they might express milk in order for their partners to sometimes be able to bottle-feed their babies. Yet most of the women who had planned on expressing quickly gave up on the idea of this. Like Eve, other new mothers questioned why they would add more ‘hassle’ – or work – to the feeding experience. Lizzie told me: ‘I had no idea how time-consuming and what a faff it [expressing] would be. It feels like hours and hours to fill this tiny wee bottle, then you give it to your baby and [makes slurping noise] one slurp! So depressing to watch. All that work and – gone!’ Implicitly, women’s descriptions of expressing milk did categorise it as a form of additional labour for women to do in order to nominally get ‘help’ from their partner. Many decided, like Lizzie, that they would rather ‘just do it on my own.’

Only in case of baby being hospitalised did anyone tell me about a sustained effort to express breast-milk it as their baby’s main (or even regular supplementary) feeding source. Even then, Dan’s wife found expressing so labour intensive that she eventually ‘gave up’ with his support.

Beyond describing it as being less ‘faff,’ ‘hassle’ or labour than attempting to ‘share’ infant feeding, the single-handed nature of breastfeeding actually had unexpectedly powerful resonances for some of the women who took part in the research. Meeting Lizzie for coffee a couple of months on from our last interview, I commented on how much bigger her son was than when we last saw each other. ‘I know!’ she responded, ‘Can you believe that chunker came from me?! And I’m

23 Advice from midwives and health visitors also may have discouraged ‘mixed’ or ‘dream’ feeds. NHS guidance encourages exclusive breastfeeding and discourages practices which are said to ‘confuse’ the baby and potentially negatively impact breastfeeding ‘success.’

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still breastfeeding exclusively: he’s all me. I’m super proud of that.’ She later expressed reluctance to wean her son, because ‘Up till now he’s been made up of just me, you know?’

While I had expected that women would want to share the burden and responsibility of new parenthood with their partners, some women like Lizzie felt a sense of prestige from ‘doing it all,’ and the ability to take full credit for the way their baby was ‘growing’ or ‘developing.’ Women who were exclusively breastfeeding (and doing the bulk of infant care, as most participants saw this going hand-in-hand) frequently told me about a combined sense of pride and shared substance. Their claims of relation to their baby went beyond what might be expected of people in ‘Euro-American’ kinship systems, in which kinship is understood to be based on ‘facts’ that are broadly biological and narrowly genetic (Stathern 1992: 3). Of course, anthropologists before me have shown that people use ‘biological facts’ of kinship in complex and contradictory ways (see, for example, Charis Thompson on a woman seeking an Italian-American egg donor so her child would ‘inherit’ her ‘culture’ (2005: 157)). Thus, it was not entirely unexpected that my participants would use ‘biology’ in ways that surprised me. Nevertheless, I was intrigued by the focus on breast-milk ‘making up’ growing babies. Rather than talking about their baby as being ‘half mum, half dad,’ as other participants’ sometimes did, women who took particular pride in exclusively breastfeeding seemed to make claims of a greater link between themselves as mothers and the very bodily make-up of their babies. In this understanding, women received the prestige of ‘producing’ their baby, while men’s parental contributions were minimised.

As I sat in a coffee shop with Clara taking turns to drink our hot drinks and entertain her very outgoing baby, she told me how ‘accomplished’ motherhood had made her feel. She explained that, while she had ‘always done well’ academically, she ‘never really felt I had a career. Since university I’ve always
been working – or getting a degree: I’ve got three degrees now – but it never seems to grow into a career or anything I’ve been proud of.’ She compared herself with her husband, who had immediately entered a relatively high-earning career in financial services after finishing university. She had taken a year of maternity leave from her job as a receptionist – and was taking an online training course for her next career plan – and her husband had returned to work a week after their daughter was born. Clara told me that she did ‘everything with the baby.’ She found it ‘really hard but worth it; it’s amazing knowing that I can take the full credit; in everything else I’ve ever done I feel like there was someone else’s hand in it, but with her I can take full credit.’ She told me she sometimes wondered what her husband thought she did all day and acknowledged that he had ‘no idea’ what it was actually like to look after their daughter. Like many of the women who took part, it was important to her that the difficulty of caring for her baby was acknowledged. Her husband frequently told her, ‘I couldn’t do what you do’ which made her feel that her efforts were not overlooked: ‘It makes me feel really good that he recognises that. He respects that it’s really hard.’ Thus, taking on full, individual responsibility for feeding and caring for a baby, while often a heavy burden, was actually sought out by some women as an opportunity for a kind of single-handed prestige.

While some men like Clara’s husband encouraged women in taking on the bulk of infant care, others were disappointed to be less ‘involved’ than they had expected. Eve’s husband Sean was clearly disappointed that he was less involved in feeding his daughter than he had expected to be, having imagined they would be doing ‘mixed feeds.’ He worked from home for much of the first weeks and months after Mae’s birth and was highly attentive to her. When I spent time with Eve and Sean, he was often holding her, and even when Eve was holding her he was attuned to her, pointing out when ‘she looks like she needs winding’ or changing. While Sean felt he was ‘on the side-lines,’ he was noticeably different to many other men who took short paternity leaves and spent very little time caring
for, holding or touching their babies and who sometimes seemed baffled by early infant care. Yet, though he made dinner every night and ‘did stuff around the house,’ Sean did not see these tasks as parenting, having imagined the baby-focused tasks of new parenthood as something that he and Eve would be ‘doing all together.’ He described himself being ‘at a loose end a lot of the time.’ While he took ‘Mae for a walk in the evenings to give Eve a break for an hour,’ giving his wife a ‘break,’ hand-feeding her pasta while she breastfed and doing the hoovering was not what he had imagined doing when he imagined new parenthood: he had imagined being even more ‘hands-on’ than he was, and part of this was feeding. Though Sean’s contributions to parenting were hugely helpful to Eve – who felt she ‘couldn’t have survived’ without him – he did not see all of these aspects as parenting, per se. Similarly, other men who described being ‘on the side-lines’ did not seem to judge domestic tasks like cooking, or supporting their partner’s breastfeeding as ‘parenting.’

Yet when women took maternity leave they were often expected to take on more of the domestic load along with childcare specific tasks – even when they had ‘hands-on’ partners. Anna told me that her husband, Joe, was a ‘fantastic dad’:

> From the start, he always was a very hands-on – I hate the term hands-on because of course you should be a hands-on dad – but he was and I think that’s one of the reasons I picked him as a partner is ‘cause I always thought he would be somebody that’s very, very sort of involved in our children’s life. He is somebody that really enjoys children. He really enjoys playing.

Anna told me that she disliked the term ‘hands-on’ because she felt it ‘should be’ the case that fathers are ‘involved’ with the care of their children; that involvement should be taken as a given in the definition of ‘fatherhood.’ Participants often used generational comparisons to point out that they/their partner were an involved parent or ‘new man’ when contrasted with their own ‘traditional’ fathers, something that will be discussed further in the final ethnographic chapter. Yet, as Anna’s continued use of ‘hands-on dad’ hints, the very existence of the term implies that
there are dads who are not hands-on. Implicitly, ‘hands-on’ fathers also exist in relation to mothers, who were never described as ‘hands-on’ – a clear sign that a greater level of ‘involvement’ was expected from mothers. While Anna shied away from the term, in fact it describes the difference between men and women’s qualitative engagement with their children quite well when, as was the case for Anna and Joe – and most participants – women took the bulk of the leave. Despite her husband having been more eager to have children than her, Anna had ‘agreed’ to take a year’s maternity leave – ‘mostly because of breastfeeding and all the rest of it’ – while her husband returned to working long hours as a trainee architect after two weeks of paternity leave. Anna, like many other women, was thus literally in a position of hands-on, ‘touched-out’ engagement with her baby, for the vast majority of her time, and her husband (who had previously shared domestic tasks) suddenly expected her to ‘keep on top of the house[hold tasks]. I think it’s because it was what his mother did, so he thought if I wasn’t working I’d do the same.’

For couples who divided their leave this way, there could be a powerful disconnect between their daily lives, as when Clara explained that her husband had no idea what she ‘did all day’ or how to look after their daughter. In this context, men like Joe – even though they described by their partners as ‘fantastic’ ‘hands-on’ dads – could expect women to ‘have the time to do more around the house’ when they became mothers because they were ‘not working.’

**Men at work: Earning sleep & leisure**

While some men, like Sean, described above, told me they were ‘a bit disappointed’ that they could not be more ‘hands-on’ as parents because their partners had decided to breastfeed exclusively, other men told me that they were glad of that decision. I was having lunch with Mark one day on his break from his admin job. He told me he was ‘absolutely in love’ with his baby and he showed
me pictures of his son on his phone. As we sat scrolling through his camera roll he laughed and told me, ‘this is what I do at night. We spend hours and hours just desperate for him to get to sleep, then as soon as he does I lie there looking at pictures of him.’ When we got onto the topic of feeding he told me, ‘Helen’s breastfeeding. Obviously, it’s really good.’ I was used to people telling me about the benefits of breastfeeding for the baby, and expected him to expand on that, but to my surprise he continued, ‘because obviously that means I don’t have to get up in the night.’ He added, ‘obviously if she had chosen to do bottles I would have got up and done my bit, but this way it’s naturally out of my hands and I can’t say I mind!’

Getting up in the night was another major – and naturalised – point of gendered difference in early parenting experience. I lost count of the number of times women during fieldwork that women complained – to me, to each other, and to their partners – about how exhausted and annoyed they were because their partner had slept soundly through night while they were ‘up’ with their baby. When I asked participants why it was that, as tended to be the case, the mother ‘got up’ in the night, while the father slept, they tended to respond with one or more of the following three explanations. Firstly, people frequently returned to the explanation of breastfeeding. ‘I’d happily get up with him [their son],’ Lewis told me over lunch, when we discussed the tension in his relationship that he thought stemmed from their differing amounts of sleep, ‘but the fact of the matter is I’m not the one with breasts.’ Similarly, Will told me that, ‘nine times out of ten if he’s up in the night it’s because he’s hungry, so there’s no point in me being the one who gets up and goes to him, because I’m just going to have to wake Lucia up to feed him anyway.’ Molly, who was the exception to the rule in that she and her husband had consciously decided to ‘do shifts’ through the night told me she thought:

It’s more about the pattern than anything else. Because once they’ve grown a bit they don’t wake up hungry so much. But the Moses basket is always on the mum’s side anyway – so if she’s breastfeeding she can just scooch
the baby over – and they just expect to be the one doing it after a bit. People thought it was so weird that we had it on his [her husband’s] side, but I couldn’t cope with him breathing over my shoulder every time she woke us up crying.

As Molly suggests, for many people there was an unquestioned assumption that young babies would be, if not on the mother, next to her so that she would be in constant readiness for breastfeeding. Even when women were, like Molly, not breastfeeding, the expectation still applied that women would be providing most of the infant care through the night, in that it was still assumed that the baby’s Moses basket or cot would be on the woman’s side of the bed.

I was surprised by the frequency of women’s claims that their partner ‘just doesn’t cope well with sleep deprivation.’ While women on maternity leave often talked about being exhausted, they would also tell me that they felt they could cope better than their partner. There was a consistent narrative that effectively claimed that women were more competent when sleep-deprived. Leah told me: ‘I would rather him sleep and be useful when I need him than keep him up with me just for the sake of “being equal.” That would be pointless: he’d be useless in the day.’ In fact, she continued to explain that it would cause problematic tension in the relationship to attempt to maintain ‘equality’: ‘I’ve seen a lot of expectation from mums for husbands to do as much as possible, if not the same… I’ve heard a lot of that chat but I’ve seen it cause a lot of friction.’ She continued to explain why she felt that she could not expect her partner to do ‘as much’ as her, which leads into the third and most common explanation people gave me.

Thirdly, and most significantly, participants told me that men did not get up in the night because they ‘have to go to work in the morning.’ The issue of ‘getting up in the night’ was one of the clearest exemplars of how my research participants valued – or did not value – parental leave in relation to paid work. Time after time, men and women explained to me that men needed sleep because of they were ‘at work nine to five.’ Some women expressed irritation at this argument when
they felt their partner did not understand the reality of looking after their baby all day, but many felt that they ‘couldn’t expect’ their partners to be up in the night and go to work. Through their continuation in paid work, men seemed to ‘earn’ sleep, while women’s constant labour of caring did not earn them the possibility of rest. And, as many told me, men had to go to work, because ‘somebody needs to be earning.’

Participants’ negotiations of what men and women ‘earned’ in relation to parental leave and infant care are akin to Hochschild’s work on the parent-couple ‘gift economy’ (2003). Hochschild describes how men’s contributions to parenting and household work are still often considered as ‘extra’ contributions which men ‘gift’ to their partners, while women are simply expected to do such labour. Beyond the ‘gift’ of men’s participation among my participants, I argue that many women in fact felt indebted to their partners due to the undervaluation of maternal labour. In this context, women’s emphasis of having ‘earned’ their ‘time off’ actually concealed a more complex picture in which women ‘gifted’ men sleep and breaks from their comparatively minimal infant-care responsibilities. Women thus performed additional labour to repay their debt to their ‘working’ partner, despite having taken on the majority of the labour of parenting.

**Men at home: SPL**

Dan was one of my participants who took SPL. His baby, who had been in the hospital for a few weeks following birth, had been bottle-fed from early on and Dan felt he had always been particularly involved in the care of his baby, compared to other fathers he knew.

I went to his flat one afternoon and arrived to a screaming baby, who we attempted to placate with the toys strewn across the room. ‘He’s not hungry,’ Dan told me, gesturing to a bottle he’d tried. ‘Do you want a toy or book to play with?’ he asked
the baby, Jude. ‘Give you a book to chew.’ He turned to me, ‘Can you pass me – yeah: Flip Flap Farm, that one. Either of the farm ones are good actually, hey Jude?’

I asked him to tell me a bit about their usual day and his experience of being on SPL. ‘It’s funny, actually,’ he responded, ‘we’ve not done our usual sort of day today, I wonder if that’s why he’s out of sorts.’ They were just back from meeting a friend for lunch. ‘We don’t tend to see anyone much during the day. We usually have lunch here and then I take him for a walk in the pram at this sort of time to try to get him off to sleep. You don’t want a snooze, son? You sure? I think we’re a bit out of whack.’ The ‘problem’ he told me, was that ‘there’s a lot of time to fill when you’re looking after a baby.’ Dan was on SPL for three months after his wife went back to work, six months after Jude was born. I asked him how he was finding parental leave, and he told me it was ‘weird, because I’ve never been off work for this long in my adult life. It’s brilliant though.’ Andi had decided to return to work after six months because a particular project at work required her specialist expertise, and she was delighted to have Dan ‘seeing what it was all about.’

Despite the ‘brilliance’ of spending time with his son, Dan found being on parental leave isolating at times. When he ‘took over’ looking after Jude, Andi had told him about ‘all these great places’ – cafes, classes, and playgroups – that she went to almost daily during her maternity leave. ‘The problem, though,’ Dan told me, ‘is that I walk in [to a baby-focused café] and I immediately stick out.’ While he did sometimes take Jude to ‘Rhyme Time’ or ‘Sing and Sign,’ he told me ‘you can’t help but feel out of place, you know, feeling “I’m the only boy here over the age of one.”’

Dan’s experience of SPL was telling. He was in a position to ‘be able to afford’ SPL – though financially ‘it was a bit of a shock that first month when you look at
your bank statement.’ He also felt that ‘gender shouldn’t come into it,’ men and women should both take time off following the birth of their baby. ‘As a manager,’ he told me, ‘I’m telling people now that we should expect people to take three months off when they have a baby; we should be prepared for that, whether they’re male or female.’ Nevertheless, he felt hyperaware of gender difference in his day-to-day life on parental leave. It remained unusual for men to take such a ‘chunk’ of time off, and as the only father attending many of the ‘parent’ and baby groups, he felt he did not fit in with the group. He told me he found conversations with the other parents – mothers – at groups ‘often very gynaecological’ and he felt slightly uncomfortable with the extent to which conversations focused on bodily experiences – pregnancy, birth, breastfeeding – that he did not have. Consequently, his experience of parental leave was highly individualised, unlike many of the women who took part in this research who emphasised that other mothers were all ‘going through the same thing’ on maternity leave. He would miss his time with, Jude, he told me, but after a couple of months he was looking forward to ‘getting back to work.’

**Returning to work**

If and when they returned to work, women often reduced their hours at work. Sometimes they did so officially, by requesting to ‘go part time’ or arranging to work from home on certain days. Other women reduced their working hours unofficially, by deciding that, unlike before they had children, they would no longer ‘stay late’ beyond their paid hours, or do work when they were at home. Crucially, women’s working hours were viewed as time away from their responsibilities as mothers, and had to be justified in relation to the high cost of childcare in Edinburgh (as in Scotland and the UK generally).

In contrast, once men returned to work, their working lives often remaining unchanged, or actually intensified. This sometimes came as a surprise to
participants. Despite claims of wanting to share equally in parenthood, there were many men who – sometimes surprising themselves as well as their partners – came to highly value their roles as providers; or to reject the ‘intensive’ nature of childcare. Rebecca told me how she had expected her husband, Simon to want to ‘go part-time.’ She was surprised when, late in her pregnancy, they discussed this and he rejected the idea of working less, feeling that fatherhood required him to be ‘financially responsible’ and provide for his family. When she returned from maternity leave, she reduced her hours at work.

When men explained their relationship with returning to work they often emphasised fatherhood as an increased financial pressure. As with taking additional leave, the possibility of working part-time or flexible hours was discounted as potentially damaging to men’s careers. Some men compared their position with those of women, who, they argued, ‘had the option’ to take long periods of leave and change their hours without being ‘sanctioned.’ Men did not generally seem to consider that women’s careers were also significantly impacted by taking maternity leave or changing their hours. Many men seemed convinced that taking maternity leave or going part time had a limited impact on women’s because it was ‘more acceptable’ for women to do so.

In contrast, the women who took part in this research were often open about the ‘damage’ having a baby did to their careers. Even within the space of a year’s maternity leave, Clare described seeing men ‘on my grade going up and I’m staying the same’: ‘On the bigger scale you can see it easily, you see women who have kids dropping out or saying at the same level for years while men have three kids and they continue to rise up the totem pole.’ Rather than reject this inequality between mothers and fathers at work, she accepted it. It would be ‘worth’ seeing others advance above her to prioritise time with her daughter:

I know it’ll be weird seeing people advance while I stay on the same level but I just think about what’s worth more to me. What am I going to look back
When I explicitly asked women about the issue of gender inequality in the workplace, some situated the lower positions of women who were mothers as being the result of ‘personal choice.’ Leah told me, ‘I made the decision to have a kid, so why should I get the promotion when there’s someone who hasn’t taken a year off, who’s working at the same rate I used to be? It’d be unfair.’ I asked if the gender difference in how mothers’ and fathers’ ‘personal choices’ affected their advancement never made her angry.

What makes me angry is when you’re a little girl you’re told we’re all the same and as a girl you can grow up and be whatever you want and have it all. Then you get to my age and you quickly realise the reality is you can’t. Not if you want to be a mum.

Leah’s declaration of the ‘reality’ of being a mother exemplified the stark shift from participants’ frequently claimed expectations of shared parenthood. As Giddens et al. (1992) have identified, contemporary men and women have grown up in a period of apparent equality (at least discursively) between women and men, in which women are encouraged to seek parity with men. Men as well as women described dwelling little on gender difference before they became parents. Yet, having gone through the transition to parenthood, participants saw motherhood as profoundly embodied, and a marker of inherent gendered difference between women and men (Bristow 2008). When I spoke to new parents about this shift, new parents frequently accepted that they had been unaware of the ‘reality’ of different gendered parental roles, rather than raising issues with the systems and policies that encouraged women into primary parenthood. Some possible reasons for this will be covered in the following chapter.

**Conclusion: Valuations of reproductive & parental labour**
Throughout our discussions, I was struck by the language participants used when talking about their experiences of parental leave, caring for their baby, and returning to work. Perhaps unsurprisingly, participants often employed language of ‘nature’ and the ‘natural’ in their descriptions of men’s and women’s decisions about and experiences of parental leave and early parenthood. Yet, participants also used the language of ‘earning’ to explain the differences between the roles and responsibilities of new mothers and new fathers. As anthropologists of kinship have detailed before me, ‘nature’ and ‘natural’ can have many meanings, and people often employ these meanings in complex and contradictory ways (Carsten 2000: 7). I found that this was also true of ‘earning.’

I have argued that participants’ presentation of the conventional system of parental leave as ‘natural’ masked a more complex and contradictory picture. New mothers claimed to have earned their ‘time off’ through their bodily reproductive labour and, by this, men were indebted to them and had to return to work soon after birth because, financially, ‘someone has to be earning.’

Such narratives situated women as earning time off through their reproductive labour. Yet time on maternity leave was not experienced as ‘time off’: through their labour, women thus earned more labour – labour that was systematically undervalued. Women’s care during maternity leave was under- and unpaid, and because they were understood not to be ‘working’ women on maternity leave were often expected to take on more domestic work by partners who had little grasp of what the day-to-day reality caring for their baby entailed.

Participants’ narratives presented new fathers as in a ‘debt’ to their partners, returning to work because they had not ‘earned’ time off. Yet in continuing or intensifying their working lives, in practice, men appeared to ‘earn’ sleep, leisure and extra breaks from infant care, while women continued to provide constant childcare even when their partners were not working – for example, on weekends.
Participants tended to minimise the ‘labour’ aspect of women’s care of infants in some ways – in that it was considered ‘just what mums do’ rather than claimed as ‘work’ – yet emphasised it in others, as women tended to emphasise the ‘hard,’ ‘difficult’ and ‘intense’ aspects of new motherhood. I argue that in a context where women usually take on the majority of infant care, where this care is not valued very highly financially (British women’s maternity pay being low, and the cost of childcare high), and where women feel that their maternity leave is ‘not to be taken for granted,’ emphasising the difficulty of infant care creates a non-financial value for mothers’ work as something their partners say they ‘couldn’t do.’ Indeed, some women felt that their baby was ‘all mum,’ that they were ‘making up’ their baby with their exclusive breastmilk and care. This gave them a sense of accomplishment from ‘doing everything with the baby’ that, for them, outweighed anything financial. Other women, having taken on the majority of infant care, (often ‘due to breastfeeding’) found themselves feeling overwhelmed and undervalued.

Systematic reinforcement of women as primary caregivers for children is detrimental to men developing childcare skills and creating more equitable patterns of working lives – within and without the home. As this chapter has shown, pervasive reasoning for women to actively take on the majority of the care for their baby impacted on participants’ divisions of parental labour. At the core of this was women’s feeling that with the ‘labour’ of pregnancy and birth, they ‘earned’ their right to make decisions about new parenthood, and this continued, for many, through the labour of breastfeeding. Men also ‘earned’ things in the transition to parenthood: most commonly, by returning to work, men ‘earned’ the right to sleep through the night. These different gendered ‘rights’ can be seen as reinforcing one another, creating a significant divide between the day-to-day lived experiences of new mothers and new fathers. While this divide can cause tension, it can also be a source of prestige, as men who have little experience caring for
their babies have a sense of mystery-based ‘respect’ for their female partners who manage to do what they ‘couldn’t do.’ I would argue that this places men in ‘debt’ to their partners, a debt which they pay through taking on increased financial responsibility. While for some men this is unproblematic – indeed, often seen as ‘just what dads do’ – for others, it was an unwelcome pressure.

In general, the expectation for men to be ‘hands-on’ remained common but specific expectations of how this should look were often seen by my participants to be a potential source of disappointment or ‘friction.’ The following chapter puts ‘new fatherhood,’ and its potential for disappointment, as well as the relationships between gendered ideas of parenthood, working lives, and relational selves in intergenerational gendered context by focusing on the ways that new parents used their own parents as points of comparison and contrast, and through the reflections of some of their parents – now grandparents – on seeing their children become parents themselves.
Chapter 5 Gendered parenting and intergenerational context

John: Fathers who do more become grandfathers who do more.

In addition to my main group of research participants, who were new parents, I recruited an older cohort of participants through snowball sampling. Interviews with these grandparents, all of whom were the parents and stepparents of the existing cohort of new-parent participants, were intended to provide generational context for new parents’ gendered narratives about the perinatal period. My interactions with grandparents were less extensive than those with the new-parent participants; nonetheless, our conversations provided ample data for comparison as I asked grandparents to reflect on their own experiences of becoming parents and compare them with the experiences of current new parents.

New parents also frequently referred to their own parents as points of comparison, and providers of advice and of childcare. Similar themes emerged in both generations’ accounts of the transition to parenthood, yet the different generations sometimes employed these themes in service of surprisingly different narratives about contemporary parenthood.

The two most prominent and entangled themes to emerge are the subject of this final chapter: ‘hands-on’ or ‘involved’ fatherhood, and the fragility of parent-couple relationships. This chapter thus unpacks the complicated place of these themes in their lived, intergenerational context. I show how apparently progressive narratives about contemporary parenthood mask a more complex picture in which gendered kinship roles are reproduced across generations. Participants’ narratives frequently expressed what Ahmed has termed ‘gender fatalism’ (2017), by which explanations of gender difference come to hold the force of an expectation to be fulfilled.
Fatherhood transformed?

Historians and sociologists have documented the pervasive narrative of ‘new fatherhood’ (Dermott 2008; King 2015), the notion that contemporary men are more ‘involved’ fathers than the previous generation. In line with these widespread narratives of ‘new’ or ‘involved’ fatherhood, when talking about their experience of seeing their children become parents, grandparents – grandfathers in particular – often focused on transformations in parenting. Specifically, grandfathers expressed transformation in men’s involvement in reproduction and the care of their children. The grandfathers who took part in this research emphasised huge differences in their experiences and those of current new fathers. Grandfathers often marvelled at the ‘amazing’ opportunities current new fathers had to be more ‘involved’ than they felt they had been able to be. All the grandfathers who took part clearly expressed a narrative of ‘new fatherhood’ in which increased participation of fathers was a self-evident phenomenon with benefits for all involved.

Grandfathers frequently told me how they wished they had had the ‘opportunities’ their sons and sons-in-law had to take time off work after the births of their children. Grandfathers often made explicit connections between the right to paternity and parental leave and ‘improved’ fatherhood. When I asked Tommy, self-described grandfather of three (he also had one step-grandchild), to compare his experiences of parenthood with his son’s, he told me it was ‘impossible; they’re incomparable.’ Tommy felt he had not been ‘allowed’ to participate fully in parenthood when his son was born. He felt they did not ‘get to know each other’ until his son was ‘much older’: ‘I wasn’t needed – or much wanted – after my son’s birth. Obviously, you were just expected to go to work and leave her to it. There wasn’t an option to do anything else.’ Tommy generalised that many men his age
would have had similar experiences of fatherhood, and he felt that between his
own and his son’s generations there had been an obvious ‘transformation’:
‘Fatherhood is much better now, much better. Matthew [his son] gets to really love
those little ones. The time he gets to spend with them! He does so much with
them.’

Similarly to Tommy, John, grandfather of one, told me that he ‘so env[jied] men
today’ because of their opportunities to take paternity leave and SPL. Grandfather
John contrasted current fatherhood as dramatically different to fatherhood in
previous generations:

‘It’s much better now: no one bats an eyelid at a man pushing a pram; you
see men about walking with prams all the time. And it’s not a black mark
against your name if you take paternity leave like it would have been when
I was at work. It was amazing: Gavin [his son-in-law] took six weeks off.’

For John, men of previous generations had ‘missed out,’ and current new fathers
were lucky in comparison. He told me emphatically that he would have loved to
take parental leave: ‘I would’ve taken it, if there was parental leave. If it was paid,
I would’ve taken every bit. I would’ve been home with the kids all the time. It
would’ve been fun.’ John saw men’s options to take paternity or parental leave as
a ‘fun bonus’ which made ‘modern fatherhood’ dramatically different to
generations past. However, in saying that he would have taken leave had it been
paid and not a ‘black mark against your name’ for an employer, his narrative was
actually consistent with explanations given by new fathers. As discussed in the
previous chapter, new fathers based their explanations of their decisions around
leave in their financial ‘ability’ and what their workplace would ‘allow,’ or not
sanction them for. Men of both generations spoke about having wanted to take
time off but fearing the impact on their careers, and men from both generations
seemed to think that women did not face similar sanctions to their careers
because women’s maternity leave was ‘accepted’ (despite research showing that
women do face a motherhood ‘penalty’ (WEC 2016)).
Both Tommy and John imagined that their experience of fatherhood and their relationships with their children would have been improved if they had had the same opportunities as ‘new fathers today.’ Tommy in particular marvelled at the ease with which he felt his son, Matthew, cared for his children, a skillset which Tommy had not been able to develop when he had been a new father to Matthew. All of the grandfathers who took part treated new fathers’ increased involvement in the care of their children, since they had become fathers, as a self-evident fact. Grandfathers greeted this as entirely positive phenomenon, presenting themselves as ‘delighted’ for their sons and their daughters’ partners opportunity to be ‘more hands-on.’

However, John’s qualifier ‘if it was paid’ and his declaration that parental leave ‘would’ve been fun’ are telling: as well as the lack of ‘adequate’ pay for men being a reason many new fathers (and mothers) gave for men not taking more leave, John’s focus on the ‘fun’ aspects of fatherhood (consistent with the memories he relayed of his favourite memories of spending time with his children when they were young – fishing, walking and playing) created a particular picture of fatherhood, in which fun and play were fathers’ main preserve.

Indeed, ‘fun’ and ‘play’ were frequently given as key aspects of ‘good’ fatherhood by the younger generation of research participants. New mothers talked about how their partners were ‘hands-on’ fathers because they ‘loved to be around’ or to ‘play’ with their children. For example, new mother Anna told me about her husband Joe’s relationship with their son, Samuel, when he was a newborn. The overall time that he spent with their son, Samuel, was short in comparison to her time with him at that stage, as she was on maternity leave and Joe returned to long working hours after two weeks of paternity leave. Yet Anna felt her husband developed a ‘bond’ with Samuel more quickly than she did, which she found difficult:
He [Samuel] must have been about ten weeks and I remember sort of just literally Samuel coming out of the bath and me sitting on the floor of the bathroom which was just tiny and Joe coming in and him just looking at Samuel and laughing with Samuel and how focused he was on him. … And I was really angry with him because of that! Because he really, really enjoyed being with Samuel. He loved taking videos of him and he would sort of sing to him. And I didn’t have that sense of enjoyment. I was like how can you feel like that and I don’t? I really, really want to but I feel completely like a shit mother because I can’t.

In Anna’s case, she felt her inability to feel ‘that sense of enjoyment’ was at least in part down to postnatal depression and she later ‘self-refer[red] to the postnatal depression project’ when her son was 12 weeks old. Yet, among my participants, it was not just women with postnatal depression who felt similarly to Anna; many other women who took part in the research also felt that they lacked the sense of enjoyment or bond that their partner had with their baby. Women who felt this way, like Lucia, often told me they felt ‘guilty’:

If I’m exhausted – which I have been for the last six months – I find it difficult to smile genuinely. I think normal, right? I think most people would. And I feel so guilty. I’m like oh he doesn’t deserve that. He wants to play but I’m like, ‘ugh, I just want to sleep.’

Overall, new mothers tended to emphasise the ‘overwhelming and exhausting’ aspects of being a parent. They often contrasted it subtly with the same ‘fun and joyful’ aspects of being a new father that grandfathers ‘envied’ in their sons and their daughters’ partners. Some women did not fit into this pattern, and some men would take exception to characterisations of fatherhood as all fun and play. Nevertheless, the divisions between motherhood as ‘hard’ and fatherhood as ‘fun’ were clear in the research, and are salient for this chapter. Shifting the gender pronouns reveals the absurdity within the different expectations for motherhood and fatherhood: none of the men who took part ever said of their partner, ‘She’s a really hands-on mum’ or ‘I’m so lucky she loves to play with our son’ – these were naturalised as things that women as mothers simply do – but these were
things that women commonly said about men. I argue in the following sections that these narratives serve a particular purpose, one that, in spite of the persistent discourse of new fatherhood, both is reinforced by and reinforces notions of women as ‘natural’ or primary parents.

**Continuities: ‘traditional’ gendered roles**

Over the last few decades, scholars of ‘involved’ fatherhood in the UK and around the world have grappled with reconciling men’s claims of involved or even ‘equal’ parenthood with the fact that women continue to report doing the majority of the labour involved in parenthood. (McDermott 2008)

During pregnancy expectant parents usually emphasised that parenthood generally, and the care of their baby more specifically, would be a shared endeavour. When I interviewed women after birth, there was a stark shift.

In contrast to grandfathers’ narratives of contemporary fathers being increasingly involved, new mothers repeatedly told me that they did ‘everything’ or ‘almost everything’ for their baby. Men, on the other hand, were presented as doing ‘what they [could],’ ‘when they [could].’ Sometimes participants phrased this as ‘doing everything as equally as possible’ but the imbalance was generally made clear, as when Clare told me about how she and her husband, Chris, cared for their daughter:

I do the care for the baby. And my husband [does], when he’s at home. It’s quite hard because she gets her bath at 6 o’clock and I feed her and she goes to bed, and my husband doesn’t get off work till like half five so he’s lucky if he gets like half an hour with her at night. She wakes up at 7 in the morning and he spends an hour with her and then brings her to me at 8 then gets ready and goes into work. So it’s me that’s with her all day.

It was ‘lucky’ if Chris got to spend an hour and a half with his baby on a weekday, while Clare spent around 10 hours of every weekday alone with their daughter.
Even when her husband got home in the evenings it was Clare who bathed, fed and put their daughter to bed, Clare also got up to feed her during the night, and Clare also still did ‘most things with the baby’ on weekends. This kind of division was commonplace among and often naturalised by participants, as consistent with previous generations ways of dividing household labour – in spite of appearing at odds with their professed plans during pregnancy to 'share' infant care.

Grandfathers’ straightforward narratives of a transformation of fatherhood were thus complicated by intergenerational perspective. Tommy’s son, Matthew, had taken three months of SPL following the birth of his daughter, Penelope, and had since returned to work full-time. We had arranged to meet for coffee early one evening after work, halfway on his route from work to home, but he emailed me in the afternoon to reschedule because his wife, Hollie, had had a ‘hard day with the wean.’ He later rang to say we were back on: her afternoon had been easier than the morning and she ‘didn’t need him to rush home.’ Matthew was one of the few participants in the younger cohort of participants who was not a first-time parent: a friend of his, a first-time father who had also taken part in the research, had suggested I talk to him because they had both taken SPL.

Matthew told me that during his period of SPL he had tended to look after ‘the big kids’ (his son from a previous relationship and his stepson) while his wife looked after ‘the new baby.’ The decision to take shared parental leave had been made in a conscious effort to parent as ‘equally’ as possible; yet Matthew was quick to qualify that the way he and his wife ‘did things’ could appear ‘very traditional’:

Hollie is a stay-at-home mum at the moment, basically, and I go out to work full-time. She does the baby stuff and I distract the big kids when I get in. It just makes sense: she worked at a café and I’m a civil servant. It’s not even worth her going part-time because of the cost of childcare, and it’s bad for her health being on her feet all day. So in that way, in those ways, we are a very traditional family.
When her maternity leave ended, Matthew implied, Hollie would not be returning to work. Thus, what the grandfather, Tommy, presented as an obvious change – fathers of the current generation being much more involved than previous generations – was seen by Matthew, in contrast, as continuous with previous generations' ‘traditional' ways of doing family life.

Similarly, while grandfather John contrasted current fatherhood as dramatically different to the past, John’s daughter and son-in-law’s narratives about present day fatherhood emphasised a continuity rather than contrast with past generations. They presented fatherhood as continually side-lined. Laura told me how, once their daughter was born, she and her husband were struck by limited portrayals and expectations of fatherhood:

He [Gavin] finds it really frustrating the way a lot of advertising portrays dads like, 'oh, well, if a dad can do it, it must be super easy.' He finds it quite offensive actually and he never really sort of took much notice of that kind of thing before but … once you start noticing it, suddenly it’s everywhere: the inept father, the weekend dad. And things like baby changing often being in women’s toilets so if he’s got her, he’s been in a couple places where he’s taken her in and has to be like, 'I'm not using the toilet, I'm changing my baby!'

As described in Chapter 4, new mothers emphasised the overwhelming intensity and difficulty of infant care, and often told me it had come as a surprise to them. Yet rather than expect or ask for more involvement or support from their partners, in the months following birth, many new mothers instead seemed to minimise expectations of their partner’s involvement in infant care. For some women this was a decision made in a conscious attempt to minimise the possibility of conflict in their relationship (as I will discuss in a following section). At the same time, ideas of gendered differences in relation to infant care or parenting abilities were often reinforced by intergenerational narratives. In some cases this occurred through actual conversations between women and their mothers, and in some
cases, in participants' imagined notions of how ‘previous generations’ divided familial roles and responsibilities according to gender. For others, this approach emerged in relation to intergenerational narratives, as women explained they ‘realised what motherhood had been like’ for their own mothers.

One new mother, Amy, told me she felt ‘alone and let down’ because of her husband’s limited involvement in infant care ‘at the start.’ As most participants did, she had expected a more shared experience of caring for their baby. When she confided her disappointment in the limited support from her husband to her mother, her mother told her: ‘Go easy on him. It’s hard for him because he’s not got your sole attention anymore.’ Following the conversation with her mother, Amy had decided not to raise any ‘disappointment’ with her husband, and her mother became her main source of practical parenting support: ‘When I go out and do things – like meeting you – I leave Jacob [her son] with mum.’

Amy’s mother also became her main source of emotional support as a new parent. She told me she was ‘too intimidated’ to talk about how she was feeling to women at baby-related groups, who seemed to her to be ‘more confident and competent’ mothers. She had been put off ‘baby groups’ after going to one when her son Jacob was three weeks old:

They all seemed to already know each other and their babies were a bit older … but I remember one of them saying ‘Oh how’s it going?’ and I was like ‘Fine, you know, it’s a little bit of a shock to the system’ and she was like ‘A good shock?’ and I thought, ‘Actually no, I’m having a really rough time. This morning’s not been good. I’ve not slept all night,’ you know, and I thought… but I was so embarrassed. I thought, ‘I can’t admit I actually hate this right now.’ So I was like ‘Oh, yeah, yeah, yeah’ and I thought… I never went back to that group. I felt so em- intimidated and I felt like I couldn’t admit, ‘No, actually, it’s bloody hard and my little bugger won’t- he’s like a nightmare at the moment’ erm and I wasn’t saying I don’t like being a mum, and I wasn’t, like, saying I didn’t like my child but it is, it’s difficult and a shock to the system, no matter like how prepared you are and it’s not a good shock, no.
Amy, thus confided mainly in her mother, who she had ‘always been close to, but we’ve got even closer since I had Jacob.’ She told me she talked to her mother on the phone ‘all the time’ and their conversations about motherhood were her main source of comparison and advice on how to parent. ‘I guess it’s made me realise I can do it, talking to her,’ she told me, ‘My dad was quite traditional so she managed more on her own than most women do nowadays and we came out fine.’ Amy wondered whether she had ‘expected too much’ from her partner in the beginning, suggesting that she felt her own ‘too high’ expectations were to blame for her difficulties with early parenthood (not a lack of support from her husband).

As discussed, in new mothers’ accounts of parenthood they tended to present themselves as doing ‘everything’ for their baby while men spent small amounts of time on infant care. While some participants were frustrated by this, many women naturalised this gendered division in parenting roles as continuous with previous generations’ ‘traditional’ ways of doing family.

Amy, like other participants, emphasised an imagined continuity with previous generations of women who, she explained, also would have taken long periods off work after birth while their husbands quickly returned to work. New mothers tended to present maternity leave as an ahistorical natural phenomenon, as though women in the UK have always had the right to a year of maternity leave. If distinctions were made between the current generation of new mothers and previous generations, it was usually argued that previous generations of women had had an easier time because there had been ‘more help’ or women had been ‘less isolated’ in the past. Laura and other women talked about previous generations of mothers receiving more support from people other than their partners: ‘When my mum had me you’d get a lot more sort of live in help. You know, parents and siblings and friends sort of pretty much move in with you and we don’t really have that at all anymore.’ In interviews, their mothers tended
present a different picture, in which they had also been isolated and without help in early motherhood.

None of the new mothers who took part in the research ever noted that previous generations of women in the UK did not have the right to maternity leave or pay. Women of previous generations faced different kinds of decisions about time off work after birth, either because it was unpaid or due to women leaving employment (sometimes for several years, or permanently) after they became pregnant or gave birth, or because they had not been in employment before becoming mothers. Amy and other participants’ presentation of the standardised 52-week maternity leave as ‘only natural’ thus ahistoricises the current systems of maternity leave and pay in the UK, ignoring its fairly recent historical development, only having come to be as the result of an European Commission directive in 1993 (i.e. within all the research participants’ lifetimes, though they were not necessarily aware of this). New mothers’ own mothers all had their children in the context of a different set of policies, and had often taken extended unpaid breaks from work when they had their children; stopped working until their children were in primary school; permanently left the workforce; or had never worked.

Thus, I argue, the focusing on the discourse of new fatherhood (and comparatively ahistorical ideas of motherhood) actually masks some of the continuities of divided gendered parenting responsibilities between generations. Paradoxically, this seemingly progressive narrative could actually help reinforce normative gendered divisions in parenting roles, as I discuss in the following section.

**Granddads who do more & (grand)mother mode**
The notion of new fatherhood is a seemingly progressive narrative, in that it suggests that men of each successive generation become more involved and equal parents. In emphasising the ways that fatherhood has ‘changed’ between generations, and always doing so in positive terms, grandfathers valorised new fathers’ ‘involvement’ with their children.

While often lamenting factors that they felt had limited their involvement with the care of their children, grandfathers also tended to contrast their parenting – and grandparenting – styles favourably compared to their own fathers and grandfathers. John felt grandparenthood, like fatherhood had changed from generation to generation:

   I feel like we play more. I never played with my grandparents. We did things but it was never playing. My granddad was pipe and slippers, whereas I’m down on the floor. We do more with the kids. Dads who do more become granddads who do more.

John suggested that there was a direct relationship between more involved fatherhood and better grandfathers. John felt that his generation were better grandparents (and specifically grandfathers, as he compared his grandfather’s ‘pipe and slippers’ to him ‘down on the floor’) than grandparents in the past, at least in part due to their increased involvement in ‘play’ and ‘fun.’ He also said he did not ‘blame’ the older generation of grandparents: ‘it was different then; they’d been through the war and worked hard.’ His emphasis on working reinforces the notion that men’s ‘hard work’ justifies a lesser involvement in the lives of young children. Nevertheless, John presented his generation of fellow grandfathers as an improvement and he attributed this clearly to men’s greater involvement as fathers.

Yet, in talking to John and his wife, Angela, about their care of his granddaughter who they looked after three afternoons a week, it was clear that their grandparenting replicated the gendered division between play and work that I have
referred to: John was mainly focused on play, while his wife did most of the labour of infant care. Grandmothers generally did not talk about childcare – whether of their children or grandchildren – as labour, instead, grandmothers usually focused on the joy and fun of grandchildren. Nevertheless, a gendered pattern was clear among the grandparents who took part, with grandmothers doing more of the work and grandfathers doing more of the play, as this exchange demonstrates:

Angela: If I pop out and come back in I’m: ‘Has she eaten? Has she been changed? Has she slept?’ and he says ‘You’re too bossy!’
John laughed: I always say, ‘We’re too busy playing!’
Angela: But it’s just… you go into mum mode.

‘Mum mode’ was a phrase particular to Angela and John but it signified a broader naturalisation of women’s learned skills as parents by my research participants, by which gendered divisions of labour become reinforced in grandparenthood. One grandfather, Tommy, was divorced from his son’s mother. He was retired and looked after his grandchildren, on an ‘as and when’ basis. He was the only grandparent living in Edinburgh and, therefore, the only grandparent to provide any childcare for Matthew and Hollie, as well as the grandparent who got to ‘see the most’ of his grandchildren. When telling me about this, he referred to himself as ‘effectively the maternal grandmother.’ Thus, even when grandfathers did not fit the normative pattern of focusing on play while a grandmother provided the practical care, Tommy’s language reinforced that being the ‘normal’ scenario.

The grandmothers who took part in the research had their own embodied skill sets and memories of their experiences of motherhood, which Angela called ‘mum mode.’ When asked for advice by their children, they thus sometimes naturalised women’s parenting skills as ‘instinctive,’ which could make things feel more difficult for new mothers who were struggling with early infant care. When asked for breastfeeding advice, Angela told new mother Laura: ‘go with your instinct: as her mother you’ll know what’s best.’ Laura explained that this only made her feel more ‘out of my depth’:
To have Angela say it would all come naturally, and then have Gavin asking me like, ‘Do you think you’re doing it right?’ I was like, ‘I have no fucking clue. I’ve never put a baby to the boob before.’ I didn’t think there was an instinct to it. It took a while to get the hang of it.

Given the intergenerational reinforcement of such gendered expectations, it could be hard for women to tell their partner, family members or professionals if they felt they were not ‘coping.’ Anna, who had had a ‘perfect’ birth at home, felt she had ‘really impressed Joe [her husband] and my mum, in a sense, with how strong I was.’ Because her mother and husband were in awe of how she had apparently taken to motherhood so ‘naturally,’ she said:

It was painful to admit ‘that actually I was struggling and that I had kind of kept it from him: he had no idea, bless him, and to outside appearances I think I was doing everything right, I was doing it by the book. But it was smothering me.

Explanations of women as ‘natural’ carers due to their ‘instinct’ or ‘natural’ bodily ability to breastfeed thus clashed with the level of difficulty so many women described coming to terms with in early parenthood. Thus, for new mothers, intergenerational expectations that they would have a ‘natural’ aptitude for infant-care – that ‘mum-mode’ would come instinctively rather than after months or years of infant care – could in fact make women’s early experiences of parenthood more challenging.

Though they often emphasised motherhood as coming ‘naturally,’ in relation to divisions of care, grandmothers could also be wary of helping ‘too much.’ Because grandparents expected that new mothers would ultimately need to be able to parent on their own when their partners returned to work, they were occasionally wary of preventing new mothers in particular from developing their own parenting ‘routine.’ Angela worried that she and her husband had ‘helped too much’:
We volunteered to help look after her [their granddaughter] but we took on too much. Our neighbour doesn’t have anyone and she picked up a routine really quickly. So it makes me question if we’ve helped. In many ways we have. Laura feels we have. But have we made a rod for her back? Realistically, if you’re the mum it’s going to be you doing the most with the baby, so maybe it’s best if you’re just left to it, to get to know your baby yourself.

Angela referred only to the need for ‘the mum’ to get to know their baby, and become a primary carer. Similarly, reinforcing expectation that mothers should be primary – effectively sole – carers, Angela also expressed doubts about the ‘point’ of men taking SPL. While grandfathers like John lauded the idea of men taking time off from work after birth, and expressed his envy of ‘men today,’ grandmothers were sometimes less convinced. Angela countered:

I don’t know that it’s that helpful. I think back and think you don’t need them when they’re two weeks old, you need them off when mum’s sick or baby’s sick… You don’t need them so much with the first but when you’ve got more than one, that’s when you would need the dad to take time off, that’s when it’s hard.

What made new motherhood most difficult day-to-day, she told me, were the unrealistic expectations new parents had, leaving them unprepared: ‘being a mum is a hard thing and a physical thing,’ and she thought new mothers were best served by quickly getting accustomed to that ‘reality.’

Fearing rupture

Through the thesis, I have repeatedly emphasised the major shift or contrast between participants’ expectations of sharing in parenting, and a later widespread acceptance of divided gendered parenting roles and responsibilities in which
women take on the bulk of infant care. In considering why new parents apparently accepted a situation so different to their expectations, intergenerational ideas about parent-couple relations are significant.

The birth of a baby and the transition to parenthood was period of dramatic change for new parents. As discussed in the previous chapter, generally, while new fathers quickly returned to their familiar routines and structures, new mothers took long periods of maternity leave and their daily routines and structures were dramatically altered. In general, participants situated these gendered differences as related to women’s more embodied experiences during the transition to parenthood: women being the ones who were ‘really’ pregnant, who had to give birth and who were expected to provide the bulk of early infant care, as discussed in the previous chapters.

As discussed, new parents often expected their lives and relationships to change dramatically upon the birth of their baby, but usually did not expect the extent to which their new roles would be divided by gender. This could create conflict within new parent couples, for example, when women’s partners suddenly expected them to ‘do more around the house.’ Participants often emphasised to me that becoming parents had to be managed carefully, hinting at the possibility of relationship fracture.

In interviews and conversations with new parents and grandparents the spectre of relationship failure in the period after the birth of a baby loomed large. The potential for relationship breakdown – specifically the threat of the father ‘leaving’ – was often implicit (and occasionally explicit) in the way participants from both generations narrativised the transition to parenthood.

A sense of the potential for relationship fracture was heightened in intergenerational context: many of the babies born to my research participants
had more than two ‘sets’ of grandparents, due to the divorce and remarriage of their grandparents. John and Angela, for example, were one of three sets of their granddaughter’s grandparents: John had ‘left’ his first wife and later remarried. In their narratives about gender divisions in parenting, participants of both generations drew on real and imagined outcomes for relationships of different ways of sharing parenting.

When participants spoke to their own parents about issues and patterns in their changed relationships as new parents, grandparents were thus sometimes offering advice based on their own experiences of becoming parents and what they saw as the ‘resultant’ relationship breakdown. One grandfather, John, felt particularly strongly that the transition to parenthood had to be managed carefully. ‘If you get through the first year and you’re still speaking to each other you’ve done well,’ he told me, ’But you have to remember you’re a couple not just parents. Otherwise you end up being roommates.’ Ending up as ‘roommates’ was what he implied had happened in his first marriage with the mother of his children.

John and his second wife Angela told me they both ‘worried’ privately about whether his daughter Laura’s marriage would survive the pressures of having a baby. This was not down to any specific concerns about the relationship, they stressed: ‘It’s just a difficult time for any relationship,’ Angela explained, one which, in their eyes, had to be carefully managed.

Though John and Angela had not raised their ‘private’ concerns with Laura, she too seemed acutely aware of having a baby being a potential stressor on a relationship, telling me: ‘I was really conscious of the fact that it could totally mess everything up.’ She described making effort to minimise the impact on their relationship:

We’ve had, a couple of times, had people babysit on a Sunday, so we like go to the pictures or just go for a walk or something. So we do try really hard to make space to be just the two of us. But it’s rough, that’s then another
thing you have to fit in. It [having a baby] does, it does totally turn everything upside down. So I mean I’d like to think we’re still, you know, pretty good, and we do try and talk. Like, we both get really grumpy and tired so we do try hard to say, ‘I am grumpy and angry but it’s not at you, you’re just in the way of it.’

In fact, like Laura, most new parents seemed intensely aware of a risk that their relationship or marriage would break down as a direct result of having a baby. However, when I asked new parents directly how having a baby had affected their relationships, participants tended to emphasise that becoming parents had made their own relationship ‘stronger’ or brought them ‘closer’ as a couple. This was often presented with the caveat that this was only because their relationship was already strong or because they were managing the difficulties of new parenthood in an effective way. Participants explicitly explained that having a baby together would ‘break’ those who were in ‘weaker’ relationships, or who did not manage the transition well. As one new mother, Rebecca, told me: ‘It’s definitely brought us closer together. I wouldn’t recommend couples who were having problems to have a baby, though: it would kill the relationship dead.’

Ruth, who had become pregnant soon after meeting her partner, had purposefully minimised her expectations of her partner’s involvement in infant care, and was proud of how she had managed the difficult transition to parenthood. Though her partner had initially encouraged her to have a termination, Ruth decided she wanted to ‘keep the baby.’ She told me that their extremely frank discussions about whether to have a termination led her to resolve to ‘never … get resentful’ of her decision to ‘become a mummy.’

Because it was initially her desire to have the baby, though her partner subsequently ‘came around,’ Ruth decided that she would take on the responsibility for caring for the baby: ‘I changed all the nappies. I did all the bathing. I got up every night.’ She credited her approach with easing their transition from being ‘new lovers’ to new parents:
Robert and I have never had an argument since we had the baby. I've never gone "I'm getting up in the night, you're never getting up." We're very calm, we just kind of get on with it. ... I'm not sitting here saying I've got it all sorted – far from it – but there are bits which I think, d'you know, we've been really adult about it. Really adult. And, you know, I think if you had just expected to have a family and it was all going to be nice that must be much harder. We knew it was going to be really hard work, so I said right at the beginning, "this is going to be horrible, how are we going to get through it?" 

However, although she used 'we' in her phrasing 'we just kind of get on with it,' and 'how are we going to get through it,' it was clear that Ruth alone was doing all of the 'really hard work' of early parenthood. As she was breastfeeding on demand, she would get up every time the baby, Eamon, woke in the night, feed him in 'the nursery' so as not to disturb Robert, and attempt to settle Eamon in his cot before returning to the bedroom she shared with her partner. She followed this routine for months. Neither she nor the baby, who 'refused to fall asleep in the cot,' got much sleep during this time, and she described these months as 'horrible, really horrible actually.' Robert slept with earplugs in.

Ruth contrasted her and Robert's 'really adult' approach to infant care with other new parents' attempts to 'constantly negotiate.' In her approach, as she saw it, there was no need to discuss or argue because she had, in her words, 'contracted' to do everything herself. For others, who 'just expected to have a family and it was all going to be nice,' she suggested that the transition to parenthood would be much harder. She explained that 'those couples' would have to continually argue over who was going to 'get up in the night,' and she felt that resentment would obviously follow.

Ruth's example may seem to be at the extreme end of the scale, something she conscious of herself, repeatedly telling me how 'unusual' her 'story' was. However, more surprising than Ruth's story, and the fact that it seemed so extremely at odds with the widespread expectation of involved fatherhood, was
that it actually shared much more with other women’s accounts of motherhood than either she might have realised or I had expected. Ruth’s approach partly stemmed from being, as she later told me, secretly ‘scared of losing’ her partner. This secret fear was shared by many of the women who took part, and participants’ intergenerational relations could heighten such fears and influence women’s approaches to dealing with them. Like Ruth, many of the women of both generations referred to the need for women to ‘get the balance right’ between getting ‘help’ from their partner and being ‘vitriolic.’

For example, Leah, who had been incapacitated for the first weeks following birth following a traumatic forceps delivery, found motherhood ‘difficult’ at first. Rather than seeking ‘extra help’ from her fiancé, though, she tried to ‘go through the motions.’ She told me: ‘I was trying to be really good because I felt it had been so horrible and everything post-birth that I was always trying to keep the house neat and clean and, you know, do everything right.’ When I asked why she had been concerned not to seek ‘extra help’ from her fiancé, she responded that she felt that other women ‘caused quarrels’ about ‘getting the balance right’ by being ‘vitriolic about men helping out.’ Like Ruth, she took on the bulk of infant care to avoid such ‘quarrels.’

While the system of paternity leave made it difficult for men who only took ‘the two weeks’ and then returned to work to take on ‘equal’ parenting, Leah was clear that even when her fiancé was present, during weekends and evenings, she made sure to give him ‘breaks’ from their daughter: ‘I still find points where I just know that he needs an hour to decompress a bit.’ Though she ‘sometimes’ felt she too needed time to decompress, she coped with this feeling without breaks.

Ruth, Leah and other women thus actively took steps to minimise the impact of having a baby on their relationships. As Leah’s explanation of why she gave her
partner ‘breaks’ shows, explanations of these strategies called upon ideas of men and women as having different parenting capabilities:

We’re with her all weekend and he plays with her all the time but actually he’s still a guy and they do have a different genetic makeup and they’re not, I don’t think they’re supposed to be 24/7 nurturers. I don’t think it’s in their makeup. Well, not many men. So I think sometimes it’s unrealistic to expect men to be exactly the same as women and then going you know they can handle being with the baby for hours but I think it’s much harder for them.

Once they had become parents, the same participants who had expected to share in parenting began to express differences between themselves and their partners’ in terms of newly explicit notions of gendered capabilities. Similar, to Leah, Will a new father, explained to me that men and women existed on ‘two spectrums of gender’: ‘there are going to be some people who are going to be at the same points regardless of gender, but overall there are differences.’ These notions of fundamental gender difference seemed to develop over the course of pregnancy, birth and the postnatal period for many participants. As I have shown, throughout this period, women were increasingly positioned as part of an embodied, hormonal mother-infant dyad which, in contrast, men were placed outwith. Intergenerational narratives about gender and kinship compounded participants’ heightened awareness of gendered divisions in early parenthood as part of a ‘fixed reality’ of gendered difference that new parents had to be careful not to disrupt for fear of relationship rupture.

**New light on kin ties**

While participants viewed the birth of a baby as a potential stressor on the parent-couple relationship, it could also shine new light for participants on the nature of marriage or romantic ties, in comparison with the ‘blood’ or ‘biogenetic’ ties of kinship. While participants told me that having a baby bound new parents together as a family, it also created distinctions between relationships within the family unit.
In his influential work on kinship, David Schneider has differentiated between ties of marriage in Euro-American kinship, which can be broken, and ties of blood, which cannot. Though the new parents who took part in this research did not use the same language of kinship, their descriptions of their relationships, nevertheless echoed Schneider’s claim. New parents, new mothers especially, described the way that the relationship of ‘unconditional love’ for their baby threw new light on their other relationships. One mother, Clare pondered aloud to me:

You’ve only got so many people in the world. You can have friends and all of that but you’ve only got so many people that genuinely care for you, like genuinely love you so much and would do anything for you and it’s not a big number of people. It’s quite nice to know that you’re building the next generation, the next level of that. You can see the wee family pool getting smaller and smaller – my parents will obviously not be around forever, and my sister’s got her own kids, and you’re married but you never know, something could happen to him, something could happen to me, we could split up – but with her... you’re creating something... this special relationship that nothing’s going to break, and it’s a nice feeling.

Clare’s description of the ‘wee family pool’ created distinctions between kin and non-kin, but also between the ‘special,’ unbreakable relationship with her daughter and her other relationships that she felt would not or might not ‘be around forever.’ I would argue that women’s close embodied and temporal connections to their babies through providing, in so many cases, the majority of infant care – and for women who breastfed, through ‘making up’ their baby from their own body, as discussed in the previous chapter – created a strongly gendered dimension to these relationships. In this context, women’s feelings of their unconditional tie to their infants often contrasted with feelings of newfound vulnerability in their marriage or relationship in early parenthood.

In other words, some of the women who participated in the research seemed to position themselves as new mothers first and foremost within the classical kinship dyad – mother-child – consistent with the widely held belief in English kinship that
the relation of a child to the woman who carries it and gives birth to it is different from the relation of that child to its father (Wolfram 1987: 209). In women’s narratives, fathers remained outside of, and could potentially break away from, this dyad in a way that women were not able to. Lizzie for example, felt her life had drastically changed and she had become first and foremost a mother, while her husband continued to live his life ‘as an individual.’

Even when I’m out without Fraser [her son] – which is pretty rare – without the pram and all the mum stuff, I still just feel so different in myself: I think everyone must be able to look at me and see I’m a mother. I don’t think that another man would look at me in that way because I’m a mum now. But when my husband is out and about on his own he’s just exactly the same young attractive guy – until I turn up with Fraser. I can see how for men it could be quite attractive to leave. For women, your baby becomes the biggest part of your life and you could never leave them, whereas men still go on with their lives. They could have a nice quiet flat, and a girlfriend, and still see their child on weekends – it wouldn’t be that different.

Lizzie’s specific assessment of the differences she felt existed between becoming a mother and becoming a father would probably be rejected by many of the fathers who took part in the research. Nevertheless, it is a clear reflection of the way that many women felt themselves as positioned irrevocably within the mother-child dyad, while their partners could still exist outside of this as an individual.

It is important to note that this was not the universal experience of participants who were new mothers, and of course none of this is an inevitable response to the transition to parenthood. Yet what I seek to show in this chapter is how this gendered distinction comes to be seen as the default mode, and is reinforced intergenerationally. As new mothers, women looked at relationship breakdown of parents of previous generations and saw a new fragility in marriage (or relationship) ties when compared with their bond with their baby. Even some women’s jokes about parenthood could hint at this. After describing a difficult few nights during which she and her husband had ‘split shifts’ looking after their sick baby, Molly joked, ‘Thank God, we’re married so he can’t leave me. I wouldn’t
want to do that alone.’ As with the example of Amy earlier in the chapter, some new mothers often also felt a strengthened tie to their own mothers. Due to the distinct gendered experiences of many new mothers and new fathers, women often thought that their mothers ‘knew’ or ‘understood’ what they were going through as new mothers better than their partners.

**Conclusion: Dangerous Expectations?**

A widespread attention to apparently ‘changing fatherhood’ pervades policy, academic research and personal narratives. Broadly, all these areas emphasise the progressive development of increasingly involved fatherhood. These narratives were commonly espoused by grandfathers especially, and impacted new parents’ expectations of the transition to parenthood.

Yet, I argue that progressive narratives, in intergenerational context, can actually have a normative function: by forever emphasising how much better fathers of the present generation are, and with narratives of motherhood instead emphasising how natural and instinctive motherhood is, it may become less acceptable for women to ask for more ‘help’ with parenting. In the transition to parenthood – a period of change and perceived vulnerability – intergenerational narratives may encourage new parents to rely on ‘tried and true’ or ‘traditional’ gender divisions (even when these divisions are based on imagined notions of previous generations).

In the context of the narrative of new fatherhood, it is easier for men to be ‘good’ fathers because they are consistently positioned as ever more involved and therefore better fathers than the previous generation. Motherhood is not so straightforwardly contrasted with previous generation of mothers, and more often compared to an imagined natural past, and remains morally fraught as a result. Women still face the bulk of the work of infant care, and are encouraged not to
ask for more help when ‘new’ fathers are apparently already an improvement over the past generation.

Despite the persistent concept of the ‘new’ man or involved father, most participants came to see women as the parents with primary responsibility for the care of their babies, and men as supporting parents. While some men and women rejected this, and many women found it difficult to take on the bulk of infant care, by and large women accepted the expectation to be primary parents; as Ahmed has argued (2017), gender fatalism makes it hard for women to reject such expectations. Research participants saw the notion of ‘expectations’ as potentially leading to disappointment and relationship fracture. Thus, when male partners were less helpful or supportive than women had expected, this became not a problem with the actions of the partner, or the situation more broadly, but a narrow issue of women’s ‘unrealistic’ expectations.

This division of parenting responsibility was reinforced by intergenerational relationships in numerous ways, through adulation of men’s (apparently ever-increasing) involvement with babies, through real and imagined stories of gender divisions in their own parents experiences of parenthood, and through the intergenerational narratives of family and relationships (marriages) that suggest that parent-couple relationships are at risk of rupture and need careful guarding, while parent-child relationships are permanent and natural.

In this chapter I argue that participants’ narratives about the transition to parenthood were created in reference to ideas of their own parents' experiences, and in a context of intergenerational understandings of kinship, gender, self and work. I also show how gendered divisions of caring are often reinforced between generations: with the work of caring being taken on by grandmothers, and grandfathers relishing in ‘play’ with grandchildren. Even in examples where this is
contradicted, such discourse remains powerful enough for participants to accept it as a fixed 'reality,' precluding the possibility for such patterns to change.
Conclusion

This research for this thesis on parenthood in gendered and generational context was inspired by the backdrop of changing parental leave policy in the UK, which has the most gender-unequal system of parental leave in Europe. While women are entitled to 52 weeks (26 paid and 26 unpaid), and men are entitled to two weeks of leave. The UK Conservative-Liberal Democrat coalition government of 2010-2015 first announced that there would be a policy of shared parental leave (SPL) in 2012. In April 2015 SPL came into effect. It allowed eligible women (those above an income threshold) who planned to return to work before 52 weeks after the birth of their baby to transfer their remaining leave to their partner, who could take that leave at any time in the first year of the baby’s life. SPL was billed by the coalition government as a step towards gender equality, and a response to men’s calls for more equal parental leave, that would allow men to participate more fully in family life. Yet there were a number of predictions at the time that ‘uptake’ of the policy would be low.

Indeed, as predicted, since 2015 estimates have suggested that only around 1-2% of eligible men are taking SPL (Taylor 2018), leading to a proliferation of articles in the media offering possible reasons men are not taking this parental leave. Existing research has suggested a number of reasons why men have not taken shared parental leave, often emphasising the ‘financial barriers to taking SPL for most families (Birkett & Forbes 2018). Much of the research focusing on men’s ‘uptake’ has not taken into account the fact that men do not make decisions about parental leave in isolation. In the case of SPL in particular, the leave is the mother’s by default, and only shared by her with her partner.

This thesis is not an examination of SPL itself, or only of men and women who have taken it, but of gendered experiences of the transition to parenthood in Edinburgh. I recruited participants without specific reference to SPL, in order to
create a better understanding of the wider relational context of parenthood in which decisions such as these are made. Fatherhood in Scotland, and in the UK as a whole, has not been the subject of much anthropological research. In other contexts, both academic and popular, fatherhood in the UK has often been presented as undergoing progressive transformation over time. As the historian Laura King has detailed, men of each generation have been presented as ‘doing more’ as fathers than the generation that preceded them. Sociological work on fatherhood in the UK, such as Esther Dermott’s, has thrown up a quandary, in that men often present themselves as participating ‘equally’ in parenthood with women, though women continue do more of the labour and care of parenting, especially with very young children. Dermott has asked why men in Britain spend significantly less time than women caring for their children, and tend to actually work more hours than non-fathers (2008). She attempts to resolve this through the lens of ‘intimate fatherhood,’ which focuses on intimacy as the key to (white middle class) men’s understandings of being a ‘good’ father: rather than measuring quantity of time spent with children, she argues, researchers should focus, as men themselves do, on quality of that time.

This thesis takes up that baton in the sense that I have focused qualitatively on parenthood in its relational context. Through the thesis I have built up a picture of what becoming a parent meant and did for my research participants. In particular I have argued that fatherhood was a profoundly relational category for the men who took part in this research, who understood themselves as becoming parents – or, more specifically, fathers – in relation to women’s pregnant, birthing and breastfeeding bodies. I argue that despite a widespread assumption that parenthood in the UK will become progressively more shared and gender neutral, some of the mechanisms that people assume are doing this do the opposite. Thus, in the contemporary context becoming a parent recreates more narrowly gendered roles for new parents. These strongly gendered roles come as a shock to new parents (though in many cases they quickly seek to naturalise their new
‘reality’). Specific kinds of narrative and social and medical interactions that I have described in the thesis do the work of naturalisation, encouraging women and men to accept an apparent status quo in which new mothers ‘naturally’ take on the responsibility of being the ‘primary’ parent.

**Gender made visible**

In Chapter 1, I began the thesis with an analysis of pregnancy, where most participants started their stories of becoming parents. I focused in part on the language of expectant fathers who used the first person plural when talking about pregnancy – as in ‘we’re pregnant.’ I have shown how this shared language of pregnancy is connected to an ideal of the transition to parenthood as a shared experience for a couple. My participants’ ideas of pregnancy as a shared experience were gradually undermined, however, through their experiences of maternity care and antenatal education during pregnancy.

During midwife appointments, antenatal classes, and other pregnancy events, the focus was on women’s pregnant bodies. Though most participants felt that this focus on the pregnant body was ‘common sense,’ I have argued that pregnant women’s changing bodies made gender visible for my participants in new ways in these contexts. A focus on their bodies made many women feel that interest in their emotional wellbeing, and, to varying extents, their personal identities were being subsumed by the focus on their physical health and – crucially – the health of the foetus. Medical interactions during pregnancy that focused on the embodied mother-child dyad (for example, compelling women to minimise negative emotions lest they negatively affect the foetus) both placed responsibility for the well-being of the foetus entirely on women and naturalised the connection between women and their unborn babies.
However, pregnancy made gender particularly visible for men, many of whom felt ‘side-lined’ in the ‘feminine’ spaces of pregnancy. Having expected to ‘share’ in the experience to some extent, men spent pregnancy becoming accustomed to being placed outside the apparent mother-child dyad. For many participants, the pregnant woman’s body increasingly became the site of articulations of gendered difference. The recreation of differently gendered selves, though made especially visible in an embodied sense during pregnancy, did not end after the birth of the baby. In fact, I have argued (in Chapter 2 on birth, Chapter 3 on postnatal care, and Chapter 4 on parental leave), that it actually intensified over time, for example, when men were sent home from the hospital after birth while women remained in hospital with their newborn. I have argued (Chapter 4) that participants’ experiences of gender differentiation in the perinatal period led to an articulation of gender as ‘two spectrums’ (i.e. a ‘male’ spectrum, and a ‘female’ spectrum) and of mothers as (more) natural and primary parents.

**The work of narrative**

I have argued in the thesis that participants’ narratives about becoming parents actually worked to create relationships (both with kin and non-kin), rather than simply providing ‘data’ about kinship. Women’s experiences, figured as embodied, gave them particular ownership of the knowledge and narratives of parenthood.

I have argued (Chapter 2 and Chapter 3) that narrative creates kinship for women as they become accustomed to their new role and identity as mothers. Women frequently shared birth stories to a variety of audiences, including family members, health workers, other new mothers – and, of course, with me. I have argued that the stories women told about birth made them into good mothers through the emphasis women placed on the pain and/or other sacrifices that they willingly underwent in exchange for a ‘healthy baby.’ The general re-creation of
women as good mothers is made possible, despite huge variation in women’s personal experiences of birth, through the implicit alterity they create: imagined ‘bad’ mothers (unlike the tellers) who would not go through pain or other sacrifice for the birth of a healthy baby.

Men’s stories of birth were told much less often and to fewer people than women’s. For some, talking to me was the first time they had spoken at length about birth. I have argued (Chapter 2) that men’s birth stories did not do analogous work to women’s stories: they did not create good fathers. Rather, both in the content of men’s narratives and in their deference to women’s stories of birth, men were made into good partners in deferring to women’s bodily experiences (wherein men’s position outside the mother-child dyad was reinforced).

Thus, I have argued that, broadly speaking, narratives about birth did different things for new mothers and new fathers: birth stories made women into good mothers and men into good partners. However narrative also worked, beyond the context of birth stories, to reproduce particular kinds of families. I have argued (Chapter 5) that intergenerational narratives about work and care reproduce gendered divisions of parental labour. New parents used stories about and conversations with their own parents to explain and justify their decisions about and experiences of becoming parents. Older generations’ narratives, in particular about marriage, reinforced the spectre of potential relationship failure for the parent-couple. The apparent strength and permanence of mother-infant ties brought to light the potential fragility of marriage ties and, to a lesser extent, father-infant ties. Finally, new fathers’ (sometimes limited) engagement in the care of their infants was lauded in grandparents’ narratives as a transformation of fatherhood even though, paradoxically, the older generation of men had also seen themselves as ‘new men.’ I argue that this contributes to the reproduction
gendered inequalities in parenting, as women are made to feel they should
grateful for the ‘help’ of their partner.

**The labour of parenting**

Through the thesis (and particularly in Chapter 4) I have tracked participants’
complex and at times surprising articulations of work, care and parental leave. As
mentioned previously, it was most common overall to for participants to take the
‘default’ amounts of leave, which create a strong gender distinction. For example,
I most often had women tell me they took ‘the full year’ and men tell me they took
‘the two weeks,’ or, more occasionally: ‘the two weeks plus some annual leave.’
While a few of my participants did take SPL, the longest period of leave for any of
my male participants (3 months, taken in two ‘chunks’ of 2+10 weeks) was still
shorter than the shortest period of maternity leave (5 months, or 20 weeks). The
current systems of maternity, paternity and shared parental leave in the UK
reinforce a gendered divide by providing women with the majority of leave by
default, that they may (if eligible) share with their partner. Among participants in
this research (consistent with national statistics) regardless of eligibility, women
were unlikely to look favourably on the idea of sharing ‘their’ leave.

Participants’ articulations of their decisions about parental leave presented
women’s maternity leave as, paradoxically, both a ‘natural’ right but also a
privilege they had to ‘earn.’ In contrast, men’s quick return to work was naturalised
and expected. Yet, at the same time, men seemed to earned things by their
participation in the labour force: most often uninterrupted sleep during the night,
or ‘breaks’ from infant care when they were at home.

I have argued that the gendered divide in parental leave-taking created different
temporal and qualitative experiences of parenthood, along strongly gendered
lines, for men and women who took the default statutory periods of leave. In this
context, new mothers and new fathers negotiated these qualitatively different relations to their new status as parents in strongly economistic terms: they talked often about what was owed to and what was earned by one another. In this context, women could create a kind of prestige by taking on (and thus insulating their partners from) the most exhausting and difficult aspects – the ‘hard work’ – of parenthood.

For the men who did take SPL and spent time as the primary carer of their baby, I have argued that their embodied everyday lives went through similar shifts to most women’s on maternity leave, though they may have felt more isolated because they remained in the minority of fathers and felt that traditionally female spaces of parenting were not completely open to them. Men who took SPL better understood what mothers experienced in terms of infant care. In this sense the responsibility of parenthood did become much more ‘shared,’ which is what many participants had expected of parenthood and most claimed to want. However, these men remained exceptional.

For some women the very shared-ness that others professed to want was problematic or undesirable precisely because men sharing in and understanding the work of parenting created a possibility of the loss of the prestige and the sense of single-handed accomplishment, that some women found ‘empowering’ about motherhood. Perhaps surprisingly, in relation to ideas about Euro-American kinship, some of these women claimed that, because of the work they put ‘into’ them, their babies were – effectively – a product of them alone: ‘he’s all me,’ one woman told me about her son, ‘I do everything.’ This framing perhaps obscures the work that men do in the labour market, and how this work is a way of ‘helping’ in parenting, as a financial mode of caring for kin. Men returning to work soon after the birth of their babies was naturalised by, and naturalises, a persistent idea of fathers as providers that remained ideologically powerful. Despite arguments in the social sciences that the breadwinner model of the family has declined, the
importance of providing clearly remained central to men’s identities as fathers. While participants often gave economic justifications for not taking shared parental leave, these were undermined by the fact that many of the women who took part earned as much or more as their partners. I argued (Chapter 4) that this revealed the way that the logic that women as primary parents and men as providers is based in something much deeper than financial ‘sense.’ Participants in general were wary of the idea of a change to the system of parental leave, and figured it as a zero-sum game in which changes would mean that women would ‘lose’ what men ‘gained.’

Overall, I have argued that the presentation of the conventional system of parental leave as ‘natural’ masks a more complex and contradictory picture in which new mothers claim their rights as earned and male and female parents exist in debt relations to one another, and parental leave was figured as a zero-sum game. Ideas of natural and earned ‘rights’ therefore had a dialectical relationship that reinforced women as those with primary responsibility for the care of their babies.

**Change and continuity**

Thus, in spite of the contemporary background of UK policy changes touted as moves towards gender equality, participants’ narratives and lived experiences actually showed a reinforcing of gendered distinctions between mothers and fathers. Women and men’s ‘expectations’ of shared parenting became undermined through the transition to parenthood and women were encouraged to be grateful for the ‘help’ of their partner while men were praised for participating, even in limited ways, in the work of parenting.

Grandparents encouraged new parents to accept ‘reality,’ a naturalised status quo where women do more of the work of caring than men. Grandparents emphasised that fathers who do more become grandfathers who do more, but what older men
seemed to do more of was play; and older women continued to do more of the work of caring. Gendered caring was compounded generationally in the sense that maternal grandmothers were the grandparent most likely to provide childcare for grandchildren. Even where this was not the case, the general expectation was reinforced; for example, a paternal grandfather who was the main provider of childcare for his grandchildren told me: ‘I’m effectively the maternal grandmother.’

Therefore, despite assumptions of linear progress towards more gender-equal parenting, both in the social science literature on parenthood and in people’s expectations of parenting, this thesis shows that parenthood in this context is far from becoming more gender neutral. Indeed, some of the mechanisms that people assume are part of a march to a more gender-equal future are actually part of the reproduction of continued gender inequality in relation to work that happens both in the home and beyond it in the labour market. In the case of shared parental leave the apparent opportunity for men to take more leave comes with the proviso that the default position is that the leave belongs to women. The current system of parental leave thus naturalises and is naturalised by strongly gendered divisions of work and care.

This is not to say that change to patterns of gendered parenting is not possible, rather that policy change must be more radical. Suggestions for change often point to Sweden and other countries where there are separate, paid allocations of three months of leave for mothers and fathers, as well as an additional block of time that can be split as parents choose. Researchers have claimed that this would realise ‘greater shared caring’ in Britain (O’Brien & Twamley 2017). Nevertheless, the argument that parental leave must be separated from maternity leave and – crucially – better paid, still emphasises the fact that while women have been expected to take on the care of children unpaid, men must be paid in order to do so. It remains to be seen whether the UK and/or Scotland will make such changes to the system of parental leave in the future, and how this could
transform gendered ideas of parenthood, or, on the other hand, become the context for (new) reproductions of gendered articulations of mothers and fathers as different kinds of parents.
Appendix:
List of participants and their family members who are quoted or mentioned by pseudonym in the thesis. An asterisk (*) indicates that these persons are the corresponding parents to the immediate previous participants in this list, and are therefore the grandparents quoted or mentioned in the main text.

Amy – late twenties, office manager

Andrew – mid-thirties, charity manager

Anna & Joe
Anna – early thirties, counsellor
Joe – early thirties, architect

Caitlin & Steven
Caitlin – late twenties, charity worker
Steven – late twenties, mature student

Catherine & Jim
Catherine – late thirties, teacher
Jim – late fifties, retired

Clara – early thirties, receptionist

Clare & Chris
Clare – late thirties, accountant
Chris – late thirties, accountant

Dan – late thirties, IT manager

Ellen – late twenties, office administrator

Erin & Jayce
Erin – early thirties, clinical psychologist
Jayce – early thirties, studio manager

Eve & Sean
Eve – early thirties, business consultant
Sean – early thirties, business consultant

Jools – early forties, charity manager

Laura & Gavin
Laura – mid-twenties, PhD student
Gavin – mid-twenties, post-doctoral researcher

* John & Angela
John – Laura’s father
Angela – married to John

Leah – early thirties, lawyer

Lewis – early thirties, physiotherapist

Lindsey – late thirties, PR manager

Lizzie & Kieran
Lizzie – late twenties, physiotherapy assistant
Kieran – late twenties, recruitment consultant

Lucia & Will
Lucia – late twenties, psychologist
Will – early thirties, software developer

Mark – late twenties, mature student

Matthew & Hollie
Matthew – early thirties, civil servant
Hollie – early thirties, café worker
* **Tommy** – Matthew’s father

**Molly** – early thirties, secretary

**Rebecca & Simon**
Rebecca – mid-thirties, community engagement worker
Simon – mid-thirties, teacher

**Ruth & Robert**
Ruth – mid-thirties, charity manager
Robert – late forties, lawyer

**Tomasz** – mid-thirties, civil servant
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