



University of Cape Town

The Gendered Experiences of Women, Men and Couples who Plan, Have and Narrate Homebirths.

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Gratitude, Appreciations and Acknowledgements

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ABSTRACT

In South Africa excellent scholarship exists on women's experiences of homebirth but no studies have yet examined men's or couples' experiences. The thesis sought to make a valid contribution by uncovering a relational view of homebirths that made sense of the gendered interactions and relational negotiations of women, men and couples who experienced homebirth. It adopted a longitudinal, qualitative approach based on thirty interviews with five couples before and after homebirth. Dyadic interviewing and the listening guide offered relational methods of collecting and analysing data that additionally engaged the researcher in highly reflexive modes of producing knowledge. By foregrounding the relational context, narrative constructions of homebirths showcased simultaneous operations of gender as both opportunity and constraint. This study uncovered the active social processes involved in couples' decision making narratives and the relational interactions in their homebirth experiences. Joint narratives of homebirth displayed the interconnectedness of relating-selves where couples' relational scripts were brought to bear on the meanings of homebirth. Women and men found meaning in their experiences through connection with others; men privileged a selfless masculinity and women a self-reliant femininity. Both positioned women's relationship to their body and thus their baby as central to homebirth. Through in-depth scrutiny of the practice of homebirths, this study detailed how intimate interpersonal relationships are shaped by broader social and gendered processes.

Chapter 1

INTRODUCTION

Feminist and childbirth movements are closely intertwined, indicating the importance of childbirth practices to the emancipation of women. This study follows in the footsteps of previous feminist researchers within the field of childbirth who claim that homebirth fosters resistance to biomedical dominance (see Chadwick, 2014; Beckett, 2005; Klassen, 2001a; Rothman, 1982; Martin, 1987). Homebirth is part of a broader debate around choice in childbirth which has been recognised as a human rights issue by the European Court of Human Rights since 2010 (Hayes-Klein, 2012: 17). Despite this, midwives have been criminally prosecuted for attending and promoting homebirths (Harper, 2012: 81), the practice is outlawed in several states in the USA (Cheyney, 2008; 2011b) and women have been forced by court-order to have caesarean sections (Jordan, 1997: 59-60). As Edwards (2005) has warned, both homebirth and the practice of independent midwifery which supports it, is under threat (see Hill, 2012 for the case of Agnes Géreb and homebirth in Hungary).

Homebirth is clearly controversial. But what's at stake in homebirth is control over women's bodies (Rothman & Simonds, 2005). As feminists have so often contended, bodies are sites where the personal becomes political, where gender relations are embodied. Thus, whilst a criticism levelled against homebirth could be that it is elitist and 'white', in America¹, Indonesia², Brazil³ and South Africa,⁴ guerrilla and grassroots midwifery groups are responsible for making midwifery accessible to excluded sections of the population (see Gaskin, 1975). The result, is as Marsden Wagner has said: "in every country in the world where I have seen real progress in maternity care it was women's groups working together with midwives..... that made the difference" (2006: 11). In South Africa's untenable, polarised maternal health system, homebirth, which has been shown to contribute to the reconceptualization of women's bodies, offers an alternative not only to the practice of childbirth, but to the (re)production of knowledge of women and men's interrelated, every day, gendered lives.

¹ <http://www.commonsensechildbirth.org/the-birth-place/easy-access-prenatal-clinic/>

² <http://www.guerrillamidwife.com/>

³ http://www.casaangela.org.br/?page_id=45

⁴ <http://www.birthworks.co.za/bus-fare-babies>

A critical evaluation of the homebirth literature indicates a lack of interconnectedness amongst knowledge of women, men and couples' experiences as a theoretical weakness. This study has adopted a relational gender perspective at a micro-level, with a view of the interactions across multiple systems of stratification to macro-levels, which take into account the (re)production of gender. From a relational perspective, birth is “an important emotional-psychological life event which impacts on women’s sense of self, maternal identity and their relationships with their infants and partners” (Chadwick, 2013: 13). The adoption of a relational framework, which includes the often neglected perspective of men, challenges the preconception that the impact of (home)birth on men, and the resultant shaping of paternal identities is less significant than women’s better documented experiences. The thesis further claims that neither women, nor men’s perspectives alone suffice in understanding how the practice of homebirth is bound into broader gendered processes. It therefore includes the couples' shared perspective on homebirth, which has been completely overlooked in the South African context even though couples have been shown to exhibit beliefs and attitudes towards homebirth that are nuanced according to local socio-cultural contexts (Viisainen, 2001).

Utilising longitudinal, qualitative research, this study showcases homebirth practices in Cape Town, South Africa. Thirty, in-depth, narrative style interviews with five couples, ethnographic fieldwork at homebirth gatherings, and a research journal were used (to varying degrees) as data for this study. As a starting point, this thesis understood women, men and couple's experiences of homebirth would be relational, complementary and intersect with each other in ways that would offer relational perspectives on the doing and displaying of gender. This study therefore sought to make sense of women, men and couples' experiences of homebirth both separately and together, and thus additionally included a participatory method aimed at providing a joint, relational birth-map. The combination of couple and individual interviews, thought to offer the greatest range and depth of perspectives on the phenomenon of homebirth, shed light on the relational negotiations that impact on homebirth experiences. Furthermore a relational perspective highlighted the interactions between individuals and society through intimate inter/intrapersonal relations, families and social structures. The interrelated and interdependent nature of homebirthing relationships, which was understood to embed the meanings of one perspective into another, generated multiple, simultaneous, and variously positioned viewpoints on homebirth as a shared event.

The findings show that homebirth enabled men to live up to and live into the ideals that first-time fathers in other studies (Reed, 2005; Barclay & Lupton, 1999) stated they strove for, but seldom achieved. In the findings, this was not always the case for second-time homebirths, which didn't figure as importantly in couples' relational lives. Men in this study embodied birth, not through their partners, rather through their own 'labour' as birth support partner, leaving the embodiment of birth in women's capable hands. Emphasis within the literature on the capability of women's bodies was reaffirmed in this study, which identified 'self-reliant' forms of femininity in women's homebirth narratives that were related to 'selfless' masculinity in men's narratives. Differential outcomes thus emphasised the need for a finely nuanced discussion of women's relationships to their bodies which figured as the most important relationship in both women and men's relational narratives.

Birth outcomes, experienced differently, both within and across women and men's narratives were not easy to reconcile. In conjunction with the couple narratives, relational-selves negotiated the outcomes of homebirth according to constructions of who they are as couples. In choosing to give birth at home, couple displays constituted ideal characteristics that aligned couple identities with norms constructing homebirth as ideal. Jointly undertaking homebirth gave couples the opportunity to script relational displays of togetherness in which their individual un-doing of gender was halted by the cultural privileging of middleclass, heterosexual families, which in turn re-did gender.

Research Aims and Objectives

Homebirth, long recognised as resistance to medicalization, reveals contradictory and contested forms of power. Although the sociology of childbirth has provided a powerful critique of the medicalization of birth, which has highlighted its social, cultural and political dimensions; research on childbirth seldom accounts for the relational aspects. Following in a strong tradition of feminist research on birth, which furthermore acknowledges birth as an emotional-psychological event, this study sought to understand the relational importance of homebirth in women *and* men's lives. By including the experiences of men and of couples, oftentimes neglected in the birth literature, this research sought to understand the relational configurations which impact on homebirthing subjectivities. The research aimed to provide detailed insights into the active social processes couples undertake to construct homebirth as a viable birth choice, and make sense of their prospective experiences. It was guided by the research question:

What are the relational negotiations that take place when couples plan a homebirth, have a homebirth and narrate their experiences, and how are these gendered?

The interrelatedness of couples' active engagement in the homebirth process was actualised within a framework which recognises the multiplicity of views on a shared event. In attempting to address these issues, I hoped to participate in the wider intellectual study on birth by fulfilling the following objectives:

1. Identify the main values and concerns that impact on prospective decisions to plan a homebirth and the relational issues influencing those concerns. Describe the process involved in negotiating these issues, together and separately.
2. Explore the similarities and differences between mothers and fathers in narrating the birth story, and probe how that relates to the scripting of the shared birth story and the co-construction of a birth narrative.
3. Examine how homebirthing couples display their experiences and themselves; what they narrate as being most important (individually and collectively) and how they construct meaning from homebirth.

The remainder of this introduction illustrates why alternatives to South Africa's highly unequal, polarised, maternal health system are necessary, and in so doing situates this discussion within the healthcare system more broadly whilst offering a definition of the practice of planned homebirth. Although the South African maternity context is not directly related to the findings of this study, narrative research has stressed that the context from which people speak directly shapes what is known, and what becomes known, through the research (Riessman, 2007; Brown, 2001). This study's focus on the practices of homebirth - rather than outcomes or policies surrounding it - as an alternative or opposing childbirth model, should not be viewed in isolation. Homebirth, situated relationally, is part of and parallel to the web of complex issues surrounding maternal health in South Africa.

○ Gender and Homebirth: A Relational Perspective

This study is particularly disposed to the idea that gender relations within the current maternity system disadvantage all women and perpetuate structural and gendered inequality. Maternal healthcare has been reported to “reveal important fault lines of inequality” as a reflection of society generally and most significantly, of the status of women within that society (Burgard, 2004: 1127). By foregrounding gender relations between couples, this thesis argues that birthing relations impact on both women and men, and on gender relations at individual and social levels. Little, though first-rate research in South Africa has examined birth from gendered perspectives, but women and men’s simultaneously gendered birthing experiences has not been researched. This study has adopted a relational gender perspective that can retain micro-level perspectives of gender, with a view of the interactions across multiple systems of stratification to the macro-level, that can account for the (re)production of gender.



Diagram of relational view of homebirths

The above diagram offers a visual from which to view the relational gender perspective that is outlined as part of the theoretical framework in the remainder of the introduction. This theoretical framework was designed to address the relational, gendered aspects of shared homebirth experiences. As will become clearer in the discussion of South Africa’s maternal health context, the relational interactions in birth impact on and are shaped by the structuring of gender and power

more broadly. Furthermore, as will be discussed, the ontological and epistemological approach to the research was underpinned by relationality, thus reinforcing the theoretical approach. The introduction will conclude with an outline of the thesis.

The Delivery of Maternal Health in South Africa's Healthcare System

The social exclusion of the poor and the dominance of private healthcare plague the South African healthcare system (Macionis and Plummer, 2012, 363). These two issues showcase a complex inter-related pattern of historical inequalities, reinforcing and impacting the shape of healthcare (Burgard, 2004) which in turn, confounds attempts to transform the existing healthcare system, thus perpetuating further inequality (Silal et al., 2012; Hagemeyer, 2011; Chopra et al., 2009; Coovadia et al., 2009;). The obstetric system, understood to be forged by the entire healthcare system (Parkhurst et al., 2005: 127) is identified within the literature as a “bifurcated obstetric system” (Chadwick & Foster, 2013: 321); one which is highly-medicalized for the rich, and under-resourced for the poor. Middleclass women, men and couples' childbirth experiences are nestled within the folds of this tale of two halves and is the focus of this study.

○ A Tale of Two (Middleclass) Halves

Visagie and Posel (2013) have noted the vast differences of income, racial composition, unemployment and quality of life within the middleclass in South Africa, based on the two definitions of middleclass utilised in the international economics literature. These definitions are founded on the “relative definition of middleclass as the middle income strata; or an absolute definition of middleclass based on a middleclass lifestyle or level of affluence” (Visagie & Posel, 2013: 165). These authors point to the problems of identifying and understanding an absolute ‘middleclass’ based on either academic definition given the wide income range in South Africa.

“The mean wage of employed working-age individuals in the *middleclass, as defined by the middle strata*, is relatively very low, at R1321 per month, and the broad unemployment rate is high at 31%. Such unfavourable labour-market outcomes for individuals in the middle strata are very different from the above-average earnings (of R5657 per month) and the comparatively low unemployment rate (of 10%) facing working-age individuals in the *middleclass defined by affluence*” (Visagie & Posel, 2013: 165, my emphasis).

This discussion suggests that a nuanced understanding of the South African middleclass is warranted. In relation to the cost of childbirth in South Africa (see table 1), the wages of a middleclass defined either as middle strata or in terms of affluence sheds light on the ways in which middleclass childbirth is framed by *both* highly medicalised and under-resourced maternal healthcare sectors.

Table 1: Cost of delivery based on place of birth.

RATES	Homebirth⁵	Public hospital	Private hospital⁶
Vaginal delivery	R8,500	Free	R22,500
(US equivalent)	\$700		\$1,854
Caesarean delivery	n/a	Free	R33,000
(US equivalent)			\$2,719 ⁷

As the middleclass covers such a wide range of income and/or lifestyle groups, not all those depicted as middleclass can afford the private hospital fees or have medical aid⁸ to cover such costs. In addition, pregnancy as a pre-standing condition prohibits women from accessing medical aid once they are pregnant. Local midwives' response has been to offer two pricing structures: One for medical aid clients and one for non-medical aid clients. The very fact that such pricing exists testifies to the high incidences of homebirth amongst non-medical aid clients. In a health system split across public/private divides, the willingness to pay out of pocket for private practitioners has been documented, even amongst the poorest households (Burger, 2007: 9). Given the income range of the middleclass, it is clear that while private medical aid plays a large role in structuring who gets access to what type of care⁹, homebirth offers an alternative to both private and public sector birth¹⁰.

⁵ Based on a practitioner fee of up to 10 hours, including all emergency equipment. See appendix R for a breakdown of costs structures for medical aid, versus non-medical aid clients.

⁶ Based on a hospital fee for the hospital stay only. Excludes unavoidable practitioner fees. As quoted by Netcare: Private gynaecologist (vaginal delivery) R12 000, (caesarean section) R20 000. Additional unavoidable caesarean section costs: R8 000 (anaesthetist), R1 500 (blood tests), R7 000 (paediatrician).

⁷ Based on an exchange rate of 0.084 USD to ZAR.

⁸ Medical Aid is a South Africa term equivalent to the more generic term 'Medical / Health Insurance'.

⁹ See Macdonald, 2008

¹⁰ During ethnographic fieldwork at homebirth gatherings, it seemed those considering homebirth referred to themselves as 'outside the system'. They were either outside of the medical aid system through their exclusion due to pregnancy, cost or other factors; or they were outside of the system in their outlook and approach to life more generally.

○ Private Sector Childbirth

Affluent women's obstetric experience far exceeds the World Health Organisations maximum caesarean section rate of 10-15% (WHO, 1985). Private sector childbirth thus represents a radically skewed proportion of all maternal health resources. The dominance of private healthcare and the unjust distribution of obstetric technologies is evident in healthcare expenditure. Although a hefty 8.7% of GDP is spent on health (Engelbrecht and Crisp, 2010: 196) remarkably, 60% of that goes directly towards the private sector (Parkhurst *et al.*, 2005: 132) which only services 16% of the population (McIntyre, 2010: 148). Within the current maternal health system, 93.5% of women give birth in a medical facility; yet of these, only 6% do so in *private* hospitals, where caesarean sections figure so excessively (Chadwick and Foster, 2013: 321). Women delivering in private hospitals in South Africa have been declared the world's most likely to have a caesarean section (Burns, 2001 cited in Chadwick, 2007: 11). As a resource that serves mainly middle to high income groups, private hospitals have an astonishing caesarean section rate of 65% nationally (Naidoo and Moodley, 2009: 257).

Obstetric Over-Use

Blatant misuse of obstetric technologies as a consequence of the privatisation of healthcare has been known to over-treat those with medical insurance and to under-treat or disregard those without (Beckett, 2005: 256). Echoed in findings with low-risk South African women expecting 'natural' deliveries in private hospitals, Humphrey's (1998) middleclass participants all experienced intrusive medical interventions during labour and birth. Highly medicalised childbirth has long been an undisputed outcome of hospitalisation (Miller, 2005; Davis-Floyd, 2003; Oakley, 1980). The view in the literature is that "hospitals can be regarded as institutions where the core values and beliefs of a culture come into view, reflecting and reinforcing dominant social and cultural processes" (Van der Geest & Finkler, 2004 quoted in Kruger & Schoombee, 2010: 85). The private sector (which is disproportionately white) consumes and controls obstetric technologies leaving fewer resources available to the public sector, thereby further entrenching the apartheid legacy of racial and class divisions.

○ Public Sector Childbirth

By contrast, significant concerns remain about the quality of obstetric care in the public sector. This is despite significant strides since 1994, and stated political agendas to provide free maternity care and legal abortions for all women (Chadwick, 2013: 4). Maternal mortality rates (MMR) vary, with considerable dispute as to their accuracy (see Bradshaw & Dorrington, 2012; Blaauw & Penn-Kekana, 2010). However in 2010 Stats SA (quoted in Human Rights Watch, 2011: 13) reported the MMR had quadrupled: “Approximately 625 deaths per 100,000 live births in 2007, up from approximately 150 deaths per 100,000 live births in 1998”. Unacceptably high and rising maternal mortality is sadly linked to *avoidable* factors (Chopra, et al., 2009: 369) which accounts for 59% of all maternal deaths (Chadwick, Cooper & Harries, 2014: 862). Late presentations at maternal facilities greatly increase the risk of avoidable mortality yet remain consistent issues in maternal health facilities (Amnesty International, 2014; Abrahams, Jewkes & Mvo, 2001) which demonstrates that women’s use of and trust in public services is undermined (Chadwick, 2013; Silal et al, 2012; Mooney, 2012). It is little wonder then that “by providing a public good of such variable quality that it is not used by a considerable proportion of those who can afford alternatives”; women are not keen to exercise this entitlement, if they can avoid it (Burger, 2009: 9). Improved quality of care (key to South African women’s childbirth experiences: see literature review, pp.26), whilst proposed as a core strategy to improve maternal health outcomes (Van den Broek & Graham, 2009; Gerein, Green & Pearson, 2006; Palmer et al., 2003) has also been proposed as a means to reduce women’s vulnerability to abuse during childbirth (WHO, 2014).

Obstetric Violence

Women’s vulnerability to abuse has gained increased attention since the World Health Organisation’s (WHO) statement on “the prevention and elimination of disrespect and abuse during facility based care” (2014). Highlighting institutional abuse of women during childbirth as a violation of women’s rights, this statement reports that a lack of care profoundly impacts women’s experiences of childbirth (WHO, 2014). Violence against women during childbirth is a pattern that has been linked to broader societal issues where “the use of violence in health-care services may be seen as an extension of generally high levels of violence in society” (d’Oliveira, Diniz & Schraiber, 2002: 1683). Since Jewkes, Abrahams & Mvo’s (1998) landmark study ‘Why do Nurses Abuse Patients’, obstetric violence has been an important theme arising from the relationships between staff and patients in maternity services in South Africa. This persistent problem has very recently been strategically framed as an issue of violence against women, to mobilise for social, political and institutional action (Chadwick & Stevens, 2015). Thus while d’Oliveira, Diniz & Schraiber (2002)

identify four forms of obstetric violence: neglect, verbal violence, physical violence, and sexual violence, South African authors Chadwick and Stevens (2015) additionally point to unnecessary caesarean sections as a form of obstetric violence against women.

Homebirth

Homebirth is an affordable alternative to both the risk of unnecessary caesarean section in the private sector and poor quality care in the public sector. This study stands in support of such alternatives which, if fostered through an independent midwifery body to ensure the autonomy of midwifery services, can promote a vibrant and diverse birth community. Elsewhere I have published on the applicability of homebirth outcomes to address issues of poor quality care within the South African maternal health system. In Daniels (2014) I put forward the notion that social environments of care, fostered in and central to six South African women's homebirth experiences had applicability across multiple childbirth contexts. I argued that the conditions which create "social environments of care are the basis for ensuring universally dignifying and honouring experiences of birth" (Daniels, 2014: 36). The present study therefore stands in encouragement of both independent midwifery and homebirths on the basis that these 'alternatives' promote and generate entirely different 'bodies of knowledge' about birth, than those produced in institutional settings (Cheyney, 2011b; Rothman & Simonds, 2005). It is this body of alternative knowledge about birth, which, as Beckett says, "allows us to subject obstetric knowledge to analysis and critique" (2005: 265). Such critique allows women, men and couples to make reflexive and meaningful birth choices. Ensuring that these choices empower and liberate women is central to a feminist project of transforming childbirth practices.

Planned homebirth, which is the focus of this study, is defined here based on the form currently practiced in Cape Town (as undertaken by the participants in this study). It is an event and practice undertaken in conjunction with a skilled, independent midwife¹¹. The midwife provides antenatal

¹¹ Please note: midwifery is subsumed under the South African Nursing Council (SANC) and thus independent midwives first qualify as nurses (See Daniels, 2012: 11, 52; 2014: 4-5 for brief overviews and discussion). However independent midwives often seek training and apprenticeship outside of South Africa to gain the necessary skills and confidence to take full responsibility for homebirths, something nursing training does not. The long-standing agitation this has created resulted in the 2011 NARM African pilot project for direct-entry midwives, which gained considerable ground up until the Midwife International scandal, at which point it ceased to continue. Three midwives who are practicing in the Western Cape have received their qualification this way but remain unrecognised by SANC, a further five remain enrolled in the programme, others have dropped out due to SANC's immovable position. At least one midwife in this study is thus unrecognised by SANC but is a qualified direct-entry midwife. At least one doctor is known to attend & promote homebirths.

care throughout the pregnancy, takes a detailed medical history and establishes a relationship with the homebirth client/s. Prior to the birth, homebirthers register with either a public or private medical facility to act as backup in case of emergencies. The midwife visits the intended birth place and has an assistant on call for the birth. It has been noted that women in relationships are reluctant to plan a homebirth without their partner's support (Bedwell et al., 2011; Edwards, 2005). As a result, this study sought to make sense of homebirth from a relational perspective to consider couples' joint engagement in homebirth alongside the important role played by the midwife in facilitating homebirth practices.

Theoretical Framework

Relationality is a construct embedded in multiple layers of the research; it is key to the actual, lived, bodily experiences of homebirthers (Chadwick, 2009; 2007); it is also key to the ontological and epistemological framing of the production and co-construction of knowledge. A relational gender perspective foregrounds the interactions and interconnectedness of homebirthing women and men that is here argued to be central to an understanding of experience within shared contexts. In this theoretical framework, homebirthing femininities and masculinities are linked to and shaped by wider socio-cultural processes, relationships to each other, their coupledness, their midwife, and the social practices involved in homebirth. This part of the introduction undertakes to provide details of the ways in which relationality formed scaffolding that not only offered a way of theorising and conceptualising homebirth, but informed the conduct of the research. Relationality was reinforced through consistency across practical and philosophical ways of thinking about and going about the research, and at the level of my own biography. Where relationships were core to the study design, in keeping with this framework, they were also found to be core outcomes of the knowledge (co)produced from the research.

○ Theory / Method

The inclusion of relationality in respect of the methodology was achieved in two ways: First through the combination of couple and individual interviews, second through a listening guide analysis of narratives. In regards to the first, utilising both joint and individual interviews as an inherently relational research method meant that couples' relating practices came to the fore in the interactional contexts of the interviews. Offering a view of 'relational-selves' (Mason, 2004) in the scripting of the self in relation, the accompaniment of individual with couple interviews (Heaphy & Einarsdottir, 2013) added interpersonal and intrapersonal perspectives. With regards to the second:

“The voice centred relational method (or listening guide) emphasizes social relationship issues in narratives and reflexivity processes in research, it also recognizes the epistemological dimensions of data collection and analysis” (Doucet, 2001: 335).

In this methodology, mutuality or multiple-interlocking aspects of the self are practically and theoretically accessed from a position of relationship. The social context between narrator and listener, as inter-personal/interviewer-interviewee interaction, is critical to the formation of meaning. Through repeated ‘listensings’ the analyst is brought into research-relationship with the participant where links to others, including other parts of themselves, situationally embedded selves and wider socio-cultural processes form the basis of understandings of another. A relational approach thus offered a way of linking theory with method in the research process.

○ Birth and Relationality

Several authors (many of whom are family studies scholars) have highlighted relationality as a useful framework to account for lived experiences of meaningful (bodily) connections between people and place (Gabb, 2008; Doucet, 2006; Mason, 2004; Mauthner, 1998). Although the importance of the relational context has been proposed as a key concept in relation to childbirth (Chadwick, 2013), the focus in the literature on either women or men or couples - whilst important - has inadvertently reproduced the idea of separate, individual selves. Birth is a psychological, social, emotional *and* biological event (Reed, 2005; Stern, 1998) where the experience of being in connection with self and others (Chadwick, 2014; 2013; 2009) stands in relation to broader social norms. A relational approach to homebirth thus takes into account “multiple people and categories, linking bodies and institutions” (Connell, 2012: 1676). Relational selves are understood to be inter-dependant rather than independent; embedded in webs of intimate as well as wider socio-cultural relations (Mauthner, 1998). Foregrounding the relational context in which decision making and narrative constructions of homebirths are negotiated, this research showcases relational operations of gender as both opportunity and constraint.

○ Gender and Relationality

Gender is particularly salient to a relational perspective of the ways in which couples do homebirths. Doing gender is “actively accomplished and negotiated in interactions within a heterosexual relationship” (Doucet & Lee, 2014: 361). According to West and Zimmerman, doing gender creates and maintains differences between women and is central to the gendered organisation of social life

(1987: 138). Especially salient to the gendered organisation of social life is the theory of multiple, inter-related hegemonic femininities and hegemonic masculinities (Schippers, 2007). For the purposes of this project, homebirthing women and men's dialectical interactions (Connell, 1995) are assumed to actively construct the unequal gender relations, evident in the normative gender order. Gender inequality is achieved at the micro-level through social transactions in everyday life that mirror broader structures of power (Courteney, 2000: 1387-1388). In the context of this study, the characteristics of hegemonic femininity that account for gendered interactions, which disadvantage women, would construct women's bodies as pathological and in need of hospitalisation; women themselves as untrustworthy and needing to be controlled. Asymmetrically correlated to the interactions and institutions ensuring the dominance of men, the qualities associated with hegemonic masculinity would construct men "as the stronger sex" who is fearlessly in-charge, whose needs come first and who cannot be seen as weak or vulnerable (Courteney, 2000: 1388).

Schippers (2007: 90) specifies that what is pertinent about the relations between women and men is the "complementary and hierarchical" quality of the symbolic relationship produced between masculinities and femininities that maintains gender hegemony. Ferree (2010: 424) further develops the notion that hierarchically produced masculinities and femininities are characterised by power inequalities that are "contested but controlled" through the practices of individuals and society. In other words, Ferree insists that the idea of gender is interactive and integrative on multiple levels; situating individual gendering practices within broader social structures (2010: 424). Returning to the importance of Schippers' (2007: 94) distinction of the differences between women and men, is the premise that this difference is an "*idealized relationship*" (author's emphasis) allows for the conceptualisation of relational configurations of multiple and hegemonic femininities operating *alongside* multiple and hegemonic masculinities (Connell, 1995). Connell and Messerschmidt (2005: 848) went on to emphasise that attention must be given to the interplay between masculinities and femininities, but it is Schippers' (2007) conceptualisation which builds on Connell that is most useful empirically.

"The inevitable interrelationship" of gendered practice means that "each category draws at least part of its meaning from opposition against as well as alignment with the other" (Lupton and Barclay, 1997: 4). Relationality as a theoretical framework thus requires closer consideration of the *active* social processes that bring into being various gender configurations (Connell, 2012: 1677). This means that the literature on homebirth, which has recognised the set of meanings shaping and

influencing constructions of femininity in homebirth (see 'Women, Gender and Homebirth' in the Literature Review, pp. 41), without recognising the corresponding, relational constructions of masculinity, has neglected a significant part of the whole picture. If relationships between masculinities and femininities structure social interactions, at every day and institutional levels, then they structure the situated interactional context and practices of homebirths, and broader family practices too. A relational gender framework, adapted from Schippers (2007) therefore calls for the identification of situationally specific sets of meaning that manifest as the embodied qualities of ideal constructions of relational femininities and masculinities, in the interactions of women and men.

○ Homebirths and Relational Gender Practices

A relational, gendered perspective on homebirths must ascertain the qualities of the masculinities and femininities present at homebirths, to understand the relationship between them, and then determine whether these comply with a definition of "alternative femininities and masculinities" (Schippers, 2002 quoted in Schippers, 2007: 97). These alternatives are the practices and traits of women and men that "do not articulate a complementary relation of dominance and subordination between women and men" (Schippers, 2007: 98). From a relational perspective, the relationships *between* bodies, selves and the multiple viewpoints accompanying these, shed light on the quality of relational interactions/configurations (Philip, 2013: 412). Theoretical developments in the field of family studies have come to recognise family as a quality embedded in family practices (Morgan, 1996 quoted in Finch, 2007: 66). Such practices within a gender framework would be defined as "the quality content of masculinity and femininity (that) becomes not just the gender identities or gender displays of individuals, but also, and perhaps more importantly, a collective iteration in the form of culture, social structure, and social organization" (Schippers, 2007: 91). During homebirths the quality of interactions between women and men would then speak to birthing relationships as the basis for continued gender inequality. Homebirth will thus be positioned in this study to reflect how the social processes involved in displaying couple relationships speaks to the interactional space in which the construction of complementary maternal and paternal¹² identities either changes or shifts hierarchical gender relations.

¹² The use of this term denotes paternal as fatherly and is used to correspond with and complement notions of maternal as motherly. This use of this term does not correspond or link to issues of paternalism, which is a behaviour which undermines an individual's agency and autonomy by a person, organisation or state, for the perceived good of the individual.

Outline of the Thesis

Chapter 2 broadly positions the study in relation to existing theoretical and conceptual developments in the childbirth, homebirth, and family studies literatures. Chapter 3 details the ontological and epistemological positions adopted by the research which have informed the methodology and the practical methods chosen. It also identifies some of the issues that arose as a result of these methodological choices. Chapter 4 is the first findings chapter which focuses on relational negotiations in couple displays of planning and experiencing homebirth. Split across first and second-time couples the final part of this chapter considers the extent to which these narratives trouble normative displays of couples and families. Chapter 5 is the second findings chapter in which the differences between men and women's narratives are discussed. This chapter is divided into constructions of masculinities, constructions of femininities and gender tensions in women and men's dyadic perspectives. Chapter 6 is the final chapter which discusses relational, gender displays of homebirth. It includes a discussion of the limitations and directions for future research before offering concluding thoughts, which brings the thesis to a close.

Chapter 2

REVIEW OF THE CHILDBIRTH AND HOMEBIRTH LITERATURES

This literature review sets out to provide a thorough engagement with what is already known about women, men and couples' experiences of birth. Its purpose is to build a solid foundation for the ideas that are developed more fully in the remainder of the thesis, which identify gendered social practices and situated gendering experiences, specific to homebirth. The homebirth literature will therefore be positioned within “the first tier (or inner circle)” (Knopf, 2006: 130) of relevance to the research question, ‘what are the relational negotiations that take place when couples plan homebirths, have homebirths and narrate their experiences, and how are these gendered’. ‘The second tier (or outer circle)’ offers a broader perspective of birth; necessary both where the homebirth literature is lacking, and to situate relevant discourses within a wider, longstanding scholarly tradition on childbirth. The review moves fluidly across both tiers and between the local and international literatures as it seeks to cover the breadth and depth of the literature on women men and couples' experiences of homebirth.

The chapter opens by broadly discussing trends in homebirth rates internationally and considers variances in the South African context, thereby further refining the particular scope of this study. In South Africa few but significant studies examine women’s experiences of childbirth; the studies on men are not only scarce, their findings are as yet, inconsequential. On the other hand, a rich and diverse body of international literature on childbirth has flourished since the 1970s. Key theoretical frameworks are touched on to situate this study within a broader, long-standing tradition of critical discourse on childbirth. This leads to the heart of the literature review which positions couple studies of homebirth as central to the conceptualisation of the present study. A shortcoming of both the heterosexual and queer couple studies is their neglect of gender, and similarly so for men’s experiences within the homebirth literatures. While men and gender are touched upon with the broader childbirth literature, the most astute discussion of gender across in the literature as a whole occurs within the literature on homebirth which offers detailed examination of women’s gendered experiences. Thus the omission of gender from the men and couples' homebirth studies is particularly telling. This study therefore sought to address these weaknesses by incorporating prospective experiences of homebirth and the relational perspectives of women, men and couples.

Understanding Homebirth Locally and Internationally

Recognised globally as well as locally to be a middleclass phenomenon (Chadwick & Foster, 2013; Edwards, 2005), planned homebirth constitutes an absolute minority of all births globally. With the notable exception of the Netherlands, which has an unusually high homebirth rate of 31.8% (Borquez & Wiegers, 2006: 341) planned homebirths constitute around 1% of births in Canada (Kornelsen, 2005: 1495) and USA (Cheyney et al., 2014: 17), 2.5% in England (Coxon, Sandall & Fulop, 2014: 52) and between 0.01 - 0.4% in Nordic and South Pacific countries (see Blix, 2011; Dahlen, Barclay & Homer, 2010; Viisainen, 2001). Homebirth remains consequential in spite of these tiny percentages, because it represents one of few forms of resistance to normative, biomedical birth.

South Africa does not have statistics for the nominal percentages of planned homebirths. The demographic and health survey (2007: 124) reports that 6.5% of all deliveries occurred at home, however these were unplanned homebirths in rural areas. The inaccessibility of maternity services in poor, rural areas means that under-educated and under-resourced (mainly) African women account for the greatest percentage of these deliveries. In the studies referred to by Peltzer et al., (2006) between 44.1% - 47% of such deliveries were without skilled birth attendants. Even more problematically, the mothers had not received proper antenatal care during pregnancy (2006: 55). Additionally, in rural, urban and peri-urban settings, there are common occurrences of 'born before arrival' babies (BBA's), where delivery occurs before a mother's arrival at a medical facility (Scott, 2005: 70). These are unplanned and occur unexpectedly, either at home, or en-route to hospital. Unplanned or rural homebirths fall outside the scope of this thesis.

On the other hand, literature attesting to the safety of maternal and neonatal outcomes for planned homebirths (Cheyney et al., 2014; De Jonge, et al., 2013; Olsen & Clausen, 2012; Birthplace collaborative group, 2011; de Jong et al., 2009; Hutton, Reitsman, Kaufman, 2009; Fullerton, Navarro & Young, 2007; Johnson & Daviss, 2005; Wiegers et al., 1996; Anderson & Murphy, 1995) has existed for over two decades. In spite of such overwhelming evidence, concerns over the medical safety of homebirths persist in medico-legal and lay-cultural perceptions of homebirth (see Hayes-Klein, 2012). Homebirth (as defined in the introduction), in middle income South Africa, is consistent with the parameters and standards of safety indicated in the international literature:

“A review of current literature demonstrates safe outcomes with homebirth when specific criteria are met. They include: a planned home delivery, a well-trained attendant, a patient at low risk, adequate screening, and an appropriate backup physician for consult and transfer to a nearby hospital” (Hosmer, 2001: 678).

Accordingly, the safety of homebirth remains uncontested in this thesis as a whole. Furthermore it is hereby acknowledged that the iterative and repetitive nature of such debate undermines the counter-knowledge generated through situated, socio-cultural resistance. For example, the scholarship of Rachelle Joy Chadwick has highlighted the importance of a counter-culture of homebirth in Cape Town, South Africa (2014; 2012; 2009; 2007). This critical feminist research agenda considers how homebirthing women may be expressing lived experiences of the birthing body in ways that potentially dislodge master-discourses of the dysfunctionality of women’s birthing bodies (Chadwick, 2014). Rather than perpetuate the polarization in debates of safety, such knowledge contributes to a reconceptualization of the birthing body. This is relevant not only to homebirth, but to the wider production of alternative knowledge on women’s everyday lives. Chadwick’s contribution to the homebirth literature is as relevant to the local context as it is to the global context and will thus be covered in more detail further on in the literature review.

South African Women’s Experiences of Childbirth

The literature is dominated by the experiences of the 85% of women who give birth in public institutions (Clowes, 2011). A Human Rights Watch (2011) report entitled ‘Stop making excuses’ produced a scathing evaluation of South African maternity services’ lack of accountability and transparency. Despite the absence of professional and institutional action on issues of abuse, disrespect and lack of care, the complexities embedded in both patient and staff experiences continue to be explored (Chadwick, 2013; Schoombee, van der Merwe & Kruger, 2005).

Jewkes, Abrahams and Mvo (1998) conducted thirteen interviews with staff and ninety interviews with thirty two women, interviewed multiple times, whose deliveries took place in one of two primary obstetric units in the Western Cape (see also Abrahams, Jewkes & Mvo, 2001). One was in a majority black area and the other in a majority coloured area, which served as research settings where sampling and recruitment, interviewing and focus groups, along with non-participant observation took place. Abuse of patients by staff was a key, unanticipated finding that arose through an inductive, ethnographic, narrative approach to the research. This excellent qualitative

study presented both sides of this dense, multi-faceted social issue and uncovered normalised, ritualised, institutionalised abuse in maternal healthcare settings. Nurses corroborated the extent to which a lack of caring was socially approved, significantly impacting the validity of their findings. Compelling differences in patient-staff relationships at the different facilities indicated that a legacy of apartheid, which is woven into the ethos and ideology of nursing, complicates the relations of power played out on labour wards. The moral superiority nurses assumed towards patients was found to be part of a “devaluing or dismissal of patient knowledge” (Jewkes, Abrahams & Mvo, 1998: 1792) in which birthing women were seen as deserving of punitive treatment, ridicule, scolding and ‘inhumane’ treatment. Power relations which degraded birthing women, whilst intrinsically linked to race and class, were also shown to be linked to a lack of caring and poor ethics within the nursing profession that was indicated as arising from within biomedical maternity systems generally.

Kruger and Schoombee’s (2010) study once again prioritised the nurse-patient relationship through interviews with both parties. Their findings were drawn from interviews with ninety three women from a low-income community (in the Western Cape) and eight nurses from the local hospital where all the women gave birth. Drawing on a Foucauldian analysis of nursing, their findings revealed a complex interplay between power and powerlessness, passivity and action. They uncovered a key aspect of the perpetuation of abuse developed through the actions (and inactions) of nurses *and* birthing women who “themselves both maintain and support discourses within which women are objectified and abused, and contest and undermine them” (Kruger & Schoombee, 2010: 98). For example, nurses used “instruments of control” to gain power over birthing women whose bodies they rendered docile and compliant through punishment, neglect and ridicule (2010: 92). The corollary was that nurses were positioned at the bottom of a medical hierarchy where they themselves were silenced and made invisible. In an environment where care was neither given nor received, it was a notable lack of care which distinguished the experiences of both groups of women.

In the narratives of thirty three women using the same maternity services in the greater Cape Town area, quality of care was again pinpointed as a priority issue (Chadwick, Cooper & Harries, 2014; Chadwick, 2013). The key finding was that women’s embodied agency, described as the “ability to listen and follow bodily clues and sensations”, was purposefully stunted and birthing women were denied the opportunity to utilise this form of agency (Chadwick, Cooper & Harries, 2014: 3). Comparing South African women’s ‘narratives of distress’ to the ‘nullification’ and ‘fractured inter-

personal relationships with caregivers' found in studies of Swedish and British women, Chadwick, Cooper and Harries identify "relational mistreatment" as a dominant theme in childbirth abuse (2014: 5-6).

South African Men (and Couples) Experiences of Childbirth

The literature on men and childbirth in South Africa is almost non-existent and structural weaknesses greatly disadvantage the studies that do exist. Three studies were found which analysed men's expectations and experiences, albeit in highly culturally specific and contextually precise circumstances. The first study involved four mothers and two¹³ fathers who used kangaroo care with their premature babies (Leonard & Mayers, 2008). While this study refers to the experiences of 'parents', the couple relationship is completely ignored. The hands-on experience of two fathers was invaluable to the phenomenological approach. Subsumed within parents' experiences more generally, the patterns pertaining either to men or couples are limited and diffuse. The second study compares the experiences of 'black fathers' in a private hospital (N=5) who accompanied their partner during labour, with those in a provincial hospital (N=5), who were not involved (Sengane, 2008). The different financial means, class status, educational attainment and cultural variation of the men involved are not examined. Further, although black cultural attitudes are known to vary between urban and rural settings (Russell, 2003) the provincial/metropolitan separation of the two groups was not critically evaluated. Thirdly, Sengane and Nolte (2012) interviewed five men who were asked to evaluate the interactions of midwives with their birthing partners. Despite their black only sample, classed as "poor and unemployed", drawn from a rural/semi-rural public hospital in Gauteng (Sengane & Nolte, 2012: 3), the paper relies heavily on literature from the global North, with its self-evidently different demographic and cultural characteristics, to support its conclusions. Overall these studies highlight the pressing need for research that contributes towards a critical body of literature dealing with men's involvement in birth, from a South African perspective¹⁴.

¹³ The authors note that only "information-rich cases were selected for in-depth study" suggesting that more than this number may have been interviewed but only two conformed to their idea of "information-rich" (Leonard & Mayers, 2008: 18).

¹⁴ Having said that, since the Human Sciences Resource Council's first outstanding publication on South African fathers and fatherhoods (Richter & Morrell, 2006) put the spotlight on a burgeoning area of scholarship (see Reid & Walker, 2005; Morrell, 2001). Excellent quality, critical research into fatherhoods and intersectional masculinities are now considered a well-established field of enquiry into South African social life (for further examples see: Spjeldnaes et al., 2011; Shefer et al., 2007; Montgomery et al., 2006).

The Sociology of Childbirth

A brief account of the literary lineage this study draws from is necessary to situate this study within a rich, robust tradition of scholarship on childbirth. Commonly recognized as having developed together, feminist debate in the field of childbirth has been the dominant influence shaping critical theorists engagement with childbirth as a social, cultural and political event (Chadwick, 2007; Beckett, 2005; Hanson, 2004; Fox & Worts, 1999; Annandale & Clark, 1996). The body of literature known as ‘the sociology of childbirth’, which coincided with second wave feminism, theorised power from a macro-social perspective acting in a ‘top-down’ manner to discipline individuals (Chadwick, 2007: 76). The dominant criticism of the hospitalisation of childbirth focused on the patriarchal, ideological structure of medicalization (Martin, 1987; Rothman, 1982; Oakley, 1980; 1979). The critique of power in the sociology of childbirth “stressed the interrelationships among sexism, poverty and cultural imperialism in the transformation of twentieth century birth” (Klassen, 2001a: 33). Describing with incredible depth and specificity the organization of women’s medico-social experience (Davis-Floyd, 2003; Martin, 1987; Rothman, 1982; Entwistle & Doering, 1981), these analyses of institutionalised childbirth detailed hierarchies of control and subordination in technocratic obstetrics that regulated and reduced women’s autonomy (Davis-Floyd & Sargent, 1997; Michaelson, 1988; Jordon, 1983). Whilst offering important theorisations of power that were implicitly concerned with gender¹⁵, the explicit role gender played as a form of power operating in relation to birth was given scant attention (Chadwick & Foster, 2013; Martin, 2003). According to Chadwick (2007: 86-105), post-structuralist shifts in feminism after the 1990s introduced micro-social perspectives of women’s subjective experiences of agency, choice and control (VandeVusse, 1999; Lazarus, 1994; Nelson, 1983), which revived interest in childbirth as a gendered event (Zadoroznyj, 1999; Annandale & Clark, 1996)¹⁶.

Key authors' identification of a split between two approaches to childbirth, the ‘medical’ versus ‘midwifery’ model (Rothman, 1982), subsequently termed ‘technocratic’ versus ‘holistic’ models (Davis-Floyd, 2003) has dominated the childbirth literature. The notion of a ‘biomedical’ model opposing a ‘natural’ model (Oakley, 1980) informs childbirth practice and theory to this day (Walsh, 2010). Largely seen as contentious, this split is none the less reflected in “the three waves of feminist commentary and critique” (Beckett, 2005: 251); in constructions of women’s childbirth choices

¹⁵ Macro-level criticisms which emphasised the patriarchal nature of medicalization paved the way for homebirth to be seen not only as resistance to medicalization, but additionally as resistance to gender.

¹⁶ This overview draws largely on Chadwick, 2007 and is does not claim to be extensive. See aforementioned author for a comprehensive, in-depth discussion of the scope and significance of this body of research.

(Chadwick & Foster, 2013; Walks, 2007; Viisainen, 2001); and in the polarization of debates about childbirth (see Campbell & Porter, 1997; Annandale & Clark, 1996). Technology was first shown by Oakley (1980) to be linked to high incidences of post-natal depression and was further indicated by Martin (1987), to be definitive of the ideological paradigm underpinning the medical model of birth. Consequently, technology is one of a multitude of factors pertaining to women's experience that has been critically examined in this body of literature (Mansfield, 2008; Kornelson, 2005; Beckett, 2005). One of the key findings such a critique has uncovered is that social class is a major determinant of women's reliance on and recall to technology (Zadoroznyj, 1999; Lazarus, 1994; Nelson, 1983) that is linked to and stands in place of wider social support (Fox & Worts, 1999). Special mention must be made of Lyerly (2006) and Akrich & Pasveer (2004) whose theorisations of technology have applicability across medical and natural configurations of birth. These authors discerned the relational qualities associated with technological intervention, which impacted on women's subjective experience. As a result of the more nuanced analysis of the role of technology in shaping women's experiences, homebirthers have therefore been recognised as 'negotiating' the use of technologies, rather than rejecting them outright (Chadwick & Foster, 2013; MacDonald, 2006; Kornelsen, 2005; Klassen, 2001a). Klassen ascertained a 'techno-pragmatism' among homebirthers who did not deny biomedicine's usefulness, "but challenge(d) its hegemony via alternative systems of knowledge" (2001b: 776). The literature therefore reveals that dichotomous natural versus medical categorisations are inadequate; but that neither are these categories obtuse. The complex, multi-layered, inter-personal contexts that impact on expectations and evaluations of birth are in part shaped by these macro-social perspectives of natural and medical birth. But there are also finer gradations within these categories that micro-social perspectives show up, and both are needed to unpack the experiences of intricately interwoven subjects and subjectivities.

Couple Studies of Homebirth

To date three studies published in five papers have considered homebirth from a couple perspective; one from Australia (Morison et al., 1999; 1998), one from Finland (Viisainen, 2001; 2000), and one from Sweden (Lindgren, Hildingsson & Radestad, 2006). Ten couples were interviewed by Morison et al., (1999; 1998) within two years of their homebirth experience. Lindgren, Hildingsson & Radestad, (2006) interviewed five couples, between one and five years after their experience, while Viisainen's (2001; 2000) sample consisted of twelve couples who had homebirthed within the previous three years. While the contributions these studies make is substantial (see below for further details), retrospective studies in childbirth research have

pronounced limitations (Chadwick, 2007; Martin, 2003). Retrospective accounts may gloss over or reinterpret challenges and difficulties in light of the elation at the conclusion of birth (Klassen, 2001a: 192). Furthermore, decision making, which can be fraught with complexity, (particularly within relationships) comes to be seen as temporally stable, which it is not. While all these studies are concerned with issues regarding the choice to have a homebirth, doing so in retrospect limits the insights they offer on the *active* social interactions involved in decision making. Nonetheless, this body of literature is a unique feature of research on homebirth. Interestingly, a similar though smaller literature exists in relation to lesbian couples' experiences of childbirth (Walks, 2009; 2007; Buchholz, 2000).

○ Queer Couples

Walks' thesis and subsequent article is most pertinent for the purposes of the present study (2009; 2007). Walks focuses on queer couples' birthing narratives, exploring issues of choice, identity, gender, sexuality and place of birth with respect to either the medical or midwifery model (2009; 2007). Half the couples in her study expressed an interest in homebirth, although the majority opted for midwifery care in hospital. She interviewed ten couples, four retrospectively and six both pre and post-partum, discussing (in total) thirteen births, eleven involving midwives, and six planned homebirths, four of which transferred to hospital (2007: 33). Specific legal, historical processes and socio-cultural contexts in British Columbia, Canada has made 'choice' a key issue in relation to queer birthing and subsequent family life. Walks' comprehensive discussion of the contextual factors intersecting with 'choice' nonetheless highlights that participants structured their choice according to a medical/natural birth continuum (2009; 2007). Lesbian couples' choice of midwifery was framed as sensitive to their particular needs, in accordance with their self-identification as (queer) feminists, separate to the norm who aligned with degrees of the 'natural' (Walks, 2009: 140-142). The heteronormativity of family life was contested by the situated meanings and cultural consequences of queerness given the bureaucratic status and legal recognition of queer couples as parents. Hence, in negotiating childbirth choices, queer couples were shown to be consciously negotiating parenthood, going a step beyond the heterosexual couple studies (detailed below). Walks' (2007; 2009) research with lesbian couples makes a valid contribution to the findings of the present study, where couples' negotiations and relational interactions showcase the display of families¹⁷.

¹⁷ The continuum of natural and medical birthing choices available to Walks' participants in British Columbia is rare elsewhere. The heteronormativity of the present study is suggestive of the extent to which lesbian birthing choices in South Africa are highly regulated. Additionally, while the jurisdiction of midwives is limited

- 'Control' Linked With 'Natural' in Homebirth

Motivations in the body of literature on heterosexual couples' decision making and experiences of homebirth rely on two overlapping, overarching constructs: 'natural' birth and control. The desire for control has been shown to be particularly salient to middleclass birth (Zadoroznyj, 1999; Lazarus, 1994; Nelson, 1983) with control specifically indicated as important in dealing with pain (Maher, 2010) feeling in control physiologically (Larkin, Begley & Devane, 2009; VandeVusse, 1999) and as a measure of birth satisfaction (Green & Baston, 2003; Hodnett, 2003). Control is an important dimension of the "mutual co-operation" emphasised in the homebirth literatures (Carter, 2010: 1004). When participants remarked that birth was something they could jointly control, they specified: Having control over the birth environment, care providers and decision making. On the other hand,

"Internal control was identified as taking charge of one's own health, both mentally and physically. The way women dealt with contractions demonstrated internal control..... to work *with* their body and accept pain" (Morison et al., 1998: 239, my emphasis).

An important distinction this literature makes is that homebirthing women did not seek control *over* their bodies, rather, as Rieger & Dempsey who compare birth giving with intense creative efforts in sport and arts suggest is that it enables an embodied agency:

"Women's subjective agency is critical to 'letting' processes develop over which conscious control is impossible, but for which agency in managing contractions, moving the body and responding to action initiated by the baby is still required" (2007: 368).

Control was thus paradoxically constructed in relation to losing inner control and allowing the 'natural' course of birth to take place. As Viisainen's (2001) careful articulation of homebirth constructs shows, control is therefore complexly inter-woven into the ideology of natural birth.

'Control' has had a longstanding history of controversy in the childbirth literature¹⁸, peculiarly playing a central role in the debate both for and against both natural and medical childbirth (for overviews see Chadwick, 2007; Zadoroznyj, 1999). In this couple literature on homebirth however, control was not only parcelled with 'natural' birth, but was tellingly linked to couples' "resistance to

to out-of-hospital settings, the fertilization process often requires queer couples seek highly technical, privatized institutions even before they fall pregnant.

¹⁸ It is unfortunately beyond the scope of this literature review to go into this in any significant depth.

the supervisory role the society has over them in general and especially to the authoritative status of biomedical thinking" (Viisainen, 2001: 1115). The parents in these studies expressed "a critical attitude towards conventionalities in general, as well as a determination to take responsibility for their own lives in all situations" (Lindgren, Hildingsson & Rådestad, 2006: 15). A key aspect of the "life attitude of these parents" was that they "wanted to do things in their own way" (Viisainen, 2001: 1115) and have birth be "within their control" (Morison et al., 1998: 238). In this context, control is consequently linked to social change and social justice, particularly as it relates to women. As Cheyney (2008: 254) has described it, the knowledge, power and intimacy of homebirth is "systems challenging", politicizing the choice to birth at home. Where these couples insist that their 'attitudes' (Lindgren, Hildingsson & Rådestad, 2006) and 'beliefs' (Morison et al., 1999) determined their suitability for homebirth, their reliance on the birthing woman as 'master' of the birth process not only challenges relations of power in gendered social life, but radically repositions women in their everyday lives. Having confidence in themselves, their midwife and their relationship played an especially important role given the challenges couples would face from friends, family and medical professionals (Lindgren, Hildingsson & Rådestad, 2006; Viisainen, 2000). Possessing confidence in, trust of and reliance upon the authoritative knowledge of women's bodies was thus the basis for homebirthing couples' achievement of both gender resistance and resistance to medicalization.

Kirsti Viisainen's (2001; 2000) research highlights the cultural specificity of alternatives to medical childbirth, in which local practices produce socio-cultural variation in the meanings of and resistance to biomedical hegemony. Arguing that homebirth is a 'self-constructed choice' in Finland where giving birth outside of hospital is "unthinkable", Viisainen (2001: 1119) focuses on the actions and articulations of homebirthers to decipher particular cultural forms of alternative childbirth. In her view:

"Individuals make pragmatic choices within their local cultural context, interpreting the ideal type (birth) model in terms of their individual experiences and values and the logistical practicalities they face" (Viisainen, 2001: 1120).

Natural birth as a definitive aspect of biomedical resistance meant prioritising control of decision making and of the birth process; positioning homebirth as a form of self-empowerment; adopting a pragmatic approach to technology and biomedical knowledge. 'Natural' birth was thus constructed as a way of trusting women's bodies, themselves as a couple, and relying on intuition. More recently a study with ten Finnish women has corroborated these findings (see Jouhki, 2012).

○ The Meanings of Lived Experiences of Homebirth

Morison, Hauck, Percival & McMurray (1999; 1998) as registered nurse midwives, conducted the first, phenomenological study on homebirthing couples, in which observational data from three video recorded homebirths was used as a form of triangulation. Homebirth was undertaken by these couples as an investment in themselves (1998: 235). In this context, shared power and shared decision making was strived for as parents' sought varying degrees of internal and external control that validated their rights and responsibilities. Their expectations of homebirth were shaped by self-reliance, confidence in the 'naturalness' of birth, and in the birthing mother's capability for "mastery" over birth (1999: 37). Positioning women as central to the experience of homebirth meant that half the men in this study felt 'useless', 'inept' and 'powerless' (Morison et al., 1998: 240). This experience redefined and facilitated new roles for men as supportive observers who found they managed the psycho-social space of birth. It's worth noting that a more recent study of men's role in homebirth with 105 men, found no men at all describing feeling left out (Nilsson & Hoy 2011: 16). Incorporation of a philosophy based on the social nature of homebirth made 'resolving expectations' a crucial process "where the meanings of outcomes were shaped" in light of the reality of a lived experience of homebirth (Morison et al, 1999: 38). This finding directly results from the use of retrospective accounts; though the authors themselves fail to mention the impact of their method on the findings. Additionally, the gendered nature of men and women's role in a homebirth are a striking feature of their findings, although Morison et al. (1999; 1998) do not specify this in concrete terms. Yet their research concludes that where homebirth infringes on normative constructions of childbirth, focusing on the couple as the unit of investigation offers the possibility of fracturing a patriarchal culture of birth (Morison et al., 1998: 241).

Common to the couples in all these studies was the conviction to both define and align with "what birth means to them" (Viisainen, 2001: 1116). Lindgren, Hildingsson & Rådestad (2006: 15) found that homebirth parents relied upon trust in intuition and in the woman's ability to give birth. Risk theorists have identified such lay forms of knowledge as "situated rationalities" (Tulloch & Lupton, 2003, quoted in Chadwick & Foster, 2014: 2), which in the context of homebirth is used to counterbalance wider discourses of homebirth and risk. Interestingly, literature on Swedish women and men's fears of childbirth established that "not being treated with respect and not receiving sufficient medical care", was a fear directly associated with the treatment of the individual within the healthcare system itself (Eriksson, Westman & Hamberg, 2006: 112). Literature from Nordic

countries confirms that far greater interest in alternative birth practices is expressed than is actually undertaken (Jouhki, 2012; Sjöblom et al., 2012; Viisainen, 2001). The question then is: what is it about these couples that they drew on 'situated rationalities' to negotiate the social and moral risks attached to homebirth? Lindgren, Hildingsson & Rådestad found their homebirth couples were able to generate "acceptable answers to existential questions" (2006: 22). This ability, they argue, results from these couples having weighed-up risk both emotionally *and* intellectually, to arrive at their own personally meaningful, situated knowledge that aligned with their life outlook with their birth choice. Unasked and unanswered in this literature however, is whether homebirthers' resistance to birthing norms translates into broader resistance of gender norms? Do homebirthers refute or reproduce gender?

○ Studying Couples

The contribution of this literature to knowledge on homebirth is clearly significant, although gaps remain. None of these studies tell us about the couple relationship itself or how couples relationally negotiate their decision to have a homebirth. The extent of men's participation seems limited; hence, there is no coherent men's 'voice' evident in these studies. Instead, a single account reflecting the women's perspectives more often comes to represent 'the couple'. Once again, this is likely a result of the method used where data was gained solely from joint interviews. A wide scholarly literature has debated the advantages and disadvantages of interviewing couples together or separately (see McKay and Doucet, 2010 & Arsky, 1996 for brief overviews). Couple interviews have been known to produce single explanations that neutralises the potential for diverging or conflicting accounts (Heaphy & Einarsdottir, 2013: 55). Observational data from the interactions between couples has been recognised as an additional benefit deriving from joint interviews (Bjørnholt and Farstad, 2014; Morris, 2001; Valentine, 1999; Allan, 1980). However these homebirth, couple studies provide a very limited view of the interaction between homebirthing women and men (which the present study hopes to rectify). Recent literature confirms that interviewing individuals alongside couples reduces the disadvantages attributed to either joint or separate interviews (Heaphy & Einarsdottir, 2013; Mellor, Slaymaker & Cleland, 2013; Taylor & de Vocht, 2011) with previous authors suggesting it as the "best of both worlds" (Stamp, 1994 quoted in Eisikovits & Koren, 2010: 1643; see also Pahl (1989) quoted in Arsky, 1996). Unfortunately, all the couples in these studies (both heterosexual and homosexual) were interviewed together, indicating a gap in the knowledge of couples' experiences of birth. In the end, without having separately probed specifically for men's experiences of homebirth, these studies provide a rather restricted view of men's perspectives on homebirth.

Men's Experiences of Homebirth

Literature examining men's role in homebirths has a very recent history, with two studies conducted in Nordic countries proposing that in homebirths, "she leads - he follows" (Lindgren & Erlandsson, 2011; Nilsson & Hoy, 2011). Another, from Ireland, found 'negotiating the decision', 'ownership of the birth' and 'changed way of being' contributed to the overall theme of 'putting the magic back into life' (Sweeney & O'Connell, 2015). There are several points of convergence in the findings across these three studies.

○ Being In The Midst Of Life

Lindgren and Erlandsson (2011: 69) describe homebirth as "a dance with reversed roles", with the woman leading. Sweeney and O'Connell (2015) confirm that women instigated the idea of homebirth, with men needing persuading. Additionally though, they found men who'd previously had a homebirth needed no further convincing. Complementing Viisainen's (2001) findings of homebirth as a search for an alternative to hospital, Sweeney and O'Connell (2015: 3-4) found men actively involved in this search, seeking information about homebirth with their partners. All three studies indicate joint ownership over the process of homebirth, with all the men indicating it as "our own birth" that "we did it together" (Nilsson & Hoy, 2011: 3). While Sweeney and O'Connell's (2015) study researches men, their recruitment from a pool of homebirthing couples meant the authors present a number of findings about the couple. For example, they specify that homebirth "was the right decision for them as a couple" (2015: 5). Indicating that although it was a female-led decision, men worked hard to find the reassurance and conviction necessary to stand by and support their partners and, to make homebirth a shared decision. One of the main findings of Nilsson and Hoy (2011: 17) was fathers placed great trust in their partner that Sweeney and O'Connell (2015) noted rewarded men by renewing trust in themselves, their coupledness, and in their respect for women's role in childbirth.

The homebirth experience was said to "allow the father not only to participate but "be in the midst of the birth" (Lindgren & Erlandsson, 2011: 68) with one participant saying "I was like the co-pilot" and another saying "relationship and trust, they are key words in homebirth" (Sweeney & O'Connell, 2015: 4; 5). The degree of 'change' experienced by Sweeney and O'Connell's participants, which gave them a "new outlook on life" (2015: 5), indicates that for men especially, following and trusting their partners radically reorganised who they saw themselves as and how they saw themselves being. 'Being in the midst of birth' (Lindgren & Erlandsson, 2011: 68), as central to the experience of

homebirth is closely linked to the 'euphoria', 'awe', 'wonderment', 'beauty' and 'magic' the participants in Sweeney and O'Connell's study describe (2015: 4). These authors thus observed that men go through a similar experience to women, one which they consider positively impacts on men's emotionality (Sweeney & O'Connell, 2015; Nilsson & Hoy, 2011). Homebirth was found to be an "empowering and important moment in life" (Lindgren & Erlandsson, 2011: 69). Homebirth strengthened men's relationships, it "strengthened the father's self-esteem" (Lindgren & Erlandsson, 2011: 69), it "strengthened the men's relationship with their partners", it "strengthened their bonds with the family" (Sweeney & O'Connell, 2015: 5), and it "strengthened the whole family beyond the birth of the child" (Lindgren & Erlandsson, 2011: 68). In all three studies, homebirth exceeded men's expectations, yet retrospective recruitment may have impacted this finding as homebirthers whose expectations were unmet are less likely to have volunteered.

○ Men and Midwives

Men's active involvement played a critical role in overcoming reservations, both in coming to terms with the homebirth decision and in resolving tension in the homebirth. The midwife is emphasised as being crucial to men's acceptance of and feelings of ease in the experience of homebirth (Sweeney & O'Connell, 2015; Nilsson & Hoy, 2011; Lindgren & Erlandsson, 2011). However, this finding is not unique to homebirthing men. The literature on men's role in childbirth has similarly found the midwife critical in facilitating men's involvement (Persson et al., 2012; Premberg et al., 2011; Hildingsson, Cederlöf & Widén, 2011). The difference being that several studies also illustrate how midwives' institutional role hinders men's positive experience in hospitals (Johansson et al., 2012; Bäckström & Hertfelt Wahn, 2011; Longworth & Kingdon, 2011). So much so that fathers in out of out-of-hospital settings are known to report more positive experiences due to their greater level of involvement (Premberg et al., 2011: 848). Fathers in hospital found they were caught in a double bind between the "conflicting roles" of coach or manager, and being there for the birth (Reed, 2005: 163). Homebirthing men on the other hand experienced an intimate and powerful connection during homebirth that was able to be maintained throughout because they understood their role to be in support of women who were in control of the process (Sweeney & O'Connell, 2015; Lindgren & Erlandsson, 2011). Comparison between these two groups of fathers therefore suggests that the effort put into decision making by homebirthing men (Sweeney & O'Connell, 2015: 2-3) and the continuity associated with independent midwifery's model of care ensured a level of trust that contributed to men's feeling reassured and secure and able to contribute in homebirth to the degree they were most comfortable with (Nilsson & Hoy, 2011; Lindgren & Erlandsson, 2011). Carter's (2009) study of homebirthing women has previously suggested that the particular set

of expectations under the midwifery model of care may construct alternate gender roles for the birthing mother, her partner and the midwife herself. This raises the question: How does gender impact on and contribute to men's experience? To answer this requires I step outside the literature on homebirth, because surprisingly (in relation to the wealth of literature on women, gender and homebirth), no literature seems to exist which addresses men's gendered experiences of homebirth.

Men, Gender and Childbirth

While the literature on men and childbirth is growing (Johansson et al., 2012; Steen, et al., 2012; Reed, 2005; Bartlett, 2004; Dellmann, 2004), it tends to ignore the gendered aspects of men's participation. Most of the literature covering the childbirth period that is concerned with gender is framed around the transition to parenting (eg. Coltart & Henwood, 2012; Miller, 2011a; 2010; Finn & Henwood, 2009; Henwood, & Procter, 2003). Dealing with the ideal of the 'new' or 'involved father'¹⁹ seems as important in the childbirth as it is to the transition to parenting literatures. While the benefit of fathers at birth is now unquestioned (Premberg et al., 2011; Plantin, Olukoya & Ny, 2011), certainly in middle-income contexts (Reed, 2005; Lupton & Barclay, 1997), there remains a stalemate between men's expected, yet ambiguous role in childbirth (Draper, 2003; 2003b; 2002). Men's relationship to medical professionals during labour and birth (as mentioned previously) is a dominant concern in the literature, and remains the case when men's gendered identities are the focus of enquiry (Dolan & Coe, 2011; Premberg, 2011; Bedwell et al., 2011). Thus while it seems that middleclass men's involvement in birth has become taken-for-granted, it is the overriding ambivalence expressed by men who feel "ill-prepared, ineffective, and/or psychologically excluded" from birth that is a concerning aspect of this literature (Bartlett, 2004: 159. See also: Steen et al., 2012; Longworth & Kingdon, 2011; Reed, 2005; Draper, 2000; Barclay & Lupton, 1999). As Dellman's (2004: 20) review of the literature notes: "Most men find childbirth both wonderful and distressing. They often don't live up to their expectations and are confused about their role". In other words, what men experience in relation to birth, how they are positioned by care providers and what role they play, remains under dispute.

In Reed's cultural analysis of men and childbirth it is precisely the tension between the cultural practices of birth, and fathers assimilation into an institutionalised, medicalised system of childbirth

¹⁹The idea of a 'new' father seems to be misleading as Entwistle & Doering (1988) noticed a change in the expectations of men's involvement in parenting as it related to middleclass couple assessments of men as fathers.

that he proposes as an explanation for this ambivalence (2005). Reed interviewed fifty middleclass North American men whose partners gave birth in a medical facility. He looks to the ritual meanings of birth, where he finds men's role regulated and defined by biomedical practice, which conceptualises birth as a biological event only (Reed, 2005: 25). Ignorant of the social, emotional, psychological and spiritual aspects of birth, men are bereft of the tools to negotiate their subjective experience (Reed, 2005). A central tension relates to how men *feel* as participants when their invitation into the birth room is premised on constructions of the new, involved father; yet the messages and practices of medicalised birth transmits the opposite (Reed, 2005: 208). He thus finds men in a 'double-bind' between contemporary ideals and the traditional model of masculinity enshrined in hospital birth. Existing power and gender relations, which are reproduced through medicalised childbirth, result in men's role in childbirth symbolically reinforcing the idea of men as distanced and disconnected. The corollary is that connection, feeling and relation,²⁰ which is essential for the "transformation of men into social beings," is systematically denied men during their rite of passage into fatherhood (Reed, 2005: 3). Writing from the UK, Draper (2003b) similarly argues for the relevance of 'transition theory' in plotting the change from man into father, with both authors insisting that birth shapes fatherhood itself²¹.

The explicit importance of the relationships between men, masculinities and fatherhood regarding childbirth has only recently received attention. In one of the most extensive literature reviews to date²², Plantin, Olukoya & Ny (2011: 89) conducted a 'scope study', specifically concerned with European men's involvement with pregnancy, birth and the health related outcomes for themselves, their partners and their children. Using 'free text searches' on six databases and 'block searches' on Pubmed, they reviewed forty six articles and five reports altogether. They present the results according to the following categories: 'men, antenatal care and parental education'; 'fathers support and experiences during and after delivery'; 'involving fathers and positive health benefits for women' (Plantin, Olukoya & Ny, 2011: 91-96). Their key findings confirm a complex pattern of men's well-being during birth relating not only to the level of emotional support received, but also that the way in which social policy frames psychosocial aspects of men's involvement, affected their well-being as fathers. The argument they highlight across the studies is that irrespective of how men feel about their involvement, men's participation in the labour encourages stronger attachment to the

²⁰ See Dermott, 2008 who argues that the term "intimate" fathering better represents the 'emotional work' of (for example) connecting, feeling and relating that is attached to the ideal type of involved fathering.

²¹ Draper, 2003b likewise adopts an analysis of the symbolism of ritual to account for the continued importance of this transition in the life of fathers.

²² For others see: Bartlett, 2004; Dellmann, 2004; Steen, et al., 2012.

baby and more often than not, the couple relationship too (Plantin, Olukoya & Ny, 2011: 92-93). Likewise women valued their partners' support, wanted them to share the experience and felt it would strengthen their relationship (see also Somers-Smith, 1999). What these authors found to be problematic was:

“A lack of theoretical perspectives on men and fatherhood..... We need to look into the relationship between fatherhood and masculinity. We also need to study how hierarchical power structures among men and women as well as between the sexes affect men's behaviour” (Plantin, Olukoya & Ny, 2011: 97)²³.

Few authors other than Dolan & Coe (2011) have utilised theory-based, constructions of masculinity to consider how these position and mould men's experiences of birth (a notable exception is Draper, 2000). Equally important is that their research includes health professionals, thus enabling a view of both men and caregiver perspectives, as well as their interactions, in the construction of (birthing) masculinities. Five first-time fathers were interviewed before and after birth, following which, five health professionals were interviewed. All the participants were recruited from a maternity centre in the UK (Dolan & Coe 2011: 1021-22). Drawing on the theory of hegemonic masculinity developed by Connell (1995) to consider the multiple configurations of gender that produce hierarchical differences among men, the most dominant and idealised of which becomes hegemonic. Echoing Draper (2003a; 2000), they found that men occupy a marginal and vulnerable position in childbirth that runs counter to hegemonic masculine ideals. However, these authors argued that men's recourse to dominant forms of masculinity, in particular the idea of men as “stoical and self-reliant”, ameliorated the fear and vulnerability men felt in relation to childbirth (Dolan & Coe 2011: 1026). By taking it like a man, men accepted their marginal status in birth without relinquishing their socially ascribed status in the gender hierarchy, as “the stronger sex” (Courtenay, 2000: 1385). Health professionals colluded with men being positioned in this way as it served their own and their institutional interests.

Dolan and Coe (2011: 1030) argue that “being there” was constructed as heroic and in line with dominant masculinity (i.e. “the price men pay ‘to be there’”). ‘Being there’, which is a key concept in

²³ These health scientists acknowledge this would call for a multi-disciplinary approach, reaffirming the importance of in-depth, qualitative, social science research on gender and birth. It also indicates that a greater cross-over in the field of birth, fatherhoods and masculinity could help inform overall understandings.

the literature on fatherhood (see Miller, 2011b; Dermott, 2008), is as important to the childbirth literatures (see Barclay & Lupton, 1999). While the former emphasises building a relationship with the child based on communication and emotional engagement, in the latter, bonding with the female partner is emphasised (Draper, 2003b; 2000). In Draper's (2002) research men felt disconnected from the experience of pregnancy and birth. Because birth was happening outside of themselves, in their partner's body, their experience of birth was disembodied, as was their connection to the baby. 'Being there', while already understood to be complex in relation to men, gender and childbirth (see Lupton & Barclay, 1997), may be understood entirely differently from a relational, gender perspective. For example, Doucet's research on fathers' embodiment found that "fathers connect to the baby partly through caring for their female partners" (2009: 85). She emphasises that men's caring for their female partners (whose pregnant and birthing embodiment represents both the baby and themselves) offered men a way of anchoring their connection to their baby.

While more research has looked at the gendered aspects of men's involvement in childbirth than in homebirth, what is perplexing about this literature is the lack of discussion of a paternal subjectivity. It would seem as though there is resistance within the childbirth literature to seeing birth both as an event *and* as part of a wider life process shaping discourses of and relationships to paternal subjectivities, in spite of Lupton and Barclay's landmark study (1997). Given that Draper (2000: 51) went on to identify that "fatherhood has become a site at which these different representations of masculinity, hegemonic masculinity on the one hand and heterogeneous masculinities on the other, converge", it is problematic that fifteen years later there is still very little sense that displays of masculinity in birth contributes towards the construction of fatherhood. In light of abundant research on fatherhood and masculinities and the familiarity within such literature of an involved father versus a traditional father, this does seem an odd omission.

Women, Gender and Homebirth

While the literature on men and gender is outside of the core homebirth frame, literature on women and gender has more often been considered in relation to homebirth. The review thus moves back into the first tier of relevance to the research question as it seeks to unpack this important body of literature and its centrality to understanding homebirth as a gendered practice.

○ Post-Structuralist Approaches to Gender and (Home)Birth

Karin Martin seems to have been the first author to examine women's "internalized sense of gender" in child/homebirth (2003: 54). Interviewing twenty six women within one week and three months after giving birth, Martin's study included three women who gave birth out of hospital contexts, two of which were homebirths (2003: 59). Drawing on Foucault, she argues that women are controlled and regulated by internally disciplining "aspects of the gender system that are in us, that become us", reproducing relationships of power within ourselves and in our relationship to the material world (Martin, 2003: 56). Accordingly, she found women's childbirth experiences were disciplined by the 'tyranny of nice and kind' in which women who acted out apologised for the transgression. On the other hand, in a section she entitles "gender nonconformists?" Martin found that the technologies which regulated women's behaviour in hospital, did not apply out-of-hospital (2003: 67-68). The three outliers in her study displayed gender deviant behaviour consisting of swearing, giving orders and taking charge *without* apology. Firmly asserting that a micro-analytic view of gender in childbirth is not only relevant, but highly overdue, Martin (2003) contends women's gendered subjectivity is constituted during childbirth.

Carter (2009: 209-210) sought to draw more conclusive findings about the outliers from Martin's (2003) study, using twenty internet homebirth stories and seven in-depth interviews, (five homebirths and two from freestanding birth centres). She likewise draws on Foucault, specifically looking at 'gender performances' under the midwifery model of care. Carter discusses certain factors that might contribute to the alternative forms of femininity found in homebirths (2009: 219-221). Firstly, the midwifery model itself, which digresses from the norm, constructs and encourages greater diversity of gender performances. Secondly, home as the place for birth, conceptualised as a traditional site of female power, ascribes managerial roles to women. Women performing 'private forms of femininity' are therefore expected to be active, commanding and autonomous. Carter (2009: 220) suggests that in private, men "are more likely to follow their wives' directions", a proposal which aligns the research on homebirthing men (see previous discussion). She thus ascertains that in their defiance of authority and advocating for their own needs, homebirthing femininities do appear deviant. Despite this, she argues that participants were nonetheless engaged in wider gendered practices of realising core feminine ideals, particularly those embedded in 'the good mother' (Carter, 2009: 221), a finding Chadwick and Foster (2013) corroborate.

Motherhood as a Core Aspect of Femininity

Chadwick & Foster (2013) follow on from and expand the work of Martin (2003) and Carter (2009), however several key differences position this study in a league of its own. Firstly, theirs is a comparative, longitudinal, narrative study of twenty one women in Cape Town, South Africa, planning either homebirths (n=12) or elective caesareans (n=9). Deliberately focussing on the pre-birth interviews only, these authors contend that gender is not only active during childbirth, but in women's rationale of atypical birth choices. By incorporating a Foucauldian notion of 'technologies of power' alongside the notion of 'doing gender', they were able to uncover multiple, complex, contradictory forms of gender entwined in and determining women's childbirth decisions. 'Technologies of gender' are internalized forms of surveillance that prescribe mechanisms which work to self-regulate and self-discipline women. West and Zimmerman's (1987: 125) 'doing gender' conceptualises the external practices and social interactions that institutionalise gender as "a routine, methodical, and recurring accomplishment" This meant women's atypical childbirth preferences nevertheless derived from scripts of 'doing' white, middleclass femininity. Chadwick and Foster (2013: 322) argue their choices were "shaped by gendered socio-cultural contexts and power relations." So both normative and resistant forms of gendered technologies were associated with privilege and thus, reproduced particular racialized and classed forms of gender²⁴.

Weaving a complicated dance of collusion and resistance, both sets of women drew on "three central technologies of gender..... A patriarchal optics of childbirth; the 'natural childbirth' ideal and 'the good mother' imperative" (Chadwick & Foster, 2013: 317), to rationalise their birth choices. As previous literature has testified, natural childbirth was a powerful, regulatory ideal for Homebirthers. For example, homebirthing women, several of whom expressed dislike for breast feeding, found it a "non-negotiable" aspect of 'natural childbirth' (Chadwick & Foster, 2013: 328). Although vastly contested, the 'natural-ness' of birth continues to reflect an empowering terminology for women (Mansfield, 2008; MacDonald, 2006, 2007; Viisainen, 2001). Chadwick and Foster (2013: 329) discover that whilst 'slippery', the term denoted an embodied experience of birth, and similarly to Beckett (2005: 245-255) found it represented a concerted attempt to re-script birth in terms detached from medical birth. The natural ideal positioned motherhood as the ultimate expression of womanhood. For homebirthers, this technology of gender was particularly compelling

²⁴ Such research indicates that intersectionality (which according to (Yuval-Davis, 2006: 193) is "the interrelationships of gender, class, race and ethnicity and other social divisions") may offer fruitful theoretical positions from which to conceptualise differences among childbearing women.

as the authors found strong underpinnings of moral and ethical 'selflessness' defined their meanings of motherhood. They thus conclude that "decisions about childbirth were inseparable from ways of 'doing normative femininity' and 'doing normative mothering'" (Chadwick & Foster, 2013: 333). They argue that childbirth needs to be re-articulated, not an isolated event, but as a wider gendered process, in which motherhood as a core aspect of femininity intersects with and shapes women's childbirth decisions and experiences²⁵.

Published online in the same year, but writing from different continents, Malacrida and Boulton's (2012) findings overlap with and complement those of Chadwick and Foster's (2013). They argue that motherhood as a social and moral construct determines women's ideas about "what their optimal birth choices should be", even before falling pregnant (Malacrida & Boulton, 2012: 750). They draw on qualitative, comparative interviews with twenty one childless women and twenty two mothers who'd given birth within the last eighteen months in Alberta, Canada (Malacrida & Boulton, 2012: 752). The comparison between childless women's (imagined) expectations of birth, alongside recent mother's expected and actual experiences, is a unique contribution. Recent mother's experiences ranged from a vaginal birth after caesarean²⁶ (VBAC) homebirth, to highly interventionist hospital births, with 50% of women receiving unplanned caesarean sections and another 32% planning subsequent C-sections (Malacrida & Boulton, 2012: 755-757). A persistent cultural expectation of both groups of women was that un-medicated, vaginal birth was ideal; women who experienced C-sections felt 'incomplete', 'inferior', their status passage to motherhood still doubtful. Malacrida and Boulton (2012) consider how cultural ideals of women's bodies as sites of heteronormative pleasure, alongside converse framings of purity, innocence and the messiness of birth, complicated this aspired to ideal. Yet they failed to mention how the outcomes of women's hospitalised childbirth experience (i.e. high rates of unplanned caesarean sections) troubled normative assumptions held by both groups of women that vaginal birth was "a necessary part of the rite of passage to full motherhood" (Malacrida & Boulton, 2012: 758). Thus, whilst recent mothers expressed more nuanced, less judgemental assessments of the connection between birth

²⁵ Without literature that is equally invested in uncovering the active social construction of men's gendered identities in birth, gender theories remain caught up in formulations of proper motherhood without corresponding formulations of fathers at birth, which the present study sought to rectify. Because it remains to be seen whether 'the good father' is as salient to middle-class birthing men as 'the good mother' is to middle-class birthing women (see also Fox, 2009; Marshall, Godfrey & Renfrew, 2007; Choi et al., 2005), the imperative of good mothering, which has been shown to be salient to middle-class birthing women has been excluded from this review due to space restrictions.

²⁶ Hereafter referred to as VBAC.

method and legitimate motherhood, they nonetheless reiterated that *how* women birthed remained central to their self-conception and self-respect as women *and* mothers.

○ Maternity and the Maternal Body

The question such appraisal by women raises is: what is the link between birth and women's identities as mothers? Klassen (2001: 213) notes "when women feel empowered in birth, they will also feel empowered in mothering". When she does, she reiterates what pioneers of a sociology of childbirth intimated before her (Oakley, 1980; 1979), and what poststructuralist lenses on gender and childbirth have subsequently advanced (Longhurst, 2009; Choi et al., 2005; Martin, 2003; Bailey, 2001): that childbirth and motherhood are inescapably bound. One of Barbara Katz Rothman's most profound commentaries was that "birth is not only about making babies. Birth is about making mothers - strong, competent, capable mothers who trust themselves and know their inner strength" (Quoted in Edwards, 2005: 225). These authors draw attention to the fact that who childbearing women are being is deeply connected to who they are becoming. But if motherhood is a cultural construct (see Walks & McPherson, 2011 for an overview) then what about the cultural stories of birth, how do they impact on women's subjectivity? Again, pioneering feminist scholars have provided powerful deconstructions of birth as a cultural event (Davis Floyd, 2003; Michaelson, 1988; Martin, 1987; Jordan, 1983), with Martin claiming that the most effective form of resistance "(is) never going to hospital at all and having your baby at home" (1987: 143).

It has been proposed that women who give birth at home have different attitudes to childbirth (Boucher et al., 2009; Hildingsson et al., 2006; Rothman & Simonds, 2005), attach different meanings to birth (Rothman, 2012; MacDonald, 2007; Edwards, 2005) and have particular socio-demographic characteristics (Cheyney, 2011b; Klassen, 2001a) which predispose them to alternative frameworks of birth (Miller & Shriver, 2012; Daniels, 2012; Catling-Paull, Dahlen & Homer, 2011; Cheyney, 2011b). The importance of the different knowledges produced about women's bodies (Beckett, 2005) relates to an undoing of cultural notions of women's bodies as pathological and dysfunctional (Chadwick, 2006) and thus has distinct gender consequences. This leads me to consider how cultural contexts of homebirth shape the meanings of maternity and its relationship to the female body.

Cultural Representations of Homebirth as Risky

Within the homebirth literature, there have been notable attempts to consider the impact of culture using socio-cultural risk theories to situate discourses of risk (Coxon, Sandall & Fulop, 2014; Chadwick & Foster, 2014), in weighing up and managing different types of risk (Jackson, Dahlen, & Schmied, 2012; Miller & Shriver, 2012; Lindgren, Hildingsson & Rådestad, 2006), and understanding women's perceptions of risk (Abed Saeedi et al., 2013; Lindgren et al., 2010; Viisainen, 2010). Chadwick and Foster (2014: 1) are the only authors who consider women's constructions of risk in relation to the maternal body, finding "three different conceptions of birthing embodiment: technocratic bodies, vulnerable bodies and knowing bodies". Strangely, there is a noticeable absence of literature on childbirth and embodiment (Walsh, 2010) making the work of these South African authors work particularly relevant to deciphering the meanings of maternity in relation to the maternal body.

In Chadwick and Foster's (2014) comparison of caesarean with homebirths, they found homebirthing women constructed risk in relation to hospital birth. While this finding is echoed in the aforementioned studies, Chadwick and Foster distinguished that the treatment of the birthing body was a "major source of risk" (and anxiety) for *all* middleclass women (2014: 9). They thus identified loss of dignity, loss of privacy, loss of bodily control and fear of being exposed as emotional risks associated with the vulnerability of women's bodies during childbirth, which both caesarean and homebirthing women were subject to, but negotiated in different ways. Similarly to Scottish homebirths, (Edwards, 2005), South African homebirths understood 'unnecessary interventions' and 'objectification' as bodily violations. They overturned biomedical risk, by drawing on a 'knowing body' to situate their own bodies as sites of authoritative knowledge (Jordan, 1997), which was central to an alternative, relational epistemology.

"This alternative was grounded in connectedness over risk and privileged forms of knowing produced in/through the birthing body and in connection with others. Women who gave birth at home thus made reference to 'bodily knowing', 'intuition', 'nature', 'instinct' and the spiritual realm as sources of alternative knowledge" (Chadwick & Foster, 2014: 11).

The active capacity of homebirthing women to construct alternative meanings of the body that resist (or negotiate) normative, biomedical ideas of the birthing body as risky (and pathological), gave rise to a connected, capable and 'trustworthy' maternal body and maternal subjectivity. Chadwick (2009) has previously represented a 'homebirthing body-subject' according to multiple, in-process subject

positions. In her analysis, embodied homebirthing subjectivities were produced in spite of forces acting upon the homebirthing subject (i.e. ideological, linguistic and socio-cultural scripts). Audible as “excessive moments” in talk were the pleasurable or uncomfortable bodily energies and lived experiences that were *acting from within* (Chadwick, 2009: 112). The oftentimes contradictory dance between restriction and liberation in homebirth subjectivities has been noted previously (Daniels, 2014; Chadwick, 2007; Klassen 2001a; Rothman, 1982). Where consensus favours the transformatory and empowering potential of homebirth (Cheyney, 2011a; 2011b; 2008; Edwards, 2005; Klassen, 2001b; Sjöblom, Nordström & Edberg, 2006; Dahlen, Barclay & Homer, 2010), it may well be as that when homebirth is narrated “*from the body* of the birthing woman”, provides the key to understanding how homebirth has the potential to overturn hegemonic representations of birth (Chadwick, 2009: 12). Given the contention that alongside (even times overriding) such liberation, is an essentialist, reductionist view of women; looking to the relationship between the birthing body and the ‘in-process’ self (to use Chadwick’s term), which characterises the liberating potential so often spoken about in the homebirth literature, may well indicate how such (contradictory) subject positions are negotiated and ultimately, reconciled.

Gendered Homebirth: Embodying Women’s Capability

The culturally generated expectation of experiencing pain in childbirth creates anxiety amongst women (Maher, 2010; Hodnett, 2002; Klassen, 2001a). Women’s experiences of pain have been said to determine the extent to which they experience alienation from the self or are able to maintain an embodied self, with homebirthing women shown to be no exception (Akrich & Pasveer, 2004). However, the actively embodied selves Klassen (2001a; 2001b) and MacDonald (2007; 2006) detail have reconceived and reclaimed the pain of labour as a source of meaning. Klassen interviewed forty five women and four midwives in New Jersey, USA, accompanied by observational fieldwork at homebirth related events, midwifery groups and a homebirth (2001: 7). MacDonald conducted a similar study in Ontario, Canada utilising fifty one in-depth, qualitative interviews with midwives and midwifery clients, in addition to participant observation in clinics, meetings and prenatal classes (2006: 240). In discourses of the natural, which frame homebirth, MacDonald found four centrally disruptive effects in operation. One destabilising effect was the reconceptualization of labour pain as ‘pain with a purpose’, where “feelings of empowerment, strength and even wisdom” were possible with sustained emotional and physical support (MacDonald, 2006: 245, 247). Homebirthing women were found to construct meaning from their experiences by situating birth relationally, as an act of co-creation wherein pain was sometimes understood as providing an invitation into deeper

connection with others, including God (Klassen, 2001a; 177). Through the use of particular approaches to pain, stories of pain experienced as pleasure and as a deepening of relationship, pain was thereby linked to power (Klassen, 2001a: 182-204). Women's birthing agency, conceived of as an embodied knowing, thus paradoxically linked power to surrender. Women negotiated and overcame the potential of alienating pain, by willingly allowing their active body to 'take over'. In this respect trust was placed in the agency of the knowing body. It has thus been argued that what makes homebirth politically significant, is the capacity for women to reimagine the physiological act of birth, and allow a re-inscription and internalisation of the view that the birthing body is capable, powerful and self-sufficient (Cheyney, 2011a).

The capability of the birthing body directly contravenes the image of women's bodies portrayed in biomedical models of birth (Rothman, 1982; Oakley, 1980; Martin, 1978). Instead of fragmenting women's self-image, a body that communicates capability transforms expectations of gender (Cheyney, 2008; MacDonald, 2000; 2006; Klassen, 2001a). The insistence that childbirth has wider significance to a woman's life (Chadwick & Foster, 2013; Cheyney, 2011b) means that the consequences of experiencing a broadening of their gender identities, is profound. Corroborating the literature on homebirth, Parry found resistance to medicalization was tied into a resistance against "societal attitudes towards women's role in reproduction" more generally (2008: 801). The relationship between maternity and the maternal body thus becomes one of empowerment through the process and outcomes of homebirth practices. Interested in the link between resistance and empowerment, Parry found that this link indicated confidence in becoming mothers and confirmed birth as a source of personal strength, which contributed to their physical and emotional wellbeing (Parry, 2008: 800).

These findings from empirical research on women, gender and homebirth suggest that homebirth represents an opportunity to challenge broader social structures. The social practice of homebirth may be a resource for 'undoing' gender although its scope would necessarily be limited due to the marginalisation of its practice. Rather, homebirth might be seen as a movement towards greater social change. For it to do so would require that the dynamics of the relationships between women and men be seen as interrelated, situated in specific socio-cultural contexts, and embedded in relationships of power where birth is connected to wider institutional processes that reproduce and reconfigure gender (Doucet & Lee, 2014; Ferree, 2010). Attention would thus not only be focussed

on the homebirth but on the wider significance of birth as an event that is part of an extensive pattern of gendered social relations within the institution of the family.

Displaying Couples

The quality of the relationships between men and caregivers has been a dominant theme in the literature on men and childbirth; likewise the literature has shown that the quality of interactions with caregivers (Hodnett et al., 2012; Pembroke & Pembroke, 2008; Hunter, 2006; Klaus, Kennell & Klaus, 2002; Abramovitz, 2001; Simpkin, 1992; 1991) impacts on the emotional and psycho-social outcomes of birth. It makes sense then that the quality of the interactions between the couple would also impact on the experience of homebirth. Birth is a time when the meanings attached to the couple relationship are assigned special significance (Fox, 2009; Walzer, 1998; Entwisle & Doering, 1981). It is within this context then that the qualities of the couple exemplified in joint narratives of homebirth testify to a particular display of couplehood. Such displays are not only related to the couple, they relate to the wider significance of birth as a life event constituting family relationships.

Janet Finch (2007) in her seminal article on the use of 'display' as an extension of the concept of 'doing family' practices, has drawn on a social interactional framework to develop 'display' as a concept and practice that constitutes family relationships. She defines display as: "the process by which individuals, and groups of individuals, convey to each other and to relevant audiences that certain of their actions do constitute 'doing family things' and thereby confirm that these relationships are 'family' relationships" (Finch, 2007: 67). Two key ideas shape why 'display' is important for understanding homebirthing couples. Firstly, the idea that narratives are a tool for display means that couples can be seen as responding to the interview context in ways that influence how their relationship will be 'read' by others (2007: 77). Secondly, couples embarking on parenthood have been known to experience this time as especially challenging (Fox, 2009; Reed, 2005). The idea then that as relationships change, the need for display changes (Finch, 2007: 73); so too, different levels of intensity in the imperative towards couple displays may be noticed around the time of birth. Moreover, the construction of relationships is seen in the concept of 'display work' as an actively managed social process reaffirming interpersonal connections (Almack, 2011). As couples negotiate the decision and experience of homebirth, they are actively scripting displays of couplehood that similarly to the lesbian couples in Almack (2011: 102) were displaying components of "family-like relationships". It is worth noting, Finch argues that display underpins an important

aspect of the work all families do to maintain their relationships. Authors extending her work have noted that incorrect or 'wrong' displays of family are socially sanctioned, thereby increasing or making constant the need for correct displays in families that do not 'fit' the cultural norm (see below: Doucet; Gabb; Heaphy, in Dermott & Seymour, 2011).

In an edited volume by Dermott and Seymour (2011) various authors applied the concept of display to empirical data, while others evaluated its theoretical robustness, further developing 'critical' and 'troubling' aspects of its application. Heaphy links display to three already well developed sociological ideas. First he considers the way display may be "bound up with the (re)production of gender inequalities" (2011: 28). Two other contributors extend this idea: Doucet (2011) applies the concept to a wide ranging empirical dataset to investigate gendered displays of fathering in public, while Kehily and Thomson (2011) consider displays of motherhood through maternal consumption practices. Second he links 'emotion work' (Duncomb & Marsden, 1993) to display, to consider the degree to which men and women may be differently invested in the practices that constitute displaying families. Finally Heaphy uses a 'critical' discourse to consider how relationships and relational scripts may be influenced by cultural expectations about families, which either reproduce or resist habitual, normative family practices at the interactional level (2011: 35). Again, this idea is advanced in the following chapter by Gabb (2011) who considers hegemonic displays, for example of heterosexuality, silence queer or atypical displays of family. Gabb's suggestion in analysing display is to focus "attention on *what* is being displayed in order to generate understanding of *why* these displays appear in the form that they do" (2011: 56).

Returning to the matter of demonstrations of meaning in social interaction and its accompanying social recognition, Finch (2007: 71) argues that the legitimacy of relationships are negotiated in particular displays. Display allows particular relationships to be accepted by significant others and given social legitimacy. Couple narratives of homebirth indicate the degree to which couple's readiness for and qualification in 'doing' family practices can be displayed in the transition to parenthood. Use of display affords a view of wider gendered and cultural processes linked to establishing and maintaining families. Couple displays therefore offer a means to examine the construction of masculinity and femininity in homebirth or the quality of the idealised relational configurations between women and men and how these are connected to the institution of the family.

Conclusion

In conclusion, two tiers of relevance to the research question were explored in this literature review. Movement across these tiers sought to make sense of the rich diversity of research covering women, men and couple experiences of birth. To this end the literature review traversed several research fields starting with childbirth in South Africa, then moving onto a brief overview of a longstanding tradition of the sociology of childbirth. While the contributions of this field have been enormous two key issues are highlighted in this literature review. Firstly, the degree to which this field overlaps with shifts in feminist thought indicates how closely intertwined feminist and childbirth movements are. Secondly, the degree to which theorisation of a split between two opposing models of birth has shaped social, cultural and academic engagement with birth.

In-depth examination of the homebirth literature began with queer and heterosexual couple's justifications of their homebirths which pointed out continuums of the natural interlinking with the ideals, values and self-assessments of homebirthers. Possessing confidence in, trust of and reliance upon the authoritative knowledge of women's bodies was not only found in couple accounts, but in men's accounts of homebirth too. The depth of men's investment in homebirth meant the reward for their active involvement was newfound respect for their partner and their partnership and a profound rejuvenation for life. Certain methodological changes are indicated as necessary to improve upon this body of research. Further still, a critical evaluation of this literature shows a lack of interconnectedness between and within the findings on women, men and couples' experiences as a theoretical weakness.

Unfortunately, gender is not a key analytical construct in either men or couples' homebirth literatures so the outer circle, which details men's gendered experiences of childbirth was drawn on to substantiate gaps in the homebirth literature. This was done with an eye to the ways in which masculinity is reproduced institutionally. Homebirth for example may constellate the potential for more heterogeneous masculinities that may speak directly to and aren't in conflict with involved fathering constructs. Overall, the paucity of this literature suggests that men's marginalisation from birth is reiterated and perpetuated in academic investigation.

The second heart of the literature review is the section on women, gender and homebirth which offers a substantially and theoretically refined scholarship of gender in relation to birth. This literature investigates the impact of maternity on childbearing women and seeks to reposition birth not only a significant event, but as part of a wider process in which women's identities are transformed, and during which key formulations of femininity and maternity come into being. The resounding emphasis within this literature of the capacity of women's bodies as a key outcome of the choice to birth at home is considered as troubling (sometimes even toppling), normative conceptions of femininity. This study will thus consider the ways in which women, men and couples' narratives of homebirth offer windows into broader gendered processes. The heteronormativity in couple displays of homebirth leads to consideration of the ways in which couple narratives are displaying families, and how these in turn, may be bound to (more insidious) gender displays related to the post-birth reality of being mothers and being fathers. The analysis in this study is therefore not only focussed on homebirth but on birth as an extensive pattern of gendered social relations. The chapter that follows details the methodological strategies adopted to ensure that the present study makes a valid contribution to the schools of thought and empirical understanding uncovered by the literature review.

Chapter 3

METHODOLOGY

Situating the Research

This methodological chapter provides a rationale for the use of qualitative research that seeks to understand homebirth through experience-based narratives. It moves on to discuss the multiple qualitative data collection methods used as part of a combined data collection and analytic strategy. A feminist position that “ties people’s sites of experience and actions into accounts of social organisation and relations” (Smith, 1992: 94) informed the practical decisions taken as well as the underlying theoretical framework chosen. Whilst primarily concerned with interpretations gained through in-depth, narrative style interviews, ethnographic fieldwork and relational birth-maps also informed analysis. Prioritising methodological and theoretical congruity, the research design sought to uncover numerous representations of reality manifest in various relational contexts. For the sake of transparency into the interpretative process, this chapter provides information on how this was achieved, including an audit trail with specific examples. The rest of the chapter discusses the practical and reflexive ethics given the methodological approach used in this study.

○ Theoretical Underpinnings

As its starting point, the research asks the following question: What are the relational negotiations that take place when couples plan and have homebirths, and narrate their experiences, and how are these gendered? Central to the research is a framework in which the relational aspects of homebirth are brought to the fore. Prioritising a relational ontology as a theory of the self, assumes that interdependent relationships are interwoven into human interactions which are central to and defining of human nature (Doucet, 1998: 52, 54). By openly adopting a relational ontology, the research presumes that a “separate, self-sufficient, independent, rational ‘self’ or ‘individual’ are rejected in favour of notions of ‘selves-in-relation’ or ‘relational beings’” (Mauthner & Doucet, 2003: 422). The interrelated and interdependent nature of homebirthing relationships was brought to light through a combination of individual and joint interviews. Data collection methods translated the ontological position of relationality into practical applications through participant observation, listening guide techniques and relational birth-maps.

Homebirths are undertaken as collaborative projects with romantic partners (Lindgren & Erlandsson, 2011; Carter, 2010 & 2009; Cheyney, 2008; Edwards, 2005). As such, the study was conceived on the basis that women, men and couples' experiences of homebirth are relational, complementary and intersect with each other in ways that embed the meanings of one perspective into another. Participant's stories rely on the telling of lived experience, reflecting the numerous social realities in which subjectivity is constructed. To unpack the various, overlapping social realities, a feminist, narrative approach to research was deemed most suitable. While I remain aware there are multiple feminisms with divergent and incompatible sets of ideas, I nevertheless feel justified in adopting a feminist perspective as central to the strategies and articulation of this research project and the research relationships which sustain it (Birch, Miller, Mauthner & Jessop 2008: 5). Feminist scholars have argued that "it is through narrativity that we come to know, understand, and make sense of the social world, and it is through narratives and narrativity that we constitute our social identities" (Somers and Gibson, 1994: 58–9).

Feminism focuses on the persistence of gender through the interactions and practices of individual actors in the gendered social order (Lorber, 2012: 12 & 208). Investigation of the ways in which gender is reproduced and resisted in homebirths showcases relational interactions as gendered social processes. Meaning is understood to be co-created within specific research contexts, marked by particular gender relations and particular research agendas. A feminist lens on homebirth enabled the deconstruction of the gendered meanings of women, men and couples' situated perspectives (Doucet & Mauthner, 2006: 42). Justification of a feminist, narrative research study is thus made on the basis that knowledge is gleaned through the meanings people ascribe to situations and interactions, and how they themselves makes sense of these. For example, homebirthers' constructions of masculinity and femininity create particular gender tensions. How these are resolved indicates the degree of the persistence of gender relations across various sociocultural practices and contexts.

Historically, a relational ontology has been a good fit with feminist epistemologies (see Gilligan, 1993). Several empirical studies (Doucet & Mauthner, 2008; Doucet, 2007; Tolman, 2001; Mauthner, 1998; Gilligan, Ward, McLean Taylor & Bardige, 1988) have capitalised on this philosophical and ideological stance with the aim of developing and strengthening a range of feminist methodologies that "seek knowledge of gender through social research" (Ramazanoglu & Holland, 2002: 2). In the

same vein, this study looks to make sense of the gendered interactions and relational negotiations of women, men and couples who experience homebirth.

○ Rationale for Undertaking a Qualitative Study

Given the positioning of the research, this study sought to inductively attribute reasoning and meaning from within a qualitative tradition, which prioritises the research contexts yielded by participants themselves (Ritchie & Lewis, 2003: 211). Qualitative research methods were the preferred methodological approach as they privilege an in-depth understanding of homebirths. Qualitative research offers a way of discovering, gaining insight into and making sense of the meanings people attribute to phenomena in their social world (Ritchie & Lewis, 2003; Mauthner, 1998). It covers a wider range of approaches and methods, principal among these being the understanding that “social meaning is created during interactions and by people’s interpretations of interactions” (Hesse-Biber & Leavy, 2006: 78). The present study is located within this interpretive paradigm, where participant’s interpretations of homebirth offer data driven accounts of homebirth from their own perspective. Qualitative researchers act as the primary data capturing instrument (Snape & Spencer, 2003: 5) whilst actively contributing to the construction of the social contexts within which the perspectives of the participants are given voice.

Gubrium & Holstein (1997: 14) describe qualitative research endeavours as inquiries into how the everyday realities of life are accomplished. Participant’s accounts of their experiences rendered rich, thick descriptions that reflected the complexity and ambiguities of their lived encounters with homebirth. The active social processes involved in planning homebirths, having homebirths and narrating homebirth experiences, are multiple and diverse. Qualitative methods were helpful in deciphering the meanings these processes had in the lives of those who experienced them (Maxwell, 1998: 75). Participant’s values and concerns were situated within their own frames of reference, to maintain both their individual and conjoint representations of homebirth (Punch, 2005: 136). A qualitative research paradigm thus allowed for numerous vantage points on homebirth to render fruitful interpretations of the dynamic intersections in homebirthing narratives of women, men and couple’s lives. By adopting the perspective of a phenomenon from those who have first-hand experience of it, this study focussed on the construction and interpretation of reality given the subjective experiences of homebirthers in ‘natural’ settings (Hesse-Biber & Leavy, 2006: 77-78).

○ Why Narratives?

Since the 'narrative-turn', narrative approaches have become standard in the repertoire of qualitative methodologies with many diverse understandings of what constitutes narrative having been popularised (Squire, 2008: 4-6). Narrative methodologies offer a way of coming to understand the human experience by adopting a particular view of experiences as phenomenon under study (Connelly & Clandinin, 1990). Experience, which is variously understood within different research methods, is here conceived as shaped by and produced in interaction. Narrative inquiry is positioned at the intersection of personal and political life because it draws from and integrates social, cultural and institutional influences (Riessman, 2007; 1993). Narratives are described as a fundamental means through which we make sense of our lives and the world around us (Riessman, 2007; Clandinin & Rosiek, 2007; Bruner, 2004). Yet they do not belong only to individuals; narratives form the basis of personal, group, family and national identities, reproduced in myth, urban legends, political speeches and movies (Riessman, 2007; Bruner, 2004). The social role of stories is therefore particularly significant in narrative approaches as it makes the question of audience important (Squire, Andrews & Tamboukou, 2008; Riessman, 2007). Narrative researchers focus both on the content of the narrative (what is said) as well as the structure (how it is said) to decipher how narrative meaning is constructed and conveyed (Josselson, 2013).

During participant observation I was audience to birth stories at homebirth gatherings, and midwifery and birth conferences (see 'data collection and audit trail' p.40), which in turn made me consider what is accomplished, and what purpose is served by the publically performed homebirth narratives? This research is thus primarily interested in "what function (narrative) serves and how it finds its way into our lives" (Bruner, 2010: 45). Narratives' sense-making capabilities have been said to reside on one of three levels: purpose, strategy or function (Mishler, 1995: 90). The research focussed on the function of narratives in constructing particular realities, and the significance of homebirth on personal, cultural and social levels, using the methods outlined below.

Research Methods

This section describes both the theory and practice of each data collection strategy. The core methodological strategy comprised in-depth interviews with five couples which generated ten interviews with women, ten interviews with men and ten couple interviews. There seems to be consensus that a combination of both separate and joint interviews offers a bridge over the divide in methodological debate around studying couples (Bjornholt & Farstad, 2014). Participant observation

at homebirth gatherings and Cape Town Midwifery and Birth Conferences provided an ethnographic supplement. Meanwhile, visual representations of the homebirth in the form of a relational birth-map generated additional, interactive couple data that informed the analysis. In this section I briefly describe how the research was conceptualised in comparison with what happened on the ground. This leads me to discuss some of the ethical issues raised in maintaining a flexible research design.

○ Sample Characteristics

Cape Town is known as a cosmopolitan city deeply marked by the racial divisions from apartheid. Five couples took part in the research (see Appendix G for individual couple's details). Two couples are in inter-racial relationships (significant in the South African landscape due to our racialised history), all are heterosexual and middleclass. Two men and one woman are master's graduates, two have honours degrees, two have bachelor's degrees, one has a technical diploma and two have matric passes as their highest level of education. All the participants have travelled and or lived abroad, three participants originate from overseas. At the time of the first interviews, their relationships had lasted between eleven years (maximum) and six months (minimum). The three couples who were married at the time of the interviews had the longest standing relationships and two of these couples were having their second child. Neither of the two couples having their first child had been living together for more than six months at the time of first interviewing. Their ages ranged between 32 and 38 years. Joint monthly incomes ranged between R15, 000 (minimum) and R65, 000²⁷ (maximum). The couple with the highest income owned two rental properties overseas and benefitted greatly from the weak South African exchange rate. Three other couples owned property - two of these resided in the property they owned, and one other couple was both landlord and tenant on different properties simultaneously. Two couples lived in the CBD, the others lived within 35km's of the CBD; none lived in previously disadvantaged areas.

In addition there are a number of homebirth characteristics worth mentioning. The labours were narrated to have been between one and a half hours to thirty six hours. The births were planned with four different midwives; two out of four midwives did internal examinations, and one ruptured her client's membranes. Two couples transferred to hospital; one for an emergency caesarean and the other for post-birth observation. One became a BBA as the baby's arrival preceded the midwife. All the male partners were present throughout the labour. Two women planned to have birth

²⁷ Equivalent to \$1253.30 (minimum) and \$ 5430.95 (maximum) at an exchange rate of 0.084 USD to ZAR.

assistants who were close friends/family members, while two other participants hired qualified doulas. Four hired birthing pools especially for the labour and another had a domestic bath put in. Birthing pools, homeopathy, toning, positioning, massaging, breathing, affirmations and hypnobirthing techniques were the birthing aids used.

○ Sampling and Recruitment Strategy

In the original research design my sampling frame sought couples planning a homebirth for the first-time. I planned to recruit from homebirth gatherings which offer a unique support group that is only available in Cape Town. I did this to ensure the sample was as representative of the homebirthing population as a whole as is possible to discern. For example recruiting through particular midwives would likely limit the sample to particular geographical areas. (See appendix: E for further detail of sampling challenges and considerations). The proposed technique would entail the introduction of my goal and a request that any potential participants should approach me afterwards. I did this twice. On the first occasion I gathered a list of possible candidates, which I followed up about a week later. The follow-ups yielded two couples who were willing and able to participate. The second-time, one couple volunteered, but never responded to my emails. Meanwhile two service providers (a midwife and a doula) who were in attendance at the gatherings suggested they approach potential clients on my behalf. I additionally contacted two other service providers as I was keen for a diverse racial sample which I could make known to these gatekeepers. Of the three racially mixed couples who were approached on my behalf, two declined to participate and one birth happened before the interviews could take place. It may be of some significance that two inter-racial couples declined as it could suggest differences in the outlook and attitude of various sectors of the homebirthing population. Additionally several 'near-misses' with couples who gave birth before I could interview them forced me to adjust my recruitment strategy.

I decided to approach someone directly who I knew was a previous homebirther when I heard she was having another child. Additionally I approached someone from my previous honours study on homebirths who I found out via facebook was pregnant for the second-time. In the interim, at the suggestion of a mutual friend who recommended she contact me for advice on her planned homebirth, another participant contacted me directly and expressed a desire to be involved in the study.

In other words, although it was not intentional, in praxis, my sampling technique became opportunistic. Opportunity sampling “uses the knowledge and attributes of the researcher to identify a sample” (Jupp, 2006). Two couples volunteered at a homebirth gathering (Mark and Alessandra and Laura and Xavier), two were directly approached by me outside of these gatherings (Isabella and Joseph and Naledi and Rayne), while another approached me directly (Amina and Zachary). All the first-time couples were having their first baby and the second-time couples were having their second baby at home, although for Rayne it would be his third homebirth. The implications of recruiting second-time homebirthers meant I had to consider whether my research question, designed with first-timers in mind, needed changing. Given that the homebirthing population in Cape Town represents at most, 6% of the birthing population (Midwife, personal correspondence), I decided that a more diverse sample could offer a broader view of homebirths. Contrary to other birthing forms, homebirthers are more likely to choose the same birth option for subsequent births (Cheyney, 2008; Edwards, 2005). The second-timers provided insights into the reasons for that, whilst potentially revealing whether the preparation for second-time homebirth was any different to the first; whether men were more or less involved on subsequent occasions; and how the first child was incorporated into plans to homebirth.

Ethical Critique of the Sampling Technique

There were obvious disadvantages to this technique, not least of which is opportunity sampling itself, which has been criticised as “the weakest form of sample selection” (Jupp, 2006), due to its incidental nature. It’s worth noting the degree to which the sampling technique itself was also relational. However, the direct approach potentially raised the chances of implicitly coercing the participants. Without a gatekeeper, access was negotiated on a very personal level, and participants may have agreed for my sake, and not their own. While I asked at homebirth gatherings for interested parties to ‘see me’, they may have felt pressurised given the social aspect of this environment and my pre-standing membership and status as both homebirthing mother and service provider. Prospective participants were naturally pre-disposed towards homebirth. Retrospectively, they may not have been as strongly inclined to participate depending on their individual homebirth outcomes. This was a strength for the study itself, but potentially discomforted the participants.

○ Data Collection and Audit Trail

The in-depth interviews started before I had finished sampling and recruiting. The interviews were supplemented with a number of data collection methods as part of the combined data collection

strategy. Before discussing these methods in detail, the following table provides a visual audit of the data collected. It shows the number of hours in the field and the number of pages of observational notes, journal entries and transcribed talk that formed the basis of the theoretical ideas and findings presented in the next chapters.

Table 1: Summary of Data Sources

Data Collected	No. of pages	No. of hours
Observational notes from Homebirth gatherings /Midwifery & Birth Conferences	25	(participation): 35.5
Observational notes from pre and post interview sets	32	
Research Journal	66	
Recorded Interviews (30)		28.26
Transcribed Interviews	430	
Relational Birth-maps	3 (x A5)	(recorded) 1.03 ²⁸

Participant Observation at Homebirth Gatherings

Homebirth gatherings occurred in Cape Town's Southern Suburbs, a leafy, established residential area, sought after for its proximity to good schools, public transport systems and central business districts. Ethnographic fieldwork at homebirth gatherings served as a naturally occurring data source that offered both a site for sampling, and a means of collecting data through participant observation. This data collection method provided me with an opportunity to participate in the culturally rich practice of homebirth in local settings, thereby identifying the particular forms of resistance shaping homebirth as a 'model' of alternative birthing practice in the South African context (Viisainen, 2001). Feminist contributions to the literature on childbirth have played an important role in discerning the socio-cultural contexts generating adherence to or divergence from various 'models' of childbirth (Davis-Floyd, 2003; Martin, 1987; Jordan, 1983; Rothman, 1982; Oakley, 1980). These group gatherings provided an optimal opportunity to view an alternative birth movement in action, with culturally specific forms of resistance present within the local context (See appendices C, D & F for short synopsis of the detailed field notes and observational data gained over this period).

²⁸ See section on relational birth-map below. Only two couples chose to have this recorded and only one of these completed the map in their recorded time, the other couple cut their recording time short.

My participation at these events, including as a speaker at the second Midwifery and Birth Conference on May 23rd – 25th, 2014 led me to consider more deeply the socio-cultural context of local homebirthing practices. Homebirth gatherings, open to people from diverse walks of life, are a site of childbirth activism. The gatherings are a space where dissenting voices are heard, the status quo is actively questioned and challenged, diversity is encouraged and mobilisation of forms of resistance is nurtured. However, during ethnographic fieldwork it became clear that exclusion from medical aid was a justifiable cause for considering and planning a homebirth. This reason in and of itself does not constitute resistance as it is a practical response to couples' economic concerns. However, they perceived themselves as outside of the system. All homebirthers had to be strategic in navigating the cost of birth, place of birth and the outcomes associated with these factors. What is not clear is the extent to which homebirth due to practical, economic reasons fostered resistance in originally mainstream couples, or if they were ideologically predisposed towards resistance? The founders and regular attendees of these gatherings have gone on to collectively organise the more overtly politicised Midwifery and Birth Conferences. The subtle activism of the homebirth gatherings can be seen as a seed from which the former has sprung, especially given that it grew out of the same space as the homebirth gatherings (i.e. Erin Hall – see contextual data, appendix: D). As a result, questions arose for me regarding the origins of socio-cultural resistance. Did homebirth as a practice foster resistance or was it pre-standing? And how did homebirth resistance impact on or shape broader resistance to socio-cultural norms?

In-Depth, Longitudinal Narrative Interviews

Primary data arose out of two sets of narrative style interviews that took place with each couple before and after the birth. Longitudinal perspectives allow participants to look back on the homebirth and assess its impact on their lives, in light of their initial considerations and actual outcomes. As Corden and Millar (2007: 529) argue a longitudinal study can “understand the nature and process of change over time” that is important to women, men and couples’ experiences of homebirth which transition from expectation to reality. In their definition, “longitudinal qualitative studies take place over time..... involve data collection at more than one point in time..... and the time gap between these, are made in the context of the overall aims and purposes of the research” (Corden & Millar, 2007: 530). Pre and post-birth interviews were conducted with couples, then individuals, resulting in one couple and two individual interviews at both these points in time. These generated fifteen pre and post-birth, a total of thirty interviews (ten with women, ten with men and ten with couple’s) across the dataset. While there have been claims that one of the challenges of interviewing couples together is that individual meanings are harder to decipher from jointly

presented accounts (Valentine, 1999; Arksey, 1996), conducting separate as well as joint interviews reduced this limitation (see also 'relational displays within a common reflexive space', this chapter).

An interview schedule comprising in-depth, open-ended questions focussed on three aspects of couple and individual experiences pre-birth: Pregnancy, the process of choosing a homebirth, and planning and expectations (see Appendix: I & J). These interviews were conducted between six and two weeks before due date. After the birth, a single open-ended invitation question was presented in the same way to both individuals and couples, to elicit a narrative that spoke to the research question (Josselson, 2013: 4). I anticipated that the shared narratives would be under-told and less well-rehearsed in relation to the individual narratives, so couple interviews were arranged (as far as possible), to take place first, which is reflected in the construction of the invitation questions (see below).

(Couple) Nicole: So as you know, I'm interested in the experiences of couples who have had homebirths. Please take as much time as you need and tell me in as much detail as possible what you (both) experienced during your child's birth. This is your story so tell it to me the way you are most comfortable. Start wherever you like, end wherever feels right. I'll listen and I'll try not to interrupt and at the end I may have a few questions. When you are ready, please feel free to tell me all about your homebirth experience.

(Individual) Nicole: So as you know I am interested in the experiences of couples who have had homebirths, and having just had a homebirth yourself, I'm interested in finding out how your experience was for you. Please take as much time as you need and tell me in whatever way is most comfortable for you, with as much detail as possible, your experience of giving birth at home?

In some but not all of these cases, I probed more deeply into the narrated story with follow up questions, and I went on to pose questions formulated in case the narrative invitation was insufficiently fruitful. These interviews were conducted anywhere between six and thirteen weeks after birth. This allowed the post-birth narratives to not only reflect on the homebirth, but address issues specific to the adjustment period after homebirth where it was assumed negotiation amongst the couple may have been most intense.

Relational Birth-Map

In the joint post-birth interviews, participants were asked to jointly draw a relational birth-map that was recorded as part of the couple interview, or completed on their own and explained to me afterwards. Heapy & Einarsdottir's (2013) assessment of co-constructed narratives argues for the interactions and performances of the couple to be read as part of the negotiational strategies taking place in both the scripting and everyday 'doing' of relationships. The relational birth-map was conceptualised to offer a perspective on the doing and scripting of relationships, by making couples' interactional negotiations explicit. Various sources in the literature have insisted there is a need to develop qualitative methods that capture the interactive quality of such experiences (Squire, 2008; Doucet, 2004). The present study endeavoured to do this through a secondary form of co-constructed data using a participatory, visual method that enabled a view of relationality (Doucet, 2001). Based on the 'emotion map' used by Gabb in a study of emotional intimacy in families (2010; 2009), which asked families to graphically represent affective qualities of intimacy experienced in households, the relational birth-map sought to represent the affective qualities experienced relationally between key participants in the homebirth.

Couples were asked to jointly draw a relational birth-map to portray their individual and shared birth journeys graphically (see Appendix: O for relational key). Martin (1987: 159) has proposed that birth could be re-imagined as a river of life-force energy. Drawing on this image, I asked participants to represent their birth experience as a river, each one 'drawing' their experience as one side of the riverbank. The couple had to determine the beginning and ending of labour/birth together, so that the river as a representation of birth started and finished at the same place. The couple had to discuss and draw the shape of the river according to their individual experience. Often this meant the couple had to agree on what the distance between their two sides meant. For example Alessandra and Mark felt that when the river was narrow they were experiencing closeness, when it was wider, they felt further apart. Finally, the couple had to agree on nodal points that represented significant moments as jointly determined and individually represented at equal points along the relational birth-map. The key provided to them is shown in appendix (N). It was designed to represent the affective quality of the relationships and the nature of the relational interaction experienced at each nodal point.

Laura and Xavier completed the map in my presence. Alessandra and Mark completed it on their own in the week between interviews and explained its significance to me in the individual interviews

which followed. Isabella and Joseph completed most of the map in my presence, but finished it on their own so reflected on it in their individual interviews too. While I strove to ensure that the couple interview was conducted first, there were two instances after the birth when interviews with the birthing mother preceded the joint and individual men's interviews. For Amina and Zachary and Naledi and Rayne, relational issues within the couples made negotiating follow-up interviews extremely difficult. As the birth-map was secondary data, a decision was made to ensure the interview with the mother and continue negotiating for the other two as and when it became possible (which took up to two and a half months to occur from the time I first initiated contact after the birth). In both cases, the relational birth-map not being pursued has come to represent relational breakdowns evident in the content and conduct of these couples' narratives.

Reflections on the Usefulness of Relational Birth-Maps

Use of these maps was experimental, and their relevance became clearer in the analysis phase of the research. The maps themselves offered starting points into analysis. For example, Mark and Alessandra's birth-map offered different opportunities for reflection and understanding. They chose to complete the map on their own as they were loath to feel me "watching over their shoulders". To produce their birth-map, they drew two 'practice' maps before they were satisfied their two different perspectives could be reproduced as one. Their 'draft' attempts signalled an acceptance of a particular version as worthy of public consumption, and another as unfit.

In another example, debate over when labour began in Isabella and Joseph's relational birth-map, indicated I should pay attention to joint constructions of time, shaping how the birth period was narrated in their shared account. Additionally, in the birth-map Isabella added her own relational key which she named "why aren't you here?" This was in direct contradiction to a statement she made in her individual post-birth interview: "I never once thought of, where is everyone, why aren't they here?" Consideration of this contradiction required that I foreground narrative contexts more boldly to make sense of what was being said and why. It forced me to accept inconsistency as just that: ambiguity open to multiple interpretations that at various moments in time and from varied positions, is meaningful in different ways. It was surely both alarming and opportune that her caregivers were not present. In grasping the fleetingness of meaning, I came to realise how my interpretations are also fleeting, contingent and subjective.

Analysis

A proliferation of narrative in the social sciences and in popular media might suggest that the ‘what is narrative’ question is more or less prosaic. Yet how narratives are defined has distinct implications for the kinds of data produced, how narrative analysis is done in practice and the ways narratives are interpreted (Squire, Andrews & Tamboukou, 2008; Riessman, 2007). This part of the chapter will thus outline how the listening guide was operationalized and the contexts for narrative interpretation of the data.

○ Listening Guide Methodology

Narrative analysis of the data was based on specific use of the listening guide, in particular the first two steps which encompass listening for plot and I-poems. Implementing the listening guide meant applying a definition of narrative many experience-centred narrative researchers adopt, whereby the entire interview is considered as data for analysis (Squire, 2007: 18). This definition allows the researchers’ role to become clearer in the co-creation of the narrative, which is seen as produced from within a socially constructed research reality (Bruner, 2010; Phoenix, 2008; Mishler, 1986). A relational ontology was brought into being through data analysis using the ‘listening guide’, a practice that brings the analyst into relationship with the participants through narratives (Edwards & Weller, 2012; Doucet & Mauthner, 2008; Gilligan, Spencer, Weinberg & Bertsch, 2003; Brown & Gilligan, 1991). The ‘listening guide’ also known as the ‘voice-centred relational method’, sees the self in symbiotic relationship to meaning “by acknowledging that people live in relationship, and that language always exists in dialogical context” (Brown & Gilligan, 1991: 46). The method utilises voice, insisting that “the psyche, like voice, is contrapuntal so that simultaneous voices are co-occurring” and need to be specifically attended to through different ‘listenings’ or ‘readings’ of the narrative (Gilligan et al., 2003: 159). The focus in the narrative is on relationship: relationships with self, significant others and relationships to broader socio-cultural frameworks (Gilligan et al., 2003; Mauthner & Doucet, 1998).

Narrative researchers have emphasised that various forms of narrative analysis have developed out of authors extending and adjusting known methods to ‘better fit’ their data (Riessman, 1993, 2001). Similarly, Mauthner & Doucet, (1998: 140) insist the listening guide is adaptable to “individual interpretations, understandings and versions”, as the examples of recent studies above illustrate. Indeed, the voice-centred relational (VCR) method has been utilised by key authors whose writing shapes this work (Chadwick, 2014; 2012; 2009; 2007; Doucet & Mauthner, 2008; Doucet, 2008;

2006; Mauthner & Doucet, 2003, 1998; Mauthner, 1998) and whose applications have modified the original authors' in ways I found appealing and illuminating. Chadwick treats the audio recordings as the main data source (2014; 2012; 2009; 2007). Meanwhile Doucet & Mauthner focus on 'narrated subjects in relation', adapting the four listenings to trace narrated subjectivity via 'relational and reflexively constituted narratives', 'tracing narrated subjects', 'reading for relational narrated subjects' and 'reading for structured subjects' (2008: 403-407). Previous empirical studies employing the VCR method offer excellent examples of case study applications (See Edwards & Weller, 2012; Paliadelis & Cruickshank, 2008; Tolman, 2001; Brown, 2001) and assess its application within a participatory research study (Byrne, Canavan & Millar, 2009). However, I soon discovered no previous precedents for its use with couples or conjoint interviews. I therefore felt that my approach needed to remain responsive to what worked and what didn't, to retain flexibility in the application and utilisation of the method.

I attempted to apply the method as described by the original authors when I conducted my analysis of the women's birth narratives. Tracing four steps that uncover layers of expressions of interrelated selves, Gilligan, Spencer, Weinberg & Bertsch suggested first 'listening for the plot', then the 'I' voice, then 'contrapuntal voices' and finally, 'composing an analysis' which synthesises the process (2003: 160-169). Following the advice of Chadwick, (2014: 47-48) I painstakingly re-transcribed particular sections of text in an effort to trace the "dialogical interplay" of multiple (contrapuntal) voices (see appendix L for an example of the transcription key used). From this time-consuming process where I applied all four levels of analysis, I became equipped with a working knowledge of the process. The exercise of writing up my findings highlighted several issues that were important in my use of the method moving on. The approach had been designed and implemented within research groups where deep and enriching discussion brought these four interrelated levels of interpretation to life. Without a community of scholars with which to share my ideas and receive feedback and guidance, I felt constrained in my ability to actualise each stage. This was particularly the case with the final two, which require much higher levels of abstraction. The first two listening/readings were most useful for my purposes and became an essential part of my analytical strategy.

The first step is made up of two parts: Attending to plot and the 'voice' of the analyst. Listening to the audio in conjunction with reading the transcript, I kept in mind the key questions Byrne, Canavan & Millar formulated to guide the reader/listener in this two part process: "Who is telling what story" and "who is listening" (2009: 69). Similarly to content or thematic analysis, where the focus is on the

narrative as a whole, part one (or 'who is telling what story') pays particular attention to the overall plot, main events, characters, metaphors, contradictions, recurrent images and words (Mauthner & Doucet, 1998; 126). In the couple interviews, I used a pink highlighter to read the woman's voice, on her own, yet in conjunction with another, and a blue highlighter to listen to the man's voice in a similar way (see scanned transcription examples in Appendix: M). The interactions of these voices came to represent the 'contrapuntal voices' usually represented in step three of the listening guide. Part one therefore required its own reading/listening and part two, another.

Part two includes writing up the analyst's response to the narrative (the 'who is listening' section). Acknowledging my social position as an experienced homebirther and doula allowed me to accept a range of feelings and reactions as valid (See also Holland, 2006; Ribbens, 1998; Young & Lee, 1996 for ways of conceptualising researcher feelings as data). By listening for my voice as the researcher I was able to take my emotional responses, questions, thoughts and concerns seriously, rather than futilely denying my own subjectivity. This helped both situate my voice as a relational presence within the text (see later discussion of 'common reflexive space'), and insisted I distinguish my bias towards the narrator to make explicit the inter-connectedness of who's who in the narrative. Application of this technique proved most useful in my case, and I used 'free writing' to jump from associations within the text to lived experiences, memories, images, and thoughts (see example in Appendix: H). In particular, it facilitated the "shift from listener/ reader to researcher/interpreter" (Byrne, Canavan & Millar, 2009: 69).

The second step utilises I-poems to trace the use of first person pronouns as a way of coming to understand how the narrator represents themselves.

"This step is a crucial component of a relational method in that tuning into another person's voice and listening to what this person knows of her-or himself before talking about her-or himself is a way of coming into relationship that works against distancing ourselves from that person in an objectifying way" (Brown & Gilligan (1992) quoted in Gilligan et al., 2003: 162).

In the couple narratives, I-poems became we-poems, an example of which is provided on the following page. Laura and Xavier's we-poem highlights their representation of their coupledness in their joint narrative.

The we-poem represented here is an example of one of the poems constructed from the couple narratives. In it one can trace Laura's use of a passive voice in the passage framed by her limiting belief "I *can't*". Her use of 'you' immediately inside of 'can't' suggests helplessness when speaking of the need to "relax" (repeated several times throughout) during labour:

You forget
even though you know
you still can't

The poem implies she recovered relaxedness only because she worked in tandem with Xavier to ensure she "relax". Her first person 'I' returns when she mentions "having you (Xavier)". At which point the listener is reminded of the opening lines of the poem:

Your support
getting you
with me
really helped.

The interchange between 'me', 'my', 'you', 'your' I' and 'we' across the whole poem is fluid, clearly showing the collaboration of two individuals. Tracing 'we', a clear pattern is 'audible':

We'd been doing this 'aaaaaaahhh'
we'd been doing in hypnobirthing
we were both going 'aaah'

'We' is referred to in a consistent way throughout. It implies that as a couple they were focussed and steadfastly working towards their goal. Poems such as these showed up the interactions between the couple, their togetherness and their separateness within finite

We-Poem Adapted For Use With Couple Transcripts:

Laura: *your support*
getting you
with me
really helped.
We'd been doing this 'aaaaaaahhh',
you open up
your jaw
open your cervix

Xavier: relaxing your jaw,
I did say
relax your jaw quite a lot
I was just wondering,
you gonna hit me?

Laura: that was your,
your line
one of my things
I'd typed up
we'd been doing in hypnobirthing
tell me,
relax your jaw,
relax your shoulders

Xavier: have the baby

Laura: have the bloody baby.
Relax your jaw,
relax your shoulders,
basically you,
you said it.
you said,
relax your shoulders

I was like,
I *cant* relax
^^my shoulders^^
I needed to hear it,
cause you forget
even though you know,
you still can't
but having you
I
I
can you
make the noises with me?

we were both going 'aaah',
I think
I started going 'naaah'
I was going down a ^^negative path,
so he was going yyyyaahhhh ^^
(Xavier joins in the laughter).⁶⁹

narrative segments that shed light on the construction of the joint narrative as a whole.

○ Relational Displays within a Common Reflexive Space

The listening guide formed the basis from which to make explicit the research relationships embedded in the research process (Byrne, Canavan & Millar, 2009). From this I was able to recognise that specific narratives were produced in my presence as part of a reciprocal process in which meaning was co-constructed (Mishler, 1986). Elsewhere I have recognised that a 'common reflexive space', a term borrowed from Bjornholt & Farstad (2014), shaped the dynamic interplay of meaning between the individual and joint interviews and resulted in additional information on homebirths and the everyday negotiated character of coupledness (See Daniels, 2015 which expands on this in more depth). The participants shared stories beyond what they thought possible as couple interviews inspired the sharing of more information that both corroborated and complicated what would have been learnt from individual interviews alone. After the couple post-birth interview and before her individual one, Laura emailed me to say "I really don't have anything to add from what I said before - in case you are hoping for new information!" By the end of the interview she said "I've been surprised by how much I've had to say". As Heaphy and Einarsdottir (2013: 53) have identified, the individual interviews produced "biographically embedded narratives of 'relating selves'". This meant that the individual interviews were positioned in-relation to the joint ones, which both shifted and shaped the reading of one against the other. Within a 'common reflexive space' the concept was extended to include the researchers own individual biography; as a previous homebirther and bride for the first-time, my identities were commonly reflexive or mutually constitutive of the co-constructed, relational-selves on display within the individual and couple interviews. Where one-on-one and shared narrative contexts were combined, the dialogical interactions between the research, researcher and researched constituted 'knowing' in relational frameworks. The negotiated character of jointly 'doing' homebirth was thus brought to the fore and made important the concept of 'display' which accounts for audience, actor and intention as social processes through which meaning is conveyed (Finch, 2007: 73-77).

Ethics

Interacting within the same community from which my participants are drawn created tensions between my academic and personal identities. This section details the ethical protocols which were followed and considers some of the ethical issues not adequately covered in discussions of standard procedures. As feminist researchers have been at pains to point out, research - particularly of

relational life - is not always clear cut and straightforward (See Mauthner, Birch, Jessop & Miler, 2008). Within this relational context, I felt a massive ethical responsibility to ensure mutual trust and respect and care (Gabb, 2010; Doucet & Mauthner, 2006). Alarm bells around potential conflicts resound throughout the literature (Holland, 2006: 202-204), particularly within a feminist ethics which has consciously acknowledged the research setting as unequal and illustrated the dangers associated with being 'friendly' (Duncombe & Jessop, 2008; Doucet & Mauthner, 2006). Proposing a reflexive ethics based on the virtues and values of feminist research, I spell out my position as researcher to account for the decisions and actions undertaken.

○ Ethical Protocols of Qualitative Research

Each participant volunteered to participate in this study. On being approached or approaching me, I collected email addresses and telephone numbers for the couple. Following the initial meeting, a formal email was sent disclosing what their expected involvement entailed, explaining the contract of confidentiality and assurance of their right to withdraw at any point (appendix: G). It also asked them to re-affirm their willingness to participate. Only when interested parties confirmed their participation by replying to this email was further telephonic contact made to arrange time and place for the interviews, which in all cases was in the homes of the participants. Informed consent was negotiated and participants were asked to sign written consent forms before interviews started (appendix A). During a conversation about the research wherein they were encouraged to explore their questions and concerns and I described the research study as fully as possible, I also collected biographical information about each participant (appendix B).

While participation is based on the principles of informed consent, at that stage, this included written evidence of what their involvement entailed, information about me, my interests and intentions for the research, and the public nature of access to the completed thesis. I gave full disclosure that I would seek publication of the research and discuss their cases with my supervisors (who would know them according to their pseudonyms). Ethical approval was gained from the Sociology Department at UCT before commencing fieldwork.

In all cases, interviews were arranged at times and places convenient for the participants. All the interviews were conducted in their homes and more often than not, in each set of interviews, two of the three interviews were scheduled in one sitting. Although this was often taxing for me, I

acquiesced as it was convenient for the participants. In the pre-birth interviews this meant I carried a sense of being an imposition, which I managed better in the second round of interviews. On two occasions I brought supper, at other times I brought fresh bread, fruits and nuts. I changed nappies, rocked babies to sleep, did dishes and helped tidy up to lessen both the burden I felt myself to be and their burdens of managing a household with a new baby.

○ Ethics of Couple Interviewing

To ensure anonymity, all the participants, their children and any other persons mentioned by name have been given pseudonyms. Identifying features such as their baby's sex, where they live and their occupations have all been changed. Personal details were anonymised as far as possible, although there were several challenges in this regard. For example, presenting couples' pseudonyms as case studies in the written report allows the respondents to retain a persona which would be lost if they were referred to as 'woman, couple 1 or man, couple 5'. However, couples may be more recognisable presented in this way, specifically because using names is more personable. Another problematic issue arises where enough detail has to be provided for the reader to understand 'what happened' at the homebirth, as these details will also be recognisable to the couples themselves. Knowing how to present 'couples' whilst ensuring anonymity was therefore a challenging aspect of the write-up of couple accounts. The public nature of couple interviews goes some way towards mitigating some of the problematic aspects of presenting couple accounts. Bjornholt & Farstad, (2014: 6) mention that one of the advantages of couple interviews is that the "problems of anonymity and consent among interviewees are reduced, as both are present and what is being said is in a 'public' setting".

However, it was specifically the public nature of a couple interviews that created the potential for harm on one occasion, which brought up previously unspoken resentment. Details of Naledi and Rayne's relational life were revealed by Naledi in the couple interview which Rayne was not comfortable with revealing in such a public setting. Thankfully, because his individual interview followed the couple interview he was able to offer his version of the story, presenting his own case around why relational issues may have surfaced, after having heard Naledi's upset. This situation highlighted the ethical consequences of joint interviews which I have published on elsewhere (see Daniels, 2015). Certain topics are not appropriate for joint contexts, for example long-standing, undisclosed grievances that require mediation. On the other hand, either individual may not feel comfortable revealing aspects of their experience that contradict or challenge what their partner

may think or have said. Fear of intruding into the relationship might prevent the researcher from asking questions that make couples feel uncomfortable or inhibit their ability to speak freely. From a practical point of view, ethical considerations of conducting joint interviews include the cost and time needed to undertake research which Arksey (1996) mentions as a prohibiting factor, particularly for graduate researchers.

○ Reflections on the Process

Additionally, there were pre-standing, albeit distant, connections to four of the couples. This made me wary of being seen to negatively 'influence' the participants or intrude too much on their personal space. Post-birth, I was even more wary of being too forward, especially as my values as a doula stipulate that strangers should not intrude in the first few months as the relationship with the new-born is forming. Even though consent had been renegotiated after the birth as suggested by Miller (1998: 64), it was much harder to arrange for and have these interviews happen. Another possible impact of my influence on the data may have been an increased agitation post-birth where issues arose during the births that were contrary to the norm of a 'problem free' homebirth.

The potential for harm in social science research often takes the form of emotional distress (Gabb, 2010: 471). Such distress can arise when participants experience a breach of trust that occurs through the public exposure of people's private and intimate stories. This can leave participants feeling vulnerable, betrayed and disappointed or alienated and exploited (MacDonald & Bourgeault 2000; Doucet & Mauthner, 2006). Consequently, researchers have been known to be confronted by an "ethical hangover" (Lofland and Lofland, 1995: 28) where their assurances to participants have fallen through or unanticipated harm has resulted from the research. Should researcher integrity precede personal integrity? What gets sacrificed for the sake of the research? My own sense is that these are troubling issues to which there are no predefined answers. Through a constant process of reflection and dialogue a clearer sense of the issues at hand and the risks involved were hopefully uncovered, even though they may remain unresolved.

Reflexivity and Positioning

Data collection, sampling and analysis were not isolated undertakings (Mauthner & Doucet, 2003: 413). Even more so where my own experiences of homebirth together with lived experiences as participant and observer at homebirth gatherings, midwifery and birth conferences and more,

emphasised emotional connectivity, feeling and relationship. During the period that I was conducting fieldwork and doing analysis I became involved in the inception of the Compassionate Birth Project and the subsidiary compassionate birth tutorials being run with UCT Medical students. Through reflection on and involvement as practitioner and researcher, at times I felt my loyalties divided (see Bell and Nutt, 2008). Negotiating these and other practical, reflexive and ethical considerations necessitated coming into relationship with my intuition, feelings and values (Edwards & Mauthner, 2008: 20). Emotions were critical for awareness of tacit characteristics, or feeling qualities of the inter-subjective, inter-relational research process (Holland, 2006: 207), and the impact of my role in this context.

○ Positioning the Researcher

Robyn Sheldon, doula, midwife, childbirth educator, soul connection facilitator and author observes that obstetricians don't 'get' why people choose to birth outside of the system. "The difference is subtle but it is also very deep. It arises from our attitudes, intentions and approach to birth" (Sheldon, 2008: 84). Homebirth is recognised in the literature as exposing individuals to support that subtly transforms the experience of birth (Lindgren & Erlandsson, 2010: 315). This support enables lived experiences of ease, meaningful place, freedom, belonging, receptivity, connection and continuity that alter the meaning of childbirth experiences (Daniels, 2014; Cheyney, 2008; MacDonald, 2006 & 2007; Edwards, 2005; Klassen, 2001a). From my knowledge practicing as a doula, something akin to a 'vibe' or 'energy' is felt in homebirths that impacts profoundly on the relational experience. This 'vibe' has played an important role in shaping this inquiry into homebirth. This particular felt-sense has necessitated utilising methods which draw from the theory and lived experiences of homebirth, out of which my analytical interest, my interpretations and my perspective has been formed and is embodied.

Through emotions I related to and interacted with the social world of the participants – of which I was also a member - so my emotions were 'mutually constitutive' in the production of knowledge. By emphasising that knowledge is constructed out of women's everyday lived experiences, I am aligning with a feminist standpoint that would situate the research and the researcher in particular, in distinctive relationships, inexorably bound into the body (Smith, 1992: 90). "By paying close attention to the specificity of women's individual lived experiences", a feminist epistemology and accompanying methodology adopts a perspective of the social world that positions women's experience as central to the generation of knowledge that can promote justice for women (Hesse-

Biber, 2014: 5). Speaking as a woman, within a community of women scholars, homebirthers and activists, my standpoint *is* a feminist one. I have however, struggled to come to terms with a feminist identity within an academic and personal context and therefore tentatively make this claim.

Although feminisms are plural and often incompatible, “nevertheless, a feminist perspective provides a key starting point” (Birch, Miller, Mauthner & Jessop 2008: 5) that gives rise to and can sustain the claim that my feelings and intuition are valid. As Bourgeault & Macdonald (2000: 159), two “interested” researchers of midwifery insist, bringing homebirth narratives to light is both a scholarly endeavour and political act, central to the study of challenging and resisting the normative order of reproduction. My position as a feminist is therefore warranted as it allows me to be clear about my political intentions to reclaim homebirth as a site for personal and social transformation.

○ Reflexivity

As feminist researchers have been at pains to point out, it is not sufficient to merely acknowledge difference by listing the biographical details of the researcher (Doucet & Mauthner, 2006; Ramazanoglu & Holland, 2002). “Reflexivity means reflecting upon and understanding our own personal, political and intellectual autobiographies as researchers and making explicit where we are located in relation to our research respondents” (Mauthner & Doucet, 1998: 121). I am in part positioned by my particular socio-cultural background as an apartheid classed ‘coloured’ woman of mixed descent. However, political and historical circumstances which impacted on my biography have reduced the significance of my racial positioning, making class positioning a more dominant marker of my social privilege. The political, economic and social circumstances shaping my history ironically constrain how I engage with and in, multi-lingual South Africa, as an English only language speaker. In homebirthing contexts in the Western Cape, these features of my biography did not stand out. My status as previous homebirther with children of my own allowed me to more than seamlessly ‘fit’ in, with potential gatekeepers happy to oblige. Most of the homebirthers I encountered were middleclass, liberal, well-educated and first language English speakers too.

My embeddedness in the research area entailed a level of personal investment in it that was at times uneasy. Meanwhile my dual accountability to the study population and the academic community gave me a sense of being torn between slightly uncomfortable bedfellows. In some ways it supported feminist research ends in that it reduced some of the power differentials between me and the researched. For example, as a researcher asked to present at the Midwifery and Birth conference where my participants are audience to my findings; as mother, when my children share

the same classroom as participants' children; or as friends when I find we share common networks, interests and common goals for activism around birth (see appendix I). These overlapping, intersecting social worlds conflicted and 'bumped heads', at times limiting the scope of this study as much as broadening it. Yet as feminist researchers have warned, to assume this would free me from complex issues involving representation and legitimation, would be naïve (Doucet & Mauthner, 2006). Instead it made reflexivity even more critical at each stage of the research process.

Presenting the Findings

The following two findings chapters present couple narratives of homebirth in the first chapter and the individual narratives in the second. The couples chapter is somewhat smaller than the individuals chapter, as it is based on fewer interviews altogether and is framed according to the structure of pre and post homebirth interviews. The findings are structured in this way to emphasise the unique aspects of using joint in addition to individual interviews. This structure allowed for a case by case approach to retain the depth and richness attained through the series of multiple interviews conducted with each couple, while making possible comparisons across cases and between first and second-time couples.

Chapter 4

FINDINGS i:

RELATIONAL NEGOTIATIONS IN COUPLE NARRATIVES OF HOMEBIRTH

This chapter focuses on relational negotiations in couple narratives of homebirth. Finch (2007: 78) has suggested that narratives are a tool for display and thus the analytical approach in this chapter conceptualises couple narratives as tools for displaying relational qualities associated with the doing of homebirths. Two aspects of the making of shared narratives of homebirth will be analysed as social processes that display the couple-ness of these relationships. First, the decision making process couples narrate as being important to jointly agreeing on homebirth. Second, the crafting of jointly told narratives of couples' shared experiences of having homebirth. Relational negotiations of planning, having and narrating homebirths showcase displays of coupledness in which the meanings of couplehood²⁹ and the meanings of homebirth are linked together. These co-constructed couple narratives, spanning a spectrum of strongly joined, or strongly disjoined narratives speak to homebirth as reinforcing or testing couple scripts. The relational qualities on display in homebirth practices emphasise relationships (Edwards, 2005; Klassen 2001a) and the couples being seen as doing it together (Nilsson & Hoy, 2011; Carter, 2010; Morison et al., 1999).

Throughout their narratives of deciding on and having homebirths, couples co-construct shared understandings of their relationship (Almack, 2011: 109). These understandings, reflected in their couple scripts, construct meanings that negotiate and reconcile their homebirth experiences whilst additionally making sense of themselves (the individual), their couple relationship, and significant other relationships. Troubling the couple as merely two individuals, co-constructed narratives constituted in relationship with others, permeate the boundaries of the couple. Including off-spring and wider family in their displays of couplehood, the drive to display 'togetherness' in shared narratives of homebirth is indicative of the extent to which couple narratives invoke the concept 'displaying families' (Finch, 2007). Families displayed as functional, capable and united are

²⁹ My use of the term 'couplehood' is based on its usage within the couple/conjoint/dyadic literatures where it seems to be the chosen term denoting couple and partner experiences of being and doing couples (see Torgé, 2013; Eisikovits & Koren, 2012; Hellstrom, Nolan, Lundh, 2005). It is used interchangeably with coupledness as the state of being a romantic couple.

particularly astute in the context of a marginalised birthing practice. By analysing the particular ways in which couples construct shared narratives of preparing for and having homebirths, the meanings of their joint experiences are explored in relation to how couple's display coupledness.

This chapter is divided into three parts. It uses a definition of display throughout adapted from Finch (2007: 73) where display is the process whereby social meaning is conveyed through interactions with others who both experience and observe couple displays at work. The first part begins with an analysis of couple narratives of decision making, which explores differences between first and second-time couple displays of couplehood in the preparation for homebirth. It moves onto couple narratives of having homebirth, explored by way of five key relational scripts used in couples' relational displays: Team work, resilience, egalitarianism, traditional and exemplary. These relational scripts show up as the 'display work' that couples undertake to construct their couple identity. Relational scripting is affected by and reflected in displays of togetherness in homebirth. Yet, even as couples do the 'display work' of constructing a couple identity, normative ideas of what being a couple means, are disrupted. The final part considers how conventional displays of couplehood are troubled by displays of family. When couple life is reorganised and rearranged to fit-in-family, couple displays of jointness become more surefooted, less necessary and more complex, all at the same time. While relationship narratives offer displays of couples' inter-relatedness, it is the interconnectedness of families that is showcased as the quintessential meaning of homebirth.

Couple Narratives of Decision Making

Previous literature has indicated that childbirth choices are invested in particular knowledge claims of ideal birth types (Malacrida & Boulton, 2012). One such 'ideal' homebirthers claim is that home is a better alternative to hospital. All the participants expressed knowledge claims constructing home as the most suitable place for childbirth. Rayne: "the best start in life", Amina: "the right decision", Laura: "the way it's supposed to be", Joseph: "the obvious choice", Alessandra: "it makes sense" and Zachary: "the most romantic and poetic and idyllic situation". In their shared narrative constructions of deciding to have homebirths, couples position their choices according to a spectrum of socially constructed norms. These norms not only position their choices, but actively display the couple as an entity; representing alignment of their identities with their choices. "Conveying of meaning through social interaction and having this acknowledged by relevant others" is a central tenant of display (Finch, 2007: 77). Coupledness is thus negotiated in narratives of decision making to display the social process of embedding notions of 'who we are' in homebirth as a practice. Two competing

knowledge claims that home is optimal and hospitals suboptimal are systematically evoked to define homebirth practice. The literature reveals that women's mistrust of hospitals is one of the most cited reasons for choosing homebirths (Boucher et al., 2009; Klassen, 2001a). By investigating how couples jointly negotiate the binary ideals of home versus hospital, the sociocultural factors shaping couple choices are displayed in narrative scripts couples use to defend unconventional choices.

○ Second-time Couples

The discursive work of first and second-time homebirthers differentiates couple narratives of planning (and having) homebirths. For couples already experienced in homebirth, the choice to birth at home was taken for granted:

Nicole: What made you decide to have another homebirth?

Isabella: There wasn't any other option. (N: giggles)

Nicole: Can you tell me please, why you decided to have a homebirth?

Rayne: I've never known anything other than (laughs).

Isabella and Joseph

Embarking on a second homebirth, this couple have a two year old (homebirthed) toddler. Attempting to position their shared understanding of homebirth along a spectrum of choices, Isabella and Joseph reach a disquieting settlement. When questioned on the importance of homebirth for the child, their (dis)jointed narrative suggests an unresolved tension between Isabella and Joseph's individual displays of a joint approach to homebirth.

'The Matter of the Baby's Birth'

Nicole: Do you think it matters where your baby is born?

Joseph: For the baby or for us or for?

Isabella: Yes! I believe it matters.

Joseph: Hmmm

Isabella: I believe that the place that I feel safe will make the baby feel safe so if I'm not even in a safe feeling place I think there is an impact on what the baby experiences. So I think in that case it will matter because an unsafe space, like a hospital for me is not a safe feeling space so, I think there, that the baby will experience something there like –

either anxiety from me or whatever, so yah, I think it does.

Joseph: Hmmm. Yah, I think it can? I dunno if there's any sort of necessarily, any - there may be long term impacts but I think, you know one can also make it * uh, a great birth experience whatever their, whatever the environment. And um, *** yah, it's a, it's a tricky one to answer completely. Hmmm.

Isabella: You don't think it matters?

Joseph: Um, I mean it probably, it, it, it does have, it will have an impact on the experience, but I, I don't think it necessarily has, there's no, there's nothing about - say if you had to be in hospital - I think you could make the most of it being in the hospital. And make it a good experience there too. Um I don't think that it necessarily ** *has* to be at home. But I think, I, knowing, knowing Bella I think that it probably increases the likelihood of it being a more powerful experience and a more fulfilling experience for all of us - being at home. So it uh, yah.

Isabella: Do you think it *matters* where the *baby* is born??

Joseph: ** Hurgh, no. I don't actually. No. Not, not for the baby's sake. That baby doesn't know necessarily any different. Yah, you've got me thinking though. I could probably say more but (voice trails off).

Nicole: Hmmm

Isabella: Hehehehugh

Isabella displays a stance of personal opposition to hospitals, which for her is “not a safe feeling space”. Joseph on the other hand is reluctant to claim that hospital birth impacts negatively on the child. Instead, he identifies homebirth as important for Isabella. From this position he claims that given who ‘Bella’ is, her being at home would determine the “experience for all of us”. By linking the wider family’s experience to the birthing mother’s, Joseph suggests that *she* is central to the relational experience of birth. His argument implies that her leadership is pivotal to shaping the experience of homebirth for everyone involved. In many ways this is similar to what Isabella has proposed, that what the mother feels, the baby will feel. Yet, in their shared account this answer does not meet her approval. Left unresolved is why theirs is a weakly joined shared narrative.

Struggling to jointly narrate an answer, Isabella asks Joseph directly, “do *you* think it matters?” (my emphasis). Under duress, Joseph’s final word is “no” at which Isabella is clearly put out. The question itself shows up a conflict in their relational stance towards homebirth; Isabella’s conviction is clear,

while Joseph's is tentative. Disquiet stems from the idea that having previously experienced an "amazing and really so special" homebirth, Isabella assumed that agreement on why homebirth matters for the baby would be shared. Second-time round, Isabella thought she did not have to convince Joseph. Characteristic of the literature on homebirth (Lindgren & Erlandsson, 2011), he left the project of homebirth in her capable hands, supporting her to do "what she really needs to do". However their (dis)jointed couple display shows up a version of 'female leadership' in the decision to have a homebirth as contrastingly making Isabella feel she is "doing it more on my own, (laughs)". The reduced need for negotiation around decision making in second-time homebirthers' narrative constructions means that the social interactions involved in displaying coupledness through the choice to homebirth, was missing from their shared narrative. Divergence at the dyadic level means that the 'display work' that is necessary to achieve (in Torge's (2013) words), "we-ness" is absent, resulting in a display of (dis)jointness.

Rayne and Naledi

Naledi and Rayne having their second and third homebirths respectively are outliers. Naledi gave birth at home for the first-time following Rayne's lead. They contradict the pattern acknowledged in the literature of 'female leadership' in homebirth, with Rayne positioned as leader of their decision. In an interesting twist, Rayne's ex-wife who has had four homebirths influences Naledi: "There wasn't a question of me questioning whether I was gonna have a homebirth or something; I'm *definitely* having a homebirth". While positioning their decision at the far end of a spectrum of socio-cultural norms, Rayne establishes hospitals as "wrong and I don't like hospital space". The interactional context of their narrative shows a strong display of jointness that is maintained by Naledi mirroring Rayne's account.

Rayne: You also have control of who's in your space #

Naledi: Yah, not people just suddenly popping (clicks fingers) into the room and you're like, 'who are you' #

Rayne: You don't have to have sisters, or a doctor coming in that you've never seen before who #

Naledi: it's such a #

Rayne: might be having a bad day, or, whatever, or forcing stuff on you #

Naledi: Yeah, but also for them, it's not a special, moment. They're at work, they do this all the time, it's a sausage factory in a way

In narrating joint accounts of planning homebirths, couples' relational scripts do the work of displaying the negotiated character of both homebirths and relationships. In this example, Rayne puts forward a position that Naledi affirms with “yah”, to adopt and develop her own ideas based on his reference point. In this couple's relational display, Naledi adopts Rayne's dislike of hospitals. The couple thus presents a strongly joined narrative account of hospital as the "wrong" place for birth, although their argument lacks conviction given that neither have experienced hospitals as a place for birth. As will be seen later (in couple narratives of having homebirth), without the display work linking home as an ideal place for birth, to constructions of themselves within relationship, homebirth does not reinforce a couple script of togetherness.

Displays of coupledness were missing from second-time homebirthers narrative constructions where the reduced need for engagement in the decision making process and different sets of priorities led to a lack of social interaction amongst couples.

Rayne: “I'm so much busier now that you know it's, it's a part of my life whereas for the first one it was this all looming event that was going to happen. Whereas now I know what to expect and it's just a part of life.”

Naledi who adopts Rayne's script of “extreme busyness” finds that “my life is so busy now where am I gonna fit this baby in?” Once again showcasing a strongly joined shared narrative construction, when asked what will change once the baby arrives, both reply simultaneously R: “I think we'll just become (R&N in unison): More busy!” According to Eisikovits & Koren's (2010: 1652-1653) dyadic framework, their shared narrative betrays a hollow ‘we-ness’. This ‘we-ness’, although displaying strong overlap on the descriptive level, is overridden by even stronger contrasts on the interpretive level wherein busyness itself is a driver of separation leading to a lack of relational engagement and connection. As a result both Naledi and Rayne feel that their experience of pregnancy is separate from daily “life”. Disengaged spatially and temporally from one another through busyness, the negotiations which foster intimacy, connectedness and relatedness are missing from their shared account.

‘Just a Part of Life’

Nicole: So do you think your *busyness* has impacted on your ability to relate to the pregnancy?

Rayne: Yah, definitely#

Naledi: Yah. Hmmm

Rayne: I think instead of being something ** kind of special and sacred it's just become like, **just a part of life**, you know, it's kind of#

Naledi: It's almost like#

Rayne: That's how I feel about it

Naledi: A process#

Rayne: It's just something that's just#

Naledi: That's just happening#

Rayne: Yeah#

Naledi: And when the baby's gets here, then there's gonna be#

Rayne: Hmmm#

Naledi: You know, then we give our, that's obviously, there's uh - you have, you - you can't do it any other way, you have to give that attention to the baby. Hurgh, but there hasn't really seemed (sigh) much, to be much space to * to do that and not really almost *a reason* to do it, do you know what I mean?

Already caught up in the demands of displaying and doing family, Rayne and Naledi's experience of pregnancy is relegated to the outskirts of their relational lives. Their repetitive framing of pregnancy as (Naledi) "something that's just kind of happening and life goes on" and (Rayne): "just a part of life" suggests through their use of "just" is that pregnancy is happening irrespective of their conscious engagement with it. Relationally their decision making narrative showcases tensions between their first experience of homebirth (which "was this all looming event that was going to happen") and their second. It suggests that the issues facing first and second-time couple's entry into parenthood are different. Specifically, relational engagement with the pregnancy is knocked off-centre the second-time round, when there is already a child who may be central to their relational lives. It seems from Isabella and Joseph and Naledi and Rayne's narratives that displays of unified coupledom were harder to maintain as the social interactions that convey meaning were less evident. Indeed as Finch (2007: 72) has pointed out, it is the "degrees of intensity" in the need for display that is the strongest marker of difference between first and second-time couples. First-time couples' interactions, which centre on the pregnancy, offer much clearer displays of 'who we are as a couple' aligned with norms positioning homebirth as ideal.

○ First-time couples

In this sample, homebirth was a decision in which women had the majority vote, even if they didn't lead. Women established home as the optimal place for birth: (Laura) because there is no synthetic pain medication, (Alessandra) because it is a space over which one has control and (Amina) because it is a "natural" place to give birth. Negotiations scripting women's majority vote offer insights into the 'display work' of homebirth couples. Jointly adopting the woman's position these shared narratives of decision making show up the social processes that display couple togetherness. The three first-time couples display a unified couple identity when they construct homebirth as a reflection of 'who we are'. Insisting that homebirth aligns with their identities and is an expression of their way of life, Xavier remarks "both being open minded" is one of the factors influencing them. Amina and Zachary say, "it's us", we are the reason we are choosing homebirth, while Mark and Alessandra say homebirth "fitted very well with both of our ideas and feelings about what a birth should be like.....(it) aligns a little bit better with, *us* I guess".

Mark and Alessandra

Mark and Alessandra conform to the female majority vote pattern evident in this sample, even though they narrate simultaneously but separately aligning their birthing ideals with homebirth as a practice. Alessandra: "we kind of got there on our own and then kind of found ourselves in the same place somehow." In their narrative, Alessandra has the final word on the midwife and doula, as *her* relationship with them is considered more important. Mark's position is that: "I feel like while I do need a relationship with them, it doesn't necessarily need to be that in depth." Their explanation of "how they decided on a homebirth" evolves over four pages of dialogue wherein they describe how: "Yah, it's taken awhile hasn't it, to adjust to the idea." Having started out without having ever considered, to actually choosing homebirth, the "process" of adjustment required they undertake a set of social negotiations to align their belief system with homebirth. Similar to the description offered by Mansfield, (2008) 'natural' childbirth as a concept was activated and maintained through social relationships. Suggestions from friends led them to their midwife, attendance at homebirth gatherings connected them with like-minded others, and a hypno-birthing course helped shift homebirth from marginal to central in what they considered most meaningful. This made Alessandra feel that "we've each worked through our ideas about it on our own in a way and kind of had some interaction and conversations about it". In their joint decision making they not only display "a dance with reversed roles" (Lindgren & Erlandsson, 2011: 69), they display ways in which couple's separate moves mutually constitute a dance of two halves. The following poem, narrated by Alessandra describes the 'think'(ing) that led to the shift which made homebirth feasible.

'Our Own Space'

I think

create a space

a personal space

I think

if we end up in hospital

I think

create a good space

I think

the intention

the energy

the people

the space,

create something

I think

your own space

home space,

your space

your comfort area,

your familiar place.

I think

it's more work

to create the same feeling

in a hospital,

I think

it's not necessarily the physical environment,

I think

I think

it's more creating

the energetic space

I think

that can be anywhere.

I think

it's just easier some places.

The concept developed in this poem is that the intentions thoughts, actions and non-actions of the people involved in birth create a context where the meaning of birth becomes known. Central to what drew this couple to homebirth was “how” birth is done in different locations. Mark: “Yah to me it's just, its, the where helps to make the how. And the how is harder to do. Just as an idea, it feels harder to do in a space that there's no actual relation to”. As this poem suggests, the ‘how’ question, rather than being determined by place, is determined by the individuals engaging in the process. In this idea *how* birth happens is linked to what birth means. Although the poem is from a section of their joint narrative Alessandra narrates, the thinking reflects a combination of his and hers.

Mark and Alessandra are struck by the dualities across the two birthing paradigms “almost polar opposites, hey?” Yet the tension between these opposites ignites the thinking to negotiate a continuum of culturally dominant positions. For this couple, creating a shared intention for birth meant aligning with ‘what matters most’. “Seeing the, the radical contrast... it like really just kind of reiterated um, the feeling of what we want to try and create and what we want to prefer to avoid.” In their joint narrative constructions, feelings are used to negotiate individual and collective engagement in the process. The ‘think’(ing) that drives this poem is a negotiation of various positions to arrive at one that ‘relates’ to both their concepts of who they are and how they can ‘create’ a “good space”. From this perspective, creative/relational processes shape meaning: The intention behind birth determines what birth in various locations ‘looks like’.

Laura and Xavier

For Laura and Xavier, the choice to homebirth came with a string of other choices that had to be made once the pregnancy was confirmed. At the time they were living in different countries and had to find a way of starting a life together. Embedded in their middleclass choices was implicit consideration of the birth. “Xavier: Being in South Africa, the, the story of, the stories of, ** the rates of caesarean being ** astronomical. Laura: The highest in the world, yeah”. In this context, justifying home as the alternative to hospital forms the basis of the root system they develop to settle into a new country – the birth place of their baby.

As they narrate it, finding a suitable caregiver was first on their list of priorities when they arrived. Gail [midwife] was recommended by someone who had a successful natural birth in a Cape Town hospital. Laura: “pretty much the first thing you did was go and meet her. Pretty much the first thing I did when I arrived here was meet her”. Gail’s preference to have a natural birth at home incorporated their pre-existing concerns around the risk of interventions in medical birth.

Laura: Homebirth was really just the best option in terms of not having intervention and particularly in a country like this where you know that the rates just go up exponentially if you get into a hospital. It just, ** it seemed like the obvious option.

Their chosen caregiver turned the tables on leadership of the decision to homebirth: “I knew that her say was a better choice than any of ours. And she had also agreed with everything that I’d wanted in place anyway, so it was a no-brainer.” The midwifery encounter in this couple’s decision making was seminal to homebirth, corroborating Vedam et al., (2012) who illustrated how birthplace choice derives directly from caregiver choice. Laura entered into pregnancy inspired by natural birth and armed with experience of a cascade of intervention from having assisted at her cousin’s hospital birth. This forced Laura to re-think what she knows about herself “because I know that if I was offered drugs in a hospital situation I would find it very difficult to say no”. Xavier on the other hand had “never really thought about (homebirth, but) immediately thought it sounded like a good idea.” What is important to him is homebirth’s compatibility with an ideology he values greatly.

Xavier: What I was told was positivity - just remain positive. But I, I think positivity is not just ah, it’s almost a microcosm of life, it’s ah, you get much further with positivity in every stage of whatever you do, it doesn’t matter what..... so, the whole ethos of, um, hypno birthing, homebirthing works very well with that..... if it’s all about positivity, then let’s go for it.

In their decision making narratives, the choices this couple make piggy-back on each another. The country they decided on determined their choice of caregiver, which in turn influenced their decision to have a homebirth, which determined where and what they looked for in a home. They actively display their couple relationship in the set of negotiations around place of birth. Settling into a new country, homebirth became a touchstone for how they do things as a couple, who and where they looked to for support and what they discovered about themselves along the way. “It is funny....with homebirthing as well as hypnobirthing.....I hadn’t thought about how much that might

make you – quite similar people.” Displaying homebirth as definitive of who they are meant that in choosing homebirth, “we found our little bubble”. Through their negotiations around homebirth, they constitute themselves and their coupledness as alternative and free-thinking. They display characteristics and qualities in their shared relationship that are constructed as useful for and give them buy-in to, homebirth as a social practice.

Zachary and Amina

In their joint narration of deciding on homebirth Zachary whispers, “it’s us”, we are the reason we are choosing homebirth. In their mixed-race relationship they represent the promise of a rainbow nation with a liberal, open-minded approach to life. Amina is someone who leads an unconventional life and has used it to her advantage. Zachary is an “easy going”, happy-go-lucky type of guy. In their relational script and in their decision to have a homebirth, “she leads and he follows” (Lindgren & Erlandsson, 2011: 66).

Amina: I had a deep innate feeling that I wanted us to be in our space here that we have created. And receive this child here where it was conceived..... it just seems, it just seems seamless, just seemed like a, it felt like the right decision. It’s a gut feeling.

In turn Zachary affirms, “I trust her, I know her, I know she knows herself very well and her body and her mind and her spirit and soul and heart and everything, so yah, I’m happy”. For him, birth is all about having the birthing woman “be as comfortable and confident and happy as possible”, so he is happy to support her in whatever way she needs. In their case her leadership facilitates his involvement.

Zachary: Yeah and whatever comes and whatever happens, maybe it will be more difficult, maybe it will be nice and easy, whatever it is, we’ll be cool. I have absolute confidence in us as a unit. Our support for each other, and love for each other.

As a couple, Zachary and Amina did not find many sources of support for homebirth outside of their relationship. In fact they “kind of stopped telling people after a while” when “it’s like are you crazy” was the most common response they were getting. Their shared narrative suggests that it is their unity as a couple that matters most in their shared decision making. In this context Amina asserts that the most important person she needed support from was Zachary.

Zachary: I think I've been, for me personally, I love the idea of homebirth. I'm kind of impartial as to, as to where we are or where, where it takes place, or whatever.

Amina: Just as long as we're together.

Zachary: Yah, as long as we're both there and we're with people that I'm confident about.

Seen from the point of view of their relationship, Amina leads and manages several aspects of their joint life. Amina: "You don't manage half the flat though. Zachary: No, not by any means." As a study, homebirth is synonymous with how this couple operates as a relational level. Their confidence going into the homebirth draws strength from playing the hand that has served them in their relationship script. Homebirth as a moment in time consecrates their couple identity thus displaying what matters most in their relationship and who they see themselves becoming.

Amina: Yah, I mean for me, my most important thing is that Zachary is on board..... If we don't like have full 100% yeah, yes, yes, do it, go, from either set of our parents, or our families, it's okay. Because that moment, that birth is really about, it's about the three of us, really.

Zachary: You know, it's ours.

Amina: You know it's about the three of us

Only once they feel joined as a couple can they take on and re-write the cultural scripts they have learnt about birth. For them, homebirth challenges the idea that birth is "Amina: hectic and terrible... Zachary: terrifying..... the drama factor, the hype.... Amina: A lot of terror attached to it". In their display of what their relationship is capable of "a decision to have a homebirth also enforces your decision to, to get over the fear." They display relational qualities that suit homebirth when they construct togetherness. Together they can face their demons, and overcome the weight of the cultural discourse around birth because in its very scripting, their relationship has done just that; who they are as a couple is founded on that basis.

Couple Narratives of Having Homebirth

Couple identities are made and re-made in joint narratives of homebirth. Different kinds of homebirth narratives display a version of each couple, shaped by the form and function of their narratives. Through shared narratives, couple scripts of 'who we are' in relationship allow couple characteristics that are publically displayed to become known. Relational scripts marked by and

defined through the telling of homebirth stories construct homebirths as a vehicle for 'togetherness'. Togetherness is not only culturally required to undertake homebirths (Lindgren & Erlandsson, 2011), it is a social requirement for the resistance of medicalization (Lindgren, Hildingsson & Rådestad, 2006; Viisainen, 2001). Birth as a social occasion, said to invite and applaud the involvement of significant others (Houvouras, 2006) is a moment where relationships are rendered socially and culturally meaningful. The intimacy and togetherness (or "we-ness" (Torge, 2012) displayed in couple narratives is given credence in the strength or weakness of their joint narrative. Clearly joined 'we' stories or more muted 'we' stories speak to situated homebirth contexts within which the doing of jointness legitimates displays of couplehood. By analysing the dominant relational script evident in couples' shared narratives of homebirth, couples' 'display work' is visible in narrative and homebirth contexts.

○ The Team Work Couple: Xavier and Laura

Laura and Xavier narrate an epic homebirth as a test of the resilience of their relationship, which as Xavier comments "proved something about our relationship". Totalling thirty six hours their narrative spans all genres; there are tragic moments (L: "this is hell!"), feel good moments (X: "it's not a chore, it's a joy!"), high drama (L: "Gail got broken into"), romance (X: "you'd do anything, you'd die for this person"), slap-stick comedy (X: "I was hung-over"), even a touch of horror (L: "blood splattered in strange places"). Traversing so many different emotional and psychological landscapes, their homebirth and by extension their relationship, was tested when the threat of hospital loomed large.

The idea that homebirth displayed "a team effort" was first proposed by Xavier in his individual, *pre*-birth interview. The concept gains increasing meaning when Laura uses it in the couple's post-birth interview: "it was amazing team thing, it really did feel like, uh, we were all in it together".

Immediately discernible is the fact that the meanings attached to their shared birth experience are relational in nature. No discrete acts or individual persons (in and of themselves) made this event into what it was. A relational stance of mutually beneficial reliance on one another is displayed as an interdependence that serves the whole as well as its parts.

'Being At Home'

Laura: the homebirth side of it

Xavier: it was amazing
it was in our own environment,
in it
it's different
it is our home
for me
it felt
it

it almost felt
we weren't here
it almost felt
like a movie

Laura: it was another place, true.

Xavier: it was like
it was a different feeling
it was very dark
we had candles
it was
it felt
it was another world

Laura: we really did

Xavier: it was almost unreal
it was something
I'd never been through
we'd never been through

Laura: it was so surreal

Xavier: our home

it was

Laura: it was just wonderful

I was at home

we did it

Xavier: we'd been through two nights
we were really shattered,
we had this baby,

we're at home!
We're lying down in bed
we checked
we knew
we weren't going into hospital
Laura: we were at home

The poem 'being at home' traces the relational parallels and deviances between 'I', 'we' and 'it' that run through a small section of their joint narrative. Xavier leads the telling of this part of the story, with Laura endorsing his version of their shared account. In the first part of the poem, 'it' is able to forward a description of their sensate experience that had an otherworldly feel "like a movie". Within this liminal space, "home" as an active construction seems to mediate contrasting aspects of their experience. Reconciling both the "shattering" and life affirming aspects of their experience, the relief of having endured such an 'epic' is palpable in this poem. Such relief is clearly synonymous with the 'we' that is repeated like a drum call by the end of the poem. In this couple's display of togetherness in homebirth, rendered visible in narrative poetry, it is the overpowering presence of a collaborative, joint script that is so remarkable. While both Xavier and Laura make themselves present as 'I' in the text, their individual selves are reflected as one half of a whole. Immediately after mentioning 'I', they concur with 'we'. Laura's suggestion that "I was at home..... we did it", displays the idea that success in homebirth resulted from their joint effort; acknowledging the interrelatedness of connecting/connected, relational-selves.

Analysis of the breaking of the waters as a critical turning point in their strongly joined narrative showcases two contrasting sets of meaning. Laura and Xavier repeat one another's words, and in a classic story-telling sense, build on and add to what the other has said, adjusting their narrative in conversation with one another. The difference is that Laura's narration speaks to an experience where "pain" and "peace" are linked. Her experience of 'peace' is an outcome of having overcome the 'pain' of labour. These counter-poised positions are bound into an internal discourse around "I didn't think I was gonna be able to do it" and "I knew I was gonna be able to do it". As her experience of pain shifted at the critical turning point, her internal discourse of "I knew I could" was strengthened. Further strengthening their display of team-work, the midwife Gayle's actions and reactions were integral to her interpretation of this moment. When Laura heard her say "*now* this

means you can do this”, she was left without a doubt that this was true “and it was just, oh my God I can do it, I can do it!”

In Xavier’s experience while this moment was no doubt critical, the extent to which he felt it as a turning point is somewhat ambiguous. “Even if suddenly you got this confidence of, okay, it’s gonna happen here..... *we’ve still not had the baby*..... the big deal still hasn’t quite, it hasn’t happened yet” (my emphasis). Xavier makes the distinction that, whilst it became apparent that the birth would proceed at home, in his view, nothing else was certain: “she knew when she’d got to that stage it was gonna be fine – but I felt, I hadn’t really thought that, I was like, right, all hands on deck..... who knows what’s gonna happen.” Although Laura’s sense of achievement lies in knowing homebirth is within her grasp; Xavier’s sense of achievement is only determined when the new born emerges and is deemed fit and healthy, which as he points out, was still “seven hours after that”.

At three distinct points in the narrative, Xavier remarks that the baby’s well-being was being monitored throughout. Xavier specifies that the baby’s vital indications showed he was never in distress: “*amazingly* for such a long labour, but * his heartbeat *never* changed”. Then once he was born “there was no meconium” confirmed the baby’s safety was never compromised. Such assurances from Xavier suggest he played a role not only as birth support, but as over-seer of the birth process. His concern with the welfare of both mother and baby mean that for him, homebirth is ultimately fulfilling when “the baby’s safe at the end and the mum is safe, if that happens, it’s great.” Somewhat concerning then in the context of their shared narrative, is Laura’s disregard for his role as over-seer which she does not and cannot recognise.

Laura: I can’t imagine doing that in a situation with a partner that was worried for my safety and worried - I think it would’ve, that would’ve put a real dampener on the situation ***

Xavier: Yup

Laura: And you didn’t give a crap (laughs). No, in, in the best way possible! You just trusted the people we were with really **

Xavier’s role as over-seer of the safety of homebirth is dismissed because Laura felt this was a role capably fulfilled by their midwife. This contrast in their joint narrative shows how the display work involved in maintaining “a team effort” script, increases the likelihood that individual efforts go under or un-recognised.

Co-constructing homebirth as inclusively derived from a shared team effort, their narrative displays a script for long-term partnering, with both losses and gains for each individual. If pregnancy was their reason for being together, who they are as a couple and what they are capable of in relationship with one another is represented by the homebirth. Xavier and Laura are fairly new at doing their relationship, and they are doing it (Xavier) “coming to a new country and not knowing anyone”. Validating their couple identity based on a relational script of ‘adaptation’ to new circumstances and to being on their own displays a relational script of unity that empowers their relationship now and for the future. In displaying homebirth as a team effort, knowledge of how to do relationships jointly is discursively situated. As immigrants, displaying themselves as a team allows their identity as a couple to navigate new people and new spaces, as they search for a place to call ‘home’.

○ The Resilient Couple: Amina and Zachary

Amina begins their narrative acknowledging “it’s hard like for me to say *what* we shared as a couple”. Together with Zachary she negotiates the telling of a “physical”/bodily context in which “failure to progress” meant their homebirth was transferred to hospital. Finding a way to tell their joint story allows him to shoulder some of the blame of ‘failure’ with her. Assured of his support when she says “I felt like there was * progress” and he replies “well, yah, me too”. She takes the lead to construct their shared experience of homebirth as “a safeness....and a togetherness, a connectedness”. (Re)constructing home as a place of “unity” reaffirms an aspect of their pre-birth expectations that is important in their display of coupledness. In re-writing their experience Zachary says “I think it’s fucking cool, I think that by choosing a homebirth we took nature by the horns..... because we’re willing to, willing to take nature and our bodies and our life on”. Given the reality of their attempted homebirth, their willingness to try, rather than the outcome of their undertaking, is displayed as a public marker of who they are.

Emerging from their shared narrative is the idea that their individual experiences of the hospital match. The reality of their birth experience results in a joint narrative that displays the horrors of hospital birth compared to an embodied experience of homebirth. They strongly agree hospital was “horrible”, they similarly felt “loss” and both felt “separate” from the experience in hospital. In their strongly joint co-constructed narrative of ‘opposites’, hospital birth is likened to driving through

McDonalds while homebirth is “Zachary: like a nice # Amina: Fine dining # Zachary: Restaurant down the road, yeah.” While Zachary names discreet actions or things that contributed to their shared experience of horror: “that shield..... the stark and bright and needles and injections”. Amina speaks to the pervasiveness of residual feelings and emotions “all ** I probably took away from it was just, probably a profound sense of ** disappointment”. In this shared narrative ‘togetherness’ is displayed, not in their actual experience (where they felt “separate”) but rather, in their post-birth narration.

The opposing meanings that informed their expected versus their actual place of birth complicate the relational structure of homebirth. The caesarean section procedure is central to the relational matrix of the birthing experience as a whole. During surgery the birthing mother is lying flat on her back with a screen positioned in the middle of her torso. Two doctors performing the surgery stand at the foot of the bed. The hierarchies of power are clear despite the fact that everyone wears the same green scrubs. The room is cold and the clanking of metallic tools echoes in the clinical air. As the birth place and context for meeting their child for the first-time, these relational arrangements have meaningful long-term impacts (Simkin, 1992; 1991). In Zachary’s script the surgical room disguised their role as parents. This can be read through his use of the general “you” when speaking about his wife and himself, who were stripped of their authority. Zachary: “it’s almost as if it’s not your child because there’s the paediatrician flipping her”. Amina and Zachary were situated as passive, docile recipients of medical attention, and their say over what happened to themselves, or their child diminished accordingly.

Amina: And for it to be run of the mill for them, the doctor, your – your caregivers, it’s like fuck, you should actually give up your job actually then.

Zachary: Wheeph! **** At least don’t talk about your golf game.

Amina: Oh please don’t talk about your fucking golf game.

Zachary: (laughs) Yah *** yah, so that was unfortunate.

The mundane, even banal nature of the doctor’s performance is displayed in stark opposition to the meanings of this experience for these parents. The trivial banter delineates the territory of birth, marking it as one where the doctor’s vocal, intellectual and professional capacity exceeds all others. Within this existing power structure a relational culture is displayed that is impersonal and conveyor belt like.

Zachary: Yah, it felt a bit like being a cattle, cattle -

Amina: Hmmm.

Zachary: You just get herded around, go there, do that, put this on, take this.

Amina: Down to even her,

Zachary: Yah.

Amina: Our new baby girl also being herded.

Zachary: Manhandled.

Amina: Yah

Zachary: It was horrible.

The professional attitude of the attending specialists raises the issue of the ethics of maternity care. In Zachary and Amina's case they paid out of pocket the exorbitant private practitioner rates for medical care in a private hospital (see Introduction). Where the level of care did not match the costs of services rendered, should they not be compensated? In the commodification of childcare, surely this constitutes consumer rights? While narrating a lack of relational connection, Zachary and Amina's caesarean birth experience nonetheless displays the resilience of their couple script. By narrating a strongly joined shared account of horror, the situated narrative context alerts the reader to "the primacy of relationships in directing ethical behaviour" (Walsh, 2010: 493). The moral and ethical implications of place are problematized in this narrative specifically because the contrasts between Amina and Zachary's shared experiences of place remain so starkly divided. Meaningful, humane experiences of birth must acknowledge the psychological, social and ethical implications of care alongside the physiological, where place is but one aspect of a complex relational matrix.

○ The Egalitarian Couple: Alessandra and Mark

In Mark and Alessandra's pre-birth interviews each speaker politely took turns to speak, never interrupting each other, nodding or uttering at the end of their turn. The neatness of their turn-taking however was strikingly missing from their joint account post-birth and evidently had been a very conscious construction of equality. Displaying what it means to be in a relatively new relationship (less than two years), this couple is still working out what being a couple means in practice. With their birth of their child, the stakes involved in working this out have increased exponentially. Mark and Alessandra still adamantly stand behind splitting costs 50:50 in their relationship, though it was clear soon after the birth that this kind of split in the care of their son was neither desired nor attempted. Alessandra took the baby into her bed to feed on demand and to comfort, and the child was always attached to her in some form or another whenever I saw them.

The work of displaying a script of egalitarianism was thus complicated by the messy reality having a child brought to this couple's relational lives.

'That's it then, all settled'

Mark: I think Nancy [doula] came in, I dunno, she came – it was (baby starts niggling), just after lunch or something like that? Or just before lunch she came#

Alessandra: Did she?

Mark: Yah

Alessandra: I thought she came later?

Mark: Did she?

Alessandra: She came like at three or something

Mark: No.

Alessandra: Yah, you said she came at three and Acacia [midwife] came late – no after her #

Mark: Did she?

Alessandra: ^^You the one who knew the time^^ I dunno! No 'cause it, no, I'm sure it wasn't lunch time? I dunno, I have no idea, I thought it was three.

Mark: Okay, after lunch. (A: laughs - all join in)

Alessandra: ^^Sometime after lunch^^

Mark: Its official. Sometime after lunch. (A still laughing) Um, and then she arrived.....

Alessandra: Well, I think it was like mid-afternoon.

Mark: Must have been mid-afternoon#

Alessandra: It was quite late, yah..... And then, the, Acacia arrived a little bit after that, hey? After Nancy?

Mark: They arrived in the afternoon, that's all that matters. (Laughter)

In their narrative, competition over who has scripting authority over their experience is evident throughout their account. In the quote provided, the back and forth about the time their caregivers arrived, is an apt example of the jostling for power that exemplifies Alessandra and Marks co-constructed joint narrative. Maintaining the ideal of equal authority within their relationship and their scripting of their homebirth means the negotiation of relational selves became quite complex. Although the content of the banter in this segment has little significance, the bickering itself does. Light-hearted as it is, it betrays a reality of who they are trying to be that isn't always displayed as

such. While each one seems compelled to accommodate the opinion of the other, neither seems likely to relinquish their opinion. To figure out how to begin answering my invitation question about their joint experience of homebirth, Alessandra says “okay so how are we gonna do this? ** are you gonna say some and I’ll say some?” The question displays their desire to be perceived as equal participants and equal contributors in their relationship story. But the detail of their narration exposes how in practice, this can be a struggle, or at the very least, requires negotiation.

They narrate having two equally important tasks to manage. She the physiological symptoms of birth (Alessandra: “I just let my body do what it needs to do, it *knows* what to do”) and he the psychological space of birth (Mark: “kind of sealing off the area”). In the material practice of their homebirth, Mark had a “nap” once their midwife and doula arrived. On arousing, it was their encouragement that facilitated his participation in the productive work of labour when they suggested he enter the birthing pool with Alessandra. Holding her from behind, he narrates “a kind of harmony that happened”. From this basis, a merging of their embodied experience is jointly co-constructed in a narrative where an illusion of equal participation in birth goes unchallenged.

Mark: It was weird I could kind of almost tell when she was about to have a contraction# (Nicole: Hmmm#) There was a kind of, I could almost breathe with her? Sense *** yah just the kind of, the uh word I have is the kind of rhythm of it.

Alessandra does not correct Mark in the couple interview when he says “I could sense..... I could anticipate it. I could *feel*” the baby coming out. In Alessandra’s individual post-birth interview she explains that “as the contraction would start I would kind of squeeze his hands so I think he kind of could feel that it was coming”. Yet, refraining from offering this explanation in the context of their shared account allows for a joint version of their script of egalitarianism to be publically displayed. The dynamics of the relationship shows up the ‘display work’ of consciously managing a projection of equal partnership in the conjoint interview. Ironically though, the final say over who knew when the baby was being born, lies in Mark’s hands.

‘Keeping Watch’

Alessandra: Yeah. You must tell her that story

Mark: Hmmm ** my watch had stopped a couple weeks before hand. I mean it’s still stopped, I haven’t fixed it. But at the time that it had stopped was at the time that he

was born#

Alessandra: Seven thirty eight#

Mark: Seven thirty eight. And we'd checked that.

Alessandra: And on the - 'cause Nancy got a picture of him as he came out, and it was seven thirty eight.

Mark: (mumbling) Which was very#

Alessandra: which was very.....

Mark: (whisper) Interesting.

In this extract, the issue of time that exemplifies the jostling for power evident in the management of an egalitarian couple-display is finally brought to a close. When Mark suggested at the start of their narrative that "her sense of timing had gone" he claimed to have an authentic experience of time during the labour: "I was trying to keep this like meticulous record of time". In the first extract: "That's it then, all settled" debate over the time their doula arrived is striking specifically because as Alessandra says "you were the one who knew the time". Their back and forth over time suggests an underlying contest for power. Where Mark's agency in relation to the productive work of labour – sensing and feeling the baby coming out – goes unchallenged, his role in the birth is given equal standing. His watch stopping at the exact time of his child's birth, underscores his claim to a masculine, 'intuitive knowing' in homebirth.

Alessandra: Acacia [Midwife] was bragging about our birth to somebody or other because she, she said that was an example of the midwife not being needed actually. She said the two of you as a couple worked really well together and uh, you just did what you needed to do. You didn't actually need me.

As a relational achievement, Mark's intuitive knowing does not detract from Alessandra's. Instead, feedback from their display of doing coupledness in homebirth is all the more successful when testified to by their midwife as audience to their display of jointly doing homebirth.

○ The Disconnected Couple: Naledi and Rayne

A breakdown in communication is not only narrated in Rayne and Naledi's experience of homebirth, it is displayed in the making of their shared narrative account. What become clear in the narrative context are their two different perspectives on the homebirth experience. Rayne thought "the birth went really well..... it was very nice". The problem started for him once their baby was born and

their “midwife insisted we transferred to hospital”. In Naledi’s version she “didn’t feel like there was anybody connecting with (her)” so she felt “alone and unacknowledged”. Naledi claims in her individual interview: “I had fainted and I’d lost a lot of blood”. She goes on to speak about a friend whose loss of blood was so traumatic, “she would have bled to death had she not been in the hospital”. Mentioned side by side, it would seem Naledi was relieved to be able to access medical care at hospital. The sense of vulnerability provoked in Naledi that her post-birth recovery in hospital addressed, is completely unacknowledged by Rayne. He insists that the transfer was because “Naledi’s blood pressure was very low”. When he describes the incident, “the same thing had happened to Naledi after the last birth and all she needed to do was just rest”. Their two different accounts further display separateness and make Rayne’s adamant refuting of the necessity of hospital, problematic.

Rayne’s belief in homebirth had calcified to the point of becoming brittle and idealised. His contention that homebirth allows the couple to “control the people in the space and the environment itself” is repetitively mentioned but without elaboration on how this happens in practice. With only two hours of active labour, the very setting he insisted could be controlled is cited as the reason why Naledi was so unhappy with her homebirth experience. During a heated and volatile post-birth interview she lists the music, the lighting, the position of the birthing pool, the board game being played by her step daughter and step father, the midwife and her assistant’s inaccessibility and her inability to connect to either her mother or Rayne as factors out of her control and beyond her capacity to remedy.

At the heart of their homebirth dispute, alongside a breakdown of personal and couple scripts, are dyadic interactions that display relational fragmentation and alienation. They narrate the anti-homebirth story – one that is strongly *disjointed*.

‘I don’t remember you being there’

Naledi: Once I was actually like in the pool, what *were* you doing?

Rayne: I was outside the pool

Naledi: Doing what?

Rayne: I was just there

Naledi: Where?

Rayne: Around the pool.

Naledi: Hmmm, quite *far*, 'cause I don't remember where you were.

Rayne: No, I was next to you in the pool, next to you outside the pool.

Naledi: Okay 'cause I, yeah, I mean I don't remember you being there.

Rayne: No, but I was. I was at the side of the pool

Naledi: What, sitting on the step? I remember my mom was sitting on the step, were you also sitting on the step?

Rayne: Uhrrm no, I think I was kneeling next to the pool.

Naledi: 'Cause I didn't feel like we actually * *connected*.

Narrating two divergent positions as categorically different assessments of the birth, Naledi asserts that "I was by myself, mostly", while Rayne maintains "I was just there". His absence from her version of the story speaks to an emotional distance on both their parts. Unable to share their burdens of emotional responsibility on the one hand and financial responsibility on the other (as will be discussed later), their joint couple identity displays a separateness which undoes intimacy, unity and wholeness. Repeated like a mantra throughout their joint account is Naledi's accusation "I honestly don't know where you were!" Relative to the almost obsessive sounding cry emanating from Naledi, Rayne reaffirms the emotional and psychological distance separating him from his wife by saying "no urgh, to me, it doesn't really matter".

Rayne and Naledi are unable to create a shared birth story³⁰. He shoves the microphone across towards her saying "Here, you tell the story then", and gets up to leave the interview. Both in their experience of homebirth and shared narrative of homebirth, relational breakdown are displayed in front of public audiences. Unable to reconcile their experience, Rayne's insistence that the interview context "is not the forum" for the disclosure of marital discord signals the degree to which display *should* work to constitute relationships. In their case a very public display undermining couplehood was not only uncomfortable, it was inappropriate. Rayne: "This is not a counselling session, it's an interview". His suggestion that a couple's counselling session may be a more fitting place for disclosure of their grievances indicates his awareness of acceptable public displays versus acceptable private displays and the tensions arising from a mis-match between the two. Their narrative display

³⁰ See Daniels, 2015 for an elaboration on the ethical consequences that arose in this joint, couple interview, where, as Arskey (1996) mentions, one of the disadvantages are that "the occasion has the potential for stirring up antagonisms and conflicts of interests"

sets the stage for unresolved and unspoken conflicts to un-mask the veneer of the public-face of 'white, middleclass, picket-fence' contentment. Attempts to negotiate two markedly different viewpoints on the same experience display the inadequacy of a couple script based on separation, which played out in a homebirth where in Naledi's words, "there was no unity".

○ The Exemplary Couple: Joseph and Isabella

Isabella and Joseph's second experience of homebirth exceeded all expectations. The story of their born before arrival ("BBA") of caregivers, baby conveys their surprise at having been "kind of cheated" by birth. Arriving on his due date, their son's birth was "just too quick". The enthusiasm with which they narrate their well-crafted story disguises a dyadic anomaly that could easily go unnoticed. They claim the birth is an hour and a half. While this fits with the idea that "there wasn't time", when they speak of the night before, they do not give the sense there was a pressing lack of time. "We were thinking okay, something's gonna happen, so let's just, kind of prepare". They put up the "affirmations", did "the birth playlist" tidied the house, and made "sure everything's ready", all expecting Isabella to go into labour that night. And she did; but not in their narration of it. As they narrate it, she wakes up at one in the morning with contractions every ten to fifteen minutes. Strangely, in their narrative calculations, this does not count as labour.

Isabella: I kept thinking oh well, I'll just keep doing this, and, it was maybe too early to call my sister, it was too early to call the midwife, that's what I thought. It's too early. Let's just wait until its four, half past four, or five. That's what I thought, so I kept doing that, just breathing through it.

The turning point is when Isabella realises she may wake her daughter who is sleeping next to her if "I breathed any louder". At this point it's about five in the morning, and according to their calculations, when labour actually begins. In her individual interview Isabella noted that a week prior she felt prepared to go into labour, saying in her yoga class "I think he's coming today". If one remembers this couple is having their second homebirth, denial of the previous four hours of labour with regular contractions is curious. In her first homebirth Isabella had also gone into labour in the middle of the night. Although she'd managed to keep sleeping, it was clear by morning her contractions had been real. This time, while she manages to stay in bed, she narrates having "to hold onto the.... wood bed headstand" and Joseph "could hear a bit of a moan now and then". Yet both Isabella and Joseph are willing to present the story of an hour and a half long homebirth. Only by

considering what this shared narrative strategy might allow this couple to display, can some of the pieces of this puzzle come into view.

Joseph had scheduled a mountain race on his child's due date. In his relational life "the running is partly a bit of an escape..... because I'm not climbing as much as I used to..... before Sophia came..... because of my commitments also to being around the family". Additionally "mountaineering" formed a strong part of this couple's shared identity before becoming parents. Symbolising their shared passions, Joseph's mountain running is given precedence in their relational lives even though he alone is able to participate in it. The unusual situation of their son arriving on his actual due date, catalyses an occasion where Joseph is forced to choose between the priorities of family life on the one hand and his individual pursuits on the other. While Isabella had been lying in bed, Joseph had been trying to "figure out" birth by listening to his wife's breathing through contractions and reading in a book the different stages of labour. Once he deduced "Bella is in labour" he busied himself "making food" for some time before she got up having decided to forego his race. An emergent narrative suggests that Isabella was oblivious to his decision making in the early hours. "I had thought there's a possibility this was, this is really happening now. And so I'd kind of put that aside and said well, obviously I'm not gonna go (running) you know, if Bella is in (laughs) in labour."

The dyadic interactions among this couple and in the meanings they construct from their relationship and their homebirth, let Joseph and Isabella off the hook. Most importantly, it enables a joint display of who they are in relationship to be crystallised through their second homebirth.

'Leading by Example'

Isabella: Where we sort of often operate from is like, we wanna do things that help inspire people to see things in a different way.

Joseph: Hmmm

Isabella: Like the way we live our lives.

Joseph: Hmmm

Isabella: And how we try and *tread lightly* and having a homebirth is another way of going, like, look, what's, what's possible.

Joseph: And also how you raise your child..... Yah, I mean I'm often surprised by how

inspired people are and how acknowledging they are of what we do. You know, and so people kind of like see us as an example of some sort.

Isabella: Yah.

Isabella and Joseph's individual-selves contribute jointly to this exemplary couple script, which explains the strong influence of two 'I's in the construction of their 'we' story. In their shared narrative strategy Isabella displays a 'natural', in-touch, maternal instinct. Isabella's main concern pre-birth was that the midwives "don't intervene". As it turned out, they didn't intervene at all. Isabella: "I never planned to have a BBA, you know I really wanted them to be here to support, but they didn't need to." Her interpretation is that birth is an intuitive feminine function she could perform specifically because she was left on her own to do so. For Isabella: "it's true, intuitively (J: Hmmm) you can just, you *know* what to do". In their joint display, Isabella having "self-birthered" represents the ultimate expression of womanhood. Joseph says "I had this complete trust that Bella was, knew exactly what she needed to do". Isabella's performance of primal femininity exceeded all expectations. Their strategy of presenting an 'hour and a half' labour displays her body's innate wisdom, reaffirming the suitability of her mothering capacity. Thus, what Joseph forgoes in relinquishing his race, they jointly re-acquire in Isabella being cast as the hero of their joint narrative, which confirms their relational script of exemplary coupledness.

Troubling 'The Couple'

Gabb's suggestion to pay "attention (to) *what* is being displayed in order to generate understanding of *why* these displays appear in the form that they do" is uncovered in this section (2011: 56).

Displays of coupledness inform and reflect what it means to display families. Couples thus display their readiness and suitability to become a family during homebirth and in their shared narratives. Troubling the idea of the couple as merely two individuals, these co-constructed narratives display fetus, offspring and significant others as central to the identity of the couple itself. Couplehood is displayed as constituting wider sets of meaning, where what it means to achieve and live 'family' is forged and reinforced in relationship to significant others. Showcasing local, everyday displays of coupledness, longitudinal, couple narratives (re)produced and (re)constructed over time, challenged normative ideas of what being a couple means.

○ Pregnancy Constituting 'The Couple' for First-time Homebirthers

Two first-time couples in the study were faced with making major life changes to incorporate the pregnancy. Laura & Xavier and Alessandra & Mark had only been in relationship for six months before falling pregnant. Deliberating over what choosing to have a baby together may mean, these couples' decision to jointly accept the task of parenthood was an important first step in considering their own future and the future of their relationship. Both couples chose to announce the pregnancy at the three month mark, simultaneously announcing a resolve towards greater commitment by moving in together.

Mark and Alessandra incubated knowledge of the pregnancy to give themselves time to adjust to the new set of requirements and priorities pressing on their relationship.

Mark: Your question was why did we not tell anybody? We were uh..... we were in a transitional phase in our relationship and it was a question of, um, how're things gonna go forward..... the uh advice was like kind of well, you know like really just sit with it and feel it out and see what happens, or, or what direction it goes

Laura and Xavier describe their process quite differently but emphasise the fact that who they come to know themselves to be, is transformed through their commitment to each other.

Nicole: Do you think the pregnancy has changed your relationship?

Laura: Yeah! Much#

Xavier: Yeah. We've, we've gotta – we can't just - I can't just go and dump her!.....

Laura: Yeah half our relationship has been uh, we've only lived in the same country together since we've been having, having a baby together.

Even though Zachary and Amina have been in and out of relationship for over ten years, and have lived together for two, they too experience a deepening of commitment. They constitute their coupledness by eloping during pregnancy.

Amina: "Definitely experienced a coming together. A big, yah a big commitment to each other and a commitment to I suppose being in this world together and being in this world..... to move forward with another being..... there's not that much room for like for fluff anymore, you know?"

It's worth noting that all three first-time homebirth couples thus display a movement towards more traditional gender displays by becoming co-resident and marrying before the birth of their children

(Jamieson et al., 2010). In their displays of couple relationships, first-time couples aligned with traditional conceptualisations of co-resident and spousal parenthood. Meanwhile second-time homebirthers aligned with traditional divisions of labour across caregiving and breadwinning roles. Overall the emphasis on tradition reflects the socio-cultural importance of families; paradoxically then homebirth as social practice (re)produces hegemonic displays of middleclass, heterosexual families.

○ Triadic Constitutions of Couples for Second-Time Homebirthers

For second-time homebirthers, the impact of the pregnancy goes beyond the couple itself, to include older siblings. Sophia as a central character in Isabella and Joseph's couple narratives, and is prominently displayed as an active participant in the co-construction of their 'we' story. In the joint pre-birth interview her voice as an echo, distraction and collaborator is present in the audio recordings. In my observations of their conjoint interviews, I noted how Sophia curled up around her mother's swollen belly, sucking her thumb while resting her head - as though on the shoulder of a good friend (field notes 21/11/2013). In the post-birth interview Sophia is narrated in bodily mediations that display complex patterns across the birth story, rendering her pivotal in displaying a unified couplehood. It is Sophia's "energy" in bed that provides "calm" for her birthing mother. It is against Sophia's sleeping body that the "deep breathing" and "moaning" emanating from the mother's birthing body could be measured against. Under Sophia's watchful gaze, it is her mother's attempts to curb her birthing body's "groany sounds" without avail, which indicates the advanced stage of labour. It is Sophia's body, lying sleepy but awake in her father's arms, which use up the physical offering Joseph would otherwise have brought to the aid of his wife's discomfort. It is Sophia who follows her father back to the bathroom and acknowledges the complete new-born to the delight of her parents.

'The Tiny Baby'

Joseph: the head

Isabella: I was
bulging sensation

I was,

I was

I was touching

I felt

his head
I remember thinking,
“Jospeh,
he’s coming”
Joseph: Hmmm
Isabella: I said,
“Joseph
his head’s out”
head came out,
I said,
“he’s out”
they walked in,
Sophia
Sophia said
“look a tiny baby”
Joseph: (laughs)
Isabella: *she was there!*
Joseph: She was there
Isabella: I’m so happy
she was there.

After our individual pre-birth interview Isabella captured an image she conceptualised whilst speaking of the power of a birthing woman (see below). In the drawing which she displayed above “the family bed”, her separate, individual identity is breached by her daughter and her (in-utero) son’s claims on her-self. Incorporating her daughter’s offering, the drawing becomes a representation of the interconnectedness of bodily selves. The ‘power’ embodied in her womanhood is the ability to be permeated, and yet remain whole.

Isabella: “It was interesting drawing that because I did it with Sophia around and I was like, *I’m gonna draw mine* and you can draw on your own paper. And she kept wanting to draw on mine and I was like no, this is *mommy’s* picture. And then eventually I realised, she needed to draw it with me. And she drew a big purple line on it, and I realised that was her contribution and I drew - I made it like, a purple line around the baby and sort of like, a protective little coil, cause that would be Sophia, being there, so it’s like this little, like the baby’s in a coil and it goes around me and the baby, I mean

she drew it, I was like, I was like ‘she’s just drawn a line across my picture!’ But actually it was perfect, it fitted.”

(Photograph of Isabella’s drawing which incorporates Sophia’s purple line)



Previous authors have pointed out that “body-mediated-moments” are occasions of engagement with the foetus and the pregnancy with significance in the lives of father’s to be, (Draper, 2002: 566). From these couple interviews however, it seems clear that ‘body-mediated-moments’ of engaging with the foetus are not only necessary for men to connect with the pregnancy, they are necessary for mothers and soon-to-be siblings too. Displaying a relational co-presence, Isabella and Joseph’s couple life is reorganised and rearranged to fit-in-family with losses and gains in equal measure.

In contrast to Isabella’s experience, Naledi’s lack of connection to her growing foetus, in spite of her embodied experience is the converse result of relational negotiations with her four year old son. Sadly lacking relational engagement with her pregnancy, Naledi began the pre-birth couple interview with: “I’m like, okay baby you’re moving but – you’re not my baby.” From this description it seems Naledi’s bodily experience of the growing foetus has been insufficient for an emotional/relational connection to have developed. In her experience “the pregnancy was happening on the side, while life was going on.” Displaying a strongly joined shared narrative of temporal and spatial difference from their first experience of pregnancy, Arnold is central to their joint display of reduced time and space that has made it harder to connect to the pregnancy.

Naledi: Yah it’s been quite hard to connect as a couple going through this experience.

Rayne: Yeah there's always 'me in the middle' you know

Naledi: (laughs). Yah.

Rayne: Yeah

'Me in the middle' is their son Arnold who literally and figuratively intrudes on their relational space. Instead of facilitating engagement with the foetus, their triadic bodily mediations mean their unborn child is relegated to the margins of their relational life; their emotional and psychological space for "connecting to the process" is literally constrained. Both their romantic couple relationship and bonding with their unborn child is affected by "me in the middle". As the centre of their relational lives, Arnold is mentioned continuously throughout Naledi's account. Her obsession with Arnold however, only mirrors Rayne's obsession with work which is pervasive in displaying relational distance from the experience of pregnancy. This couple's strongly traditionalist script of separate but simultaneous livelihoods means that Arnold is the strongest display of their couplehood, and yet as a physical presence he separates them even more from displaying togetherness.

○ Displaying Families

Relationships in homebirths form the basis of physical/psychological intimacy and connection. Narratives of homebirth offer a way of conceptualising displays of unity and togetherness as the building blocks for meaning making and identity formation in couples' relational lives. The social practice of homebirth constructs meanings of joint couplehood that are bound to the greater story of displaying families. These displays trouble the notion of the couple as only two, and the family as nuclear. Where the relationship between the individual and the family is one of relational interdependence, homebirth reaffirms the centrality of the family to individual, couple, community and societal identities. This concept gains increasing ground in second-time couple Isabella and Joseph's narrative of their BBA homebirth, which turns into a birth-day celebration.

'The Birth-Day Celebration'

Joseph: But from a homebirth point of view, this is where it actually became amazing.

Because, um, then Abigail [sister and doula] came – she was very disappointed that she

** couldn't have been there Yah, so she came, also didn't know until she got there.

(Isabella: Hmmm) Yah I think she was initially disappointed but then she wanted to help.

And then Craig, her husband came so um and then ____

Isabella: So I said, I said we haven't used the birth pool, let's put it up. Um, and let's have a bath, 'cause we won't fit in the (Nicole: Aaah, yes) bath and I need to obviously have a bath so they helped put the birth pool up and then, we all got in, Joseph, me, #

Joseph: Sophia [older daughter] #

Isabella: Adam [new born] and Sophia, all got in the birth pool #

Joseph: And then we had #

Isabella: And my Mom and Dad were here and Abigail was here with Craig [brother-in-law]. (Nicole: Ooooooh) And Kirsten [midwife] was here and then, yah

Joseph: And the bread was ready #

Isabella: And Joseph's bread was ready

Joseph: The bread was ready, so # (Nicole: Laughs)

Isabella: So we, my Mom was making us sort of #

Joseph: Just jam #

Isabella: Jam sandwiches and we were eating it in the bath (Nicole: Ooooooh)

Joseph: Yah, we had the family here

Isabela: We were all sitting here.

Joseph: And they were taking pictures and#

Isabella: And that just felt soo amazing actually.

Joseph: It was yah, it was like it turned into a little celebration like after the birth you know, which is (Isabella: Laughs) from a homebirth sort of, you couldn't ask for, for more, really.

This homebirth narrative strikingly makes the claim that “these are my family relationships and they work” (Finch, 2007: 73). Situated in the middle of an open-plan lounge, kitchen and dining room, the birthing pool containing Isabella, Joseph and their two children as focal piece, provides an uncanny display of family ties. The concluding of their homebirth with an impromptu celebration brings together significant others in a relational matrix that showcases three generations, exposing the raw-ness of new life in an unusual merging of public and private spheres. In this narrative section home is actively constructed as a symbolic, material and cultural site of overlapping interactions which conveys the social meaning of families. As the basis for the reproduction of the family, displays of coupledness in homebirth are linked to wider displays of families. Displays of couple unity in homebirth signal that the ‘work’ of the homebirth narrative as a tool for display is to reaffirm family as the ideal outcome of shared couplehood. Full of rich symbolism from the ‘breaking of the bread’ to ‘reaping the reward’, this relational encounter, narrated as quintessentially homebirth,

brought together not only two individuals or one family, but a wider community and relational network.

Conclusion

Narratives of homebirth were analysed as a tool couples used to display idealised, relational qualities associated with the doing of relationships in homebirths. In the analytical approach adopted, narratives of decision making displayed the social processes embedding notions of 'who we are' in homebirth as a practice. Couples' relational scripts negotiated homebirth outcomes by situating shared understandings of their relational selves inside of wider frameworks of meaning. Where this meaning could not be sustained it rendered disconnect; where it drew on relational characteristics that could withstand and negotiate the simultaneous doing of homebirth, resilient, exemplary, teamwork and egalitarian scripts resulted. Complex interactions made visible through an analysis of display as social process highlights the 'display work' that links couple identities to the meanings of homebirth in couple's everyday lives. In homebirthing contexts, home is actively constructed as a place of belonging that offers continuity between immediate couple identities and future couple trajectories. Couple narratives were found to display the interconnectedness of relating-selves as their displays of coupledness linked to broader displays of families. Troubling traditional notions of the couple, multiple constitutions of 'we' pre-emptively displayed unified coupledness leading to unified families. While homebirthers refuted normative birth by defying socio-cultural birthing norms, they paradoxically (re)produced hegemonic displays of middleclass, heterosexual families as the quintessential meaning of homebirth.

In striving to display legitimacy and establish togetherness, these homebirthers showcased relational negotiations involved in planning, having and narrating homebirth. Dyadic interpretations on descriptive and interpretive levels determined how convincingly couple displays worked to maintain ideal couple constructions in preparing for and experiencing homebirth. The impetus to display a unified 'we-ness' in shared narratives of homebirth is indicative of being seen to 'do homebirth together'; the 'we' constructed in these joint accounts negotiating couples social and relational positioning. Differing degrees of intensity in the need for display was noticeable between first and second-time couple accounts. Displaying a consolidated or unified couple identity was harder for second-time homebirthers. The social processes involved in establishing reputable couple displays on the basis of the meanings of homebirth in couples' relational lives were taken for granted. On the other hand, first-time homebirthers' preparation for homebirth included actively constructing a

couple identity that displayed ideal qualities of unity and togetherness. Co-constructing their knowledge claims, strongly or weakly (dis)jointed relational scripts reinforced the importance of couplehood in personal, family, social and community contexts.

Chapter 5

FINDINGS ii:

MASCULINITIES, FEMININITIES AND THE PREDICAMENTS OF RELATIONSHIP IN GENDERED NARRATIVES OF HOMEBIRTH

This chapter discusses the similarities and differences in women and men's individual narratives of homebirth. As men and women narrate experiences of their intimate relationships, their gendered selves are brought into stark contrast as socially and culturally shaped personal narratives elaborate and deepen accounts of relating. Different dimensions of women and men's concerns before, during and after the homebirth are key to understanding their gendered accounts. The masculine values espoused in homebirths centre on men's being able to both 'be with' their partners as a physical presence, in addition to 'being there' as an emotional, psychological presence. Constructing a relational masculinity required that men re-evaluate their taken for granted notions of masculinity in light of the gendered requirements in homebirths to be both physically and emotionally present. Men's examination of their role in homebirth privileged the birthing woman, constructing her mothering role as central to their experience of homebirth. On the other hand women's narratives of homebirth centred on the role of their body in generating satisfaction with their homebirthing experience. The feminine values espoused in homebirths were focussed on trusting themselves and their body's way of birthing, garnered through 'bodily connection' and 'trust', as relational processes. In constructing a relational femininity, women's relationships to their own birthing bodies (as containing their baby and containing the means through which to actualise birthing their babies) were narrated as most meaningful. The centrality of women's role in birth is thus prioritised by men, women, and homebirth in general; yet what this means in the context of individual narratives of homebirth sheds light on the gendered negotiations of homebirths, and is the focus of this chapter.

The chapter is divided into three parts: constructions of masculinities, constructions of femininities, and gender tensions in men and women's narratives. These three main analytical emphases ascertain the values and concerns expressed by men and women as presented in their individual accounts. Diverging requirements in the constructions of relational masculinities and femininities are shown to create tensions in the gendered negotiations of homebirth that cannot easily be rectified

or resolved. Challenges in balancing family ideals, material realities and individual aspirations run through women and men's, first and second-time, homebirthing narratives. While such dilemmas are not specific to homebirthing couples, they are embedded in the relational negotiations of homebirths precisely because they are embedded in negotiations of couplehood more generally. This chapter thus considers the ways in which individuals negotiate gender differences in homebirths to sustain and maintain their couple identity while simultaneously presenting a complex picture of highly gendered personal, relational selves.

Constructions of Masculinities in Homebirth Narratives

Gender differences in men's accounts negotiated the question of how to be in a homebirth setting. In their separate discussions, the men in my sample spoke of the tensions evident in 'being there' and 'being a man' which was understood to place different demands on their manhood. Being there was seen to encompass both an active and an inactive dimension, the latter manifesting as 'the masculine womb'. When embodied, this metaphorical aspect of an emotional presence in homebirth produced a selfless, paternal masculinity. Similarly to the selfless femininity espoused by motherhood, a selfless masculinity was strongly linked to ideal fatherhood. The following section will look at the values contributing to men's gendered position and its impact on their relational selves.

○ 'Being There' and 'Being With' As Masculine Values in Homebirths

Weighing up what matters most, the men in my small sample found themselves questioning internalized masculine roles and reinterpreting new ways of being before, during and after homebirth. The homebirthing fathers in this study narrated the importance of both their physical and emotional presence. 'Being there' has been reported in the literature before, although Barclay and Lupton caution that this phrase is "open to a wide range of interpretations" (1999: 1016). The distinction between 'being with' as a physical presence (engaging in activities) from 'being there' as an emotional, psychological (even spiritual) presence, was made by men themselves. The distinction is important it allows for a more refined discussion of homebirthing masculinities. As importantly, the literature often exclusively denotes activity for 'being there' (see Lupton & Barclay, 1997), which was not the case in these men's narratives.

All the first-time homebirthing fathers were united in their concerns to exhibit a quality of being they deemed necessary for homebirth. Xavier presents himself as someone eager to engage

intimately with his partner, “I wanted to be with her anyway, but I just needed to be there”. Xavier was living on a different continent when Laura discovered she was pregnant with his baby. ‘Being with’ and ‘being there’ are synonymous in his description with representing and fulfilling his desire for (intimate) relational engagement.

Xavier (indiv, pre): The fact that we’re having a little child is *wonderful*. I get, I - when I was younger I got so ridiculously excited about coming home and seeing our kittens (N: Ooh) Like, I couldn’t think at school. I was like, there’s kittens at home!

For Xavier connecting to the pregnancy meant ‘being with’ at as many ante-natal check-ups as possible, meeting the midwife, going with to hospitals, even “looking forward” to the hypno-birthing classes and to talking at homebirth gatherings. Plus the more intimate “hugging, naked touching, feeling the baby growing and kicking”, which required him being fully and actively engaged. This level of engagement was built into men’s understandings of ‘being there’ which were constructed as the ultimate fulfilment of the desire to ‘be with’. Through descriptions of needing and wanting to “be there”, displays of ‘being there’ were constructed not only as a means of achieving togetherness in relationship, but as a means of embodying ‘being with’. Two other first-timers, Mark and Zachary, qualify their concerns before the birth in regards to an aspect of masculinity that arises specifically from their relational stance to homebirth.

Zachary (indiv, pre): Yah, it makes you think about yourself, and what you think about, what is important to you, and what is not important. ** Do I have to be like *the* man, no I don’t. But I do have to be a man that is there, and will be there.

Zachary’s assessment of what is important in fulfilling a masculine role is to be “a man that *is* there, and *will be* there” (my emphasis). This is a different type of masculinity from “the man” who is the dominant gendered model of (hegemonic) manhood that may be *with* his partner, but is not fully present, engaged or embodied. This struggle to define new gender roles while negotiating the old is further unpacked by Mark who claims both his physical and emotional presence are necessary to achieve relational closeness by ‘being there’.

Mark (couple, pre): How present can I be with the experience? And that’s ** I, urgh, when I say that I mean, I mean not just physically present as a support for Alessandra. But present ** emotionally present and can I ** find the place to do that?

The significance of the emphasis placed on the emotional aspect of ‘being there’ contradicts the portrayal in the literature of men’s role in couple relationships. In what is now considered a seminal

piece of literature, Duncombe and Marsden (1993) found gendered divisions in men's willingness to engage in emotional work in heterosexual couples, a finding that is refuted in these narratives of homebirthing men. On the other hand, Gabb (2011) has pointed out that cultural versions of gender scripts speak to men's lack of emotion, an idea which she warns researchers against reproducing. She suggests instead that "fathers often *displayed* emotions in ways that were not readily understood and/or recognisable" (original emphasis) (Gabb, 2011: 48). Differentiating 'being with' from 'being there' where the latter is associated with an embodied presence offers a more nuanced understanding of men's emotional display and accompanying vocabulary. It is pertinent to note it was first-time fathers who considered in-depth, the meanings of 'being there' in their relational lives, but that it was a second-time father whose experience during the homebirth encapsulates 'being there' most fruitfully (see later description of 'the masculine womb').

Homebirthing men were looking to fulfil on 'being there' by being the "best" they could be, which in the rich descriptions presented here, suggests a psychological presence accompanies the physical and emotional aspects already covered in the examples above. These subtle nuances are discernible in the quotes below as complexities across men's discussions of 'being there'.

Zachary (indiv, post): There was, it's, for me it was very much just about, just about being present, you know, for me I felt that the most and the best I could do, which was just to be there and to hold her hand and to - whatever was wanted or needed, to provide that.

Mark (couple post): Um, the best was just to kind of be present * as best as possible really. Um, uh, we kind of ,you know, support Alessandra as I knew how and that kind of looked like, very much just being with her but also like holding her and pressing her and kind of like um, trying to comfort her as much as possible.

Joseph (couple, post): For me it was like, okay, like, okay - I've never done this before – I've never been in *this* situation. Um, lets, let me just deal with it the best way I can and just sort of try and stay *present* and um, yah and just really be here (own emphasis).

Consistent across all their descriptions of 'being there' is a reference to being "present", which I suggest is the embodiment of 'being there'. However, various strands related to 'being there' work with and against each other in the fullness of this expression. The one relates to 'doing' while the other relates to a 'being-ness' wherein the need for action is dissolved; a 'being' that encompasses emotional and psychological components. Joseph's narrative in particular expounds on being-ness as

a presence that doesn't necessarily accompany doing. Joseph: "I feel like I didn't really have to *do anything*. I kind of almost had to just, like, *be here* but kind of get out of the way and just *allow it* to, to happen" (my emphasis). The complexity of this term is more fully encompassed in metaphorical description, which as Chadwick (2014: 53) reminds us, is a way of making sense of "undecidable experiences".

○ The Masculine Womb

Joseph (post, indiv): I think, there's that sort of nurturing sort of part of the masculine that is very powerful because when it's gentle and (N: Hmmm) when it's alert and aware, it's actually doing its, it's actually doing its job in a very powerful way, and there's something very, very subtle about being. Being present, but not actually needing to do anything. But being guided by a bigger force, which is I think, the feminine force in that particular instance. And *** yah so I think there's, there's something about masculine sort of creating the, the safe space for the thing to happen but not actually creating the event *at all*. What actually happens in the process is purely a, the, the, the woman sort of coming into her own power and what I was doing was kind of just being there, you know and just holding it, like kind of a container for it in a way. (N: Hmmm) Um, *** yah, providing like a, a sort of [it's not quite a bubble] but yah it's like a container, almost like a womb (Laughs & N too) for that to happen, I mean, paradoxically!

Taken to its most extreme, men's 'being there' is likened to embodying a "womb" like space for a woman's "own (birthing) power" to come into fruition. Words like "job" confuse what Joseph is struggling to find the right words to express, which in its essence, is to do with "not actually needing to *do anything*". In this description, it is important to note that 'being there' is not associated with doing. It is rather associated with "creating" as a metaphysical construct rather than a purely physical one. The claim that this sort of containing or womb-ing can be done by a "part of the masculine" is particularly profound. It suggests that a more feminine "gentle", "subtle", "nurturing" capacity is also present in men. The masculinity is conceptualised here, in a feminine way, is a receptacle for a powerful "feminine force". Gender relations in this description favour an active feminine as the driving force. Joseph's narrative implies that greater flexibility in the gender role of homebirthers blurs the lines between men and women's productive capacity. The masculine womb suggests that men too can actively embody their experiences of homebirth as "lived bodily-

emotional experience” (Chadwick, 2014: 54), in much the same way as homebirthing women have been known to. Interestingly, for the queer couples in Walks (2007: 59-62), most of whose births were “all-female” the role of the “non-birthing mother”, thought to trouble traditional gender relations was similarly configured to the birthing men in the present homebirth study.

The masculine womb, while it represents the epitome of men’s ‘being there’ at homebirths, does not yet capture the particular social and moral construction of masculinity espoused in homebirths. Returning to Xavier’s narrative offers a way of understanding the type of masculinity represented in Joseph’s evocative metaphor. Xavier’s participation and engagement in birth was of the utmost importance to himself first of all, his relationship with Laura and his future relationship with his son. Giving of himself so completely to the task at hand meant it “was important to me that everything was to do with Laura and Leo. Every single second of everything”. In a section of the couple post-birth interview where we are talking by ourselves, Xavier speaks of how the experience of “being there” was an important part of what was personally meaningful and fulfilling in the encounter with homebirth. Herewith a poetic representation of this section following Xavier’s first person voice.

‘And the Birth of Your Baby?’

Xavier: I was gonna say

I,

I was very confident

I guess

you,

you’d do anything,

you’d die for this person

you’d do it,

you’re there for it,

I can understand

I can understand

I can imagine

I think

you’ve got a choice,

I,

I,

I do think
I do think
you can,
you should
you should,
you should try
I'm not
I dunno.
I guess
I guess
my experience of being there
I thought
you know,
I'll,
I'll do anything for her
I would do everything.
I wanted to.
I didn't,
I didn't really want *
Nancy [doula] to do that stuff,
I didn't want,
I didn't want her to do it,
/ wanted to do it.
/ wanted to do it
*** yeah.

This poem traces Xavier's thinking about the homebirth and what 'being there' might mean for men in general. In his poem, use of "you should" indicates a claim that all men *should* want to give their all and "do anything" for their birth partner. As a regulatory script, 'should' indicates the formulation of a gendered requirement of homebirthing men. In Xavier's description, his positioning at the homebirth was of the 'selfless man'.

○ The Selfless Man

In the accomplishment of homebirth, the 'selfless man' seems to be weighted with gender implications. The 'good mother' (Carter, 2009; Marshall, Godfrey, & Renfrew, 2007) is a well-recognised symbol of maternal femininity, who is cast as "ethically and morally superior" (Chadwick & Foster, 2013: 331). Cultural framings of selfless femininity embedded in prescriptions of ideal mothers have been well described in the literature on homebirths (Chadwick & Foster, 2013; Malacrida & Boulton, 2012; Klassen, 2001a); while a corresponding selfless masculinity, has not. The selfless man presented in these homebirth narratives is an ideal representation of a particular form of masculinity associated with men as fathers. "You know it's a gift that you get to give everything to the person you love for however long it takes. Throughout the birth, it's just an absolutely wonderful thing."

When Xavier corrects himself for speaking on behalf of others in the poem above, he rewrites the script for doing homebirths to read as his own lived experience. He is thus able to retain an autonomous self, whilst claiming relational closeness when he repetitively affirms "I wanted to do it. I wanted to do it". He actively constructs 'the selfless man as someone who *wanted to* "do anything for her", in fact, "do everything". If the ideal of the 'selfless man' is representative of what it means to be an intimate partner, husband and father, then the masculinity represented in homebirths is a relational, paternal masculinity. During the birth 'being there' transpired into "a hundred percent concentration and effort". Xavier's approach to homebirth is one that mirrors his approach to parenting. In this context he sees 'being there' for birth to be connected with 'being there' for the life of his child in his capacity as a father.

Xavier (indiv, pre): I would like to be there for the birth as much as I'd like to be there as a father for the child afterwards. I mean give your all, and give love, and give support and encouragement, and the, the birth could be a micro of - of the future, your life with your wife and child, hopefully, uh, yeah.

For Xavier this means that the selfless man, while an important moral representation of men's involvement at homebirths, is also an important representation of selflessness for "the person you love". Zachary's assessment that "a father is born the day the child is born", means that men's performance in homebirth is premised on an ideal form of a selfless, paternal masculinity that is constituted in relationship to significant others, specifically the birthing mother and baby.

The selfless man's epitomising the role of the father can be assessed through third time homebirther Rayne, who says "until you've had children, you don't really know what it means to be a man". In his discussion fathering is constructed as a key aspect of masculinity: "You really grow into a full person, man or woman" when "you've had children". He makes the same associations between men and fatherhood that Malacrida and Boulton (2012) found between women and motherhood where childbearing was thought of as a "transition from selfish child to selfless adult" (2012: 767). From a masculinities point of view, his experience parallels the idea that fathering "alters the course of adult male development" (Palkovitz, Copes & Woolfolk, 2001: 49). Rayne's narrative links experiences of the birth to particular notions of responsible fathering. In Rayne's view, being involved "at the birth" is the "first" step or catalyst in "the process" of becoming and owning the role of selfless adult.

Rayne (pre, indiv): I dunno how they father – men who don't want to be at the birth, how they can uh, there's a kind of selfishness there as well, if you're really gonna be selflessly serving that child you need to be there for their first moments here, that's part of the process.

Although Rayne does not claim men have to be at homebirth per se, it is crucial to remember that Rayne's three experiences of "birth" were homebirths. The 'selfless man' as a particular construction of paternal masculinity gleaned through homebirths, views giving and service in the context of fatherhood, as integral to being an adult man. As he describes it, "having children is like doing, the Indians call it, seva – that's selfless service to, to the divine". In Rayne's description of "selfless service" he believes that parents are "caretakers" of their children. Pointing to his own experience, he says that having children has "pulled me out of my-self.....it dissipates your ego.....it teaches you service as well.....when you're a parent you have to give unconditionally". Rayne lays claim to notions of fatherhood and parenthood that are brought to light in the context of narrating homebirth. The quote above exemplifies this connection by claiming that "be(ing) there for (child's) first moments here, that's part of the process" of "selflessly serving that child" in the capacity of a "father". His illustration of paternal, relational masculinity is thus an affective quality of men's involvement in homebirths. As the following section highlights however, tensions embedded in constructions of masculine breadwinning are linked to such displays of selflessness in ways that can ironically reduce partner and parental intimacy/involvement.

- Masculine Breadwinning as a Tension between 'Being There' and 'Being a Man'

A consistent theme running throughout the men's narratives was that the arrival of a child was seen to demand more from them as providers. Focussing on unique aspects of these findings, this section details how such concerns were experienced individually, thus highlighting the complexity of men's breadwinning roles. For example, while the experience of 'being there' can heighten involvement and intimacy in the encounter with homebirths, the second-time homebirthers in the sample offer insights into the factors that make this 'way of being' difficult to maintain outside the homebirth setting.

While the pressure to be a good provider, to "man-up" and to become more responsible has been acknowledged in the wider literature on men's transition to parenting (Spjeldnaes et al., 2011; Lemay et al., 2010; Doucet, 2009; Draper, 2003b), homebirthers expressed similar concerns. The literature has often been more concerned with first-time men's narratives (Coltart, & Henwood, 2012; Miller, 2011 & 2010; Henwood, & Procter, 2003), but these findings show this pattern becomes more nuanced across the life-course and subsequent transitions may be as important. Tensions between increased responsibilities and a financial burden to 'carry' others can be read in the first-time men's narratives as an imperative towards "maturing" (additionally see Palkovitz, Copes & Woolfolk, 2001), but which takes on different meanings as men have more children. As the literature testifies, greater responsibilities (including as the breadwinner) and greater commitment to partnership and relationships went hand in hand (see Doucet, 2009; 2006), although as Rayne (with three children) affirms, this wasn't always easily reconciled. In his experience, where the burden of financial responsibilities is not shared with his wife, these combined responsibilities felt at times like a noose around his neck.

Rayne (post, indiv): It's like watching a film without the sound on. You know, if there's something missing from your, from your life or from your experience, as a, uh spiritual being then, you know, it's like you've switched a, a colour off.....take the red out of something, you know, and then you've, uh (voice trails off). But that's what life, for me, that's what life's like you know, *if you have to provide for your family then there's sometimes just things that you have to do* (my emphasis).

A conflation of men's breadwinning roles with the selfless man ideology can result in pressure to perform 'selfless breadwinning' that exacerbates emotional distancing. Negative attributes

associated with 'the selfless man' are evident in Rayne's post-birth narrative where gender as social constraint plays out with damaging repercussions on couple, family and individual relationships.

Rayne (post, indiv): There's no time for, for myself, it's all giving – everything I do, it all feels like that, you know it's, either I'm giving to the business, or I'm giving to children and family, so my own time has disappeared. So it's, it's stressful, it stretches you.

His sense of responsibility and of being there for others is so burdensome it has drained an essential part of his life force: "the price I pay is that eh, I don't feel whole." In his professional capacity he feels "the rat race can switch you off emotionally when you're in it." In turn, this pressure affects the very relationships he seeks to maintain in providing materially for his loved ones, with the result that "you become much more machine like, just doing, not being." It is the burden of provision that places Rayne under extreme duress to over-perform in socially, culturally and professionally expected capacity. "When you're self-employed it's like waking up unemployed every morning. You know, if you don't get out there and urgh, go for it and make it happen, you don't make anything that day". Rayne's specific example shows how the meanings associated with breadwinning are complicated by individual and familial concerns.

The other father in the sample experiencing subsequent homebirth and the transition to second-time parenting is Joseph. He specifies fatherhood, work and his couple (marital) relationship as three issues that have to be re-considered in light of a second pregnancy which came at a time when job security was fragile.

Joseph (pre, indiv): I've been really working very hard to start a new kind of career direction, working on my own, things like that. So I guess from a financial security point of view it's been a little more concerning than it was when we had Sophia when I was much more secure and I could be really excited about a new child.....(now) I'm not sort of completely like, hands on and as excited as I feel I should be.

Having recently started working for himself, Joseph has had to "sort of really re-look at how I was responding to situations and things – in life – including being a father and my work situation and my relationship". When he looks at these three important aspects of his life altogether, he feels like his involvement in the second pregnancy is not as "hands on and excited as I feel I should be". Once again, use of 'should' indicates evidence of a regulatory ideal as a tension between 'selfless masculinity' alongside hegemonic masculinity in the form of the breadwinning male.

Rayne (pre, indiv): Um, the only difficulty arises when members of the family ** *forget* how, the pressures I'm under. And they are demanding my energy and expecting things. Sometimes it's uh, it's not always possible, you know I have to balance everything, so, then it sometimes it can be a challenge.

Aligning discussions of the challenges of sustaining the selfless man in their ordinary lives, Joseph and Rayne's narratives reaffirm recent literature that indicates paid employment as the number one impediment to partner and parental intimacy (Ferreira, Narciso & Nova, 2013).

For the first-time men in the sample, it often occurred as a shock that they supported "strangely weird values like supporting the family and being the man of the house". Zachary became aware that having a child called into question his manhood as provider of the family. Zachary experiences a crisis of masculinity when finds himself judging other men on a material basis. Forced to investigate more deeply the meanings of the provider role for himself, the interconnectedness of relational aspects inclusive in being a man and a father is brought to the fore. Seeing himself as a father he reconsiders his masculine "potential".

Zachary (pre, indiv): And like going to the hypnobirthing course, you know you walk in and ** your first reaction as a guy, the kind of testosterone kicks in a bit, and you're like, who's this guy, how much does he earn, what, what car do they drive? (Laughs) so you need at least, well I at least only started seeing myself as investigating my potential and my, my status, not in society, but in ** as an individual, as someone who could care, and supply, and provide and ** and protect, and love.

The tensions between being a provider and being able to maintain intimacy and involvement in parental and partner relationships runs deep; especially when cultural expectations measure masculinity in economic terms. In the same vein, discussion of the provider role went hand in hand with discussion of an increased sense of responsibility that embarking on having children seemed to bring with it. Mark: "some sort of transition in myself from urgh, the kind of bachelor who lived in his *flat* on his *own*, doing what he *wanted*, to the father * who is now responsible". As this quote suggests these men saw the passage to fatherhood as making them into 'proper' men.

Mark (pre, indiv): I mean like, financial I mean who pays for things and how is money divided and how is the baby supported and how does that go forward and then also, yah the, the word responsibilities got something there to it. Responsibility for taking care of someone, yah.

In Mark's example, corresponding with his considerations of "who pays for things" is "how is the baby supported". The sum total of breadwinning amounting to more than just providing, but suggestive of a male "care"- giving role, encompassing "responsibility", but alluding also to love. As Zachary's quote above spelt out so eloquently, in the struggle towards new masculine roles, finding the balance of "care and supply and provide and ** and protect and love" creates a push and pull both away from and towards old patterns and new belief systems.

Xavier is an example of this interplay. He saw birth as a rite of passage necessitating firm boundaries, correct procedure and order: "Do this properly.....get proper money.... organise things and.....put my foot down". On the other hand Xavier's subjective experience of providing for his family is empowering - something he takes pride in being able to do. Xavier: "Yeah, being the provider – urgh, I like. I like that. I like – that it's like dynamic, but I would - also don't feel like I have to have that". Importantly Xavier does not feel compelled to take on the provider role, his family life has just started, so he has wilfully adopted the role of provider. His desire and ability to be emotionally available for his family is a fulfilment of selfless masculinity.

Comparison across cases highlights different challenges in changing circumstances that lead to men either relying on traditional ways of being or constructing more progressive ways. The meanings and complexities of breadwinning pressures varied according to men's personal biographies. As the characteristics of this sample indicate, Rayne who has three children and carries the burden of being the sole breadwinner relies on more traditional gender roles. Xavier with only one child and a highly qualified partner with an established (albeit on-hold) career, displays a more progressive gender pattern. Similarly to the way in which embarking on having children for the first-time precipitates changes in gender roles, changes across the life-course alter the demand placed on gender structures in relation to the family.

Joseph (pre, indiv): Yah I guess it was balancing a whole bunch of, priorities and values at the time, and so because there was quite a lot of focus on (*) sort of getting myself up and running and my, my work and having a sort of relatively stable sort of flow of income, I wasn't quite ready for a second child.

Joseph, falling in-between Xavier and Rayne both in terms of his life course and that of his family's, exemplifies this best. When his wife falls pregnant with his second child he is starting his own business. To support her caring for their children, after the birth of his second child, he accepts a

permanent position that will limit the time he can be available for his family, but will allow them to live more comfortably. These homebirthers exemplify well known gender and parenting problems in weighing between family ideals, material realities and individual aspirations. Not that this makes the tension or poignancy of their negotiation any less so; pitting emotional and psychological engagement against material provision and career success is troubling for men (and women) of all class groups (see Coltart & Henwood, 2011 & Meteyer & Perry-Jenkins, 2010).

Performances of masculine doing and being are both undone and remade in homebirths, offering insights into gender as both social constraint and opportunity. The meanings gleaned from men's homebirthing narratives suggests that being physically, emotionally and psychologically 'there' or present, is parcelled with the practice of "selfless" parent and partner. Being there as a relational stance was conceptualised as much in relation to the woman and child as it was an important aspect of men's offering at homebirths. In men's homebirth narratives they were actively positioned as key participants in the homebirth process. Doing homebirth together with their partners consequently strengthened men's role in homebirths, while simultaneously strengthening their role as fathers. The meanings of men's individual involvement in homebirth validate men's selfless involvement in the couple and emerging family unit's relational experiences of birth. In their displays of homebirth, a selfless masculinity resulting from men's relational involvement in homebirth can be linked to the involved/intimate father. This identity was complicated in light of the masculine breadwinning ideal, which offered ways of viewing hegemonic masculinity in terms that both constrain and provide opportunities for a re-shaping of masculine values.

Constructions of Femininities in Homebirth Narratives

Women's individual narratives constructed a completely different set of concerns in their narratives of homebirth. Women primarily narrated relationships with themselves, their foetus/baby and their bodies as most meaningful in homebirth. Women's experiences and expectations revolved around the need for bodily connection and trust. These two aspects had to be authentically rendered for trust and connection as feminine forms of relationality to be sustained and maintained across accounts. Connection was conceptualised as generating a sense of warmth, rapport, affinity along with togetherness and relational closeness. Trust on the other hand had to do with a belief or faith that could and must be relied upon. Trust resulted from self-assuredness, knowledge, competency and skill. Tensions that arose in maintaining trust and connection with the body challenged women's sense of who they are and what they are capable of. The imperative to let go and concede to a

birthing force and yet remain consciously in relationship to the body was indicative of this paradox. The centrality of women's relationships to their body's meant men were largely missing from their accounts. Where women were concerned, homebirth was constructed as a project of motherhood. Motherhood has been socially framed as a crucial aspect of femininity (Choi et al., 2005), and women undertook homebirth to realise the type of mothers they saw themselves becoming. They all aspired to an ideal birthing woman in which the metaphor "larger-than-life" captures the super-heroic qualities of a birthing superwoman. Negotiating homebirth as a status passage to motherhood meant that, while all women strove for the birthing superwoman ideal, there were devastating consequences for women who were not able to achieve this.

○ The Paradox of Connecting/Trusting and Letting Go

Alessandra ruminates on birth as a "paradoxical experience" to begin to grasp the vast contradictions embedded in her experience. Tied into her experience of connecting with her body and trusting her inner knowing was a letting go of control over her body. Given her "control freak nature", Alessandra felt before the birth that "letting go is quite difficult for me" and expected this to be a challenge in her homebirth.

Alessandra (post, indiv): Something kind of takes you over, and you have to find your way in relationship to it in the moment and there's nothing you can do about it necessarily, um so * yah and I mean I think ** kind of, feeling * what I, what I did and how, um, I just dunno how kind of going through that, endurance – 'cause it is really an endurance - and its uh, kind of having to find, (laughs) find your edges and what ** what and how far you can go (N: Hmmm) and what, what you can tolerate.

Alessandra narrates homebirth as an 'epic' where what she has gone through is likened to "an endurance" that pushes her to beyond what she knows herself capable of. Her narration of the epic endurance is of being in "relationship" to something that "takes you over". This narrative section shows up the difficulty in trying to articulate the boundaries of what she can authentically claim she accomplished when "there's nothing you can do about it necessarily". Her uncertainty as she pauses and mumbles for words is in fact "I just dunno how" (I did it). As she discusses, near the end of her narrative, it is clear that she vacillates between understanding her experience as "luck" and also having something to do with who she is. "And I mean I dunno what it is, I think part of it is, is, luck in

a sense and maybe part of it is me and who I am". Homebirth is not only narrated in relation to others, it is narrated in relation to female-selves in relationship with their body.

Alessandra (post, indiv): I think my body was doing what it knew how to on its own and I was just *there* for the ride. ^Its like^ um yah I think it was kind of like, feeling that um, that, that my body *did* know what to do and I could trust it.

Alessandra (post, indiv): But it's like something happened where it just took its own kind of journey, it took its own route and I wasn't really, I wasn't doing anything I was just kind of going with it and finding my way through it without trying to do anything specifically.

The paradoxical nature of birth juxtaposes a complex mix of contradictions that suggest activity as well as passivity, agency as well as a loss of agency. At the heart of this paradox is that birth can read as both an intense "physical experience" and also one that has "its own kind of journey", where a woman gets to be "*there* for the ride". Alessandra's narrative of homebirth is an experience that teaches her about herself and about her body and the intimate relationship between the two. Pregnancy made her "feel more comfortable with my body" even though she "always had body issues. And, um, uh insecurities about my body, so being pregnant, it's changed my relationship to my body." Intimacy in homebirth is experienced when a woman enters into an intimate, trusting relationship with her own body. Ironically this means knowing she has access to an inner capability within her own body that she can rely on to pull her through: "I kind of had uh, trust in myself and my body and that it would be okay."

○ Haunted By (Dis)Connect

While homebirth can imbue a long standing sense of a woman's capabilities when she is satisfied with the outcomes of her birth, the antithesis is also true. Participants warned that what transpires during the homebirth can become a "kind of an internal voice that can really affect women later on. In *all* areas of life not just, um children and birth." The following poem illustrates the evocative nature of Amina's need for "intimate closeness" in homebirth that was left unfulfilled by her caesarean experience. Denied a connection to her child's birth, she is also denied an embodied experience of birth. Expressed in this poem as "physically feeling" both "joy" and "pain", her desire for intimacy with her own body and that of her child, was not met. As the primary relationship in the birth itself, desire for an embodied experience of birth is present in this narrative as a ghost. Haunting Amina's birth story is the longing for connection; for a relationship to feeling.

'Feeling The Presence of Loss'

I was hoping

I *feel*

I *missed* out

I was hoping

intimate *closeness*

with this being.

me

feeling,

feeling

her,

physically

feeling

her

experiencing

joy, pain

her

leaving

my body

becoming

her,

herself.

I feel

I didn't,

I didn't really have.

It went from**

this being

this being,

(this girl)

being
inside
me
being
outside,
suddenly!

disconnect.

I'd hoped for
connect,
connection.

in that,
in that time,
in that moment.
to feel,
to *feel*
movement
to *know*,

I was present
the moment
you were born.

I mean
I was.
I was
I can,
but yeah,

A feeling thing.

In this poem, her body's longing to fully experience birth viscerally and relationally were wiped clean away by caesarean section. "Yah, it was horrific for me and it was very um, ** removed I mean it - the whole *thing* felt very removed for me, you know the fact that I couldn't feel her on my chest." Lack of visceral embodiment at the moment of birth, disconnected Amina from the idea that birth was grounded in a sensate reality, a loss she experienced once her body was anesthetised. When she narrates her birth story, Amina is resistant to call what she experienced, 'birth'. She is plagued by an uncertainty and a discontent that may reveal feelings of inadequacy. For her there was a 'myth' (or ideal) of homebirth that was left unfulfilled when her reality did not matchup. The inconsistency between the ideal and the reality of homebirth posed a threat to her sense of self.

Amina (post, indiv): I had a very *romantic* view of what a birth should, should be and what it should *feel* like..... our actual birth ended up being..... I actually, I don't know.....ag, fuck, it's so tricky, it's tricky when you haven't actually had it. ** I'm left with a bit of a question mark, actually at the end of the day between what I, I didn't necessarily imagine..... I had a feeling in my mind and a colour in my mind..... that wasn't in the end, actually there..... yah, definitely there was a disconnect, there was a huge disconnect between what I had felt that it might be to what it actually was..... So I'm left feeling, if you wanted a sentence, I'm left feeling *** a little underwhelmed by the actual birth experience, if not less than that.

Malacrida and Boulton (2012) suggest that mothers who have caesarean births may feel that their status passage to motherhood is incomplete. This finding is underscored by the uncertainty evident in Amina's narrative, of whether or not her experience actually counts as birth. Amina who was unable to see and feel her baby during a c-section delivery may be disturbed by the same sense of "alienation and absence" that haunted Lupton and Schmied's participants (2013: 838). Simkin found the pervasiveness of these feelings lingered many years after the birth (1991; 1992).

Ghosts in her narrative hint at what was lost when homebirth was thought to be "so natural", and her "gut feeling" told her homebirth was "'right". Miller and Shriver (2012) adopt the concept of 'habitus' to account for women's birth choices. Their use of habitus provides "a lens through which to understand how a person's taken-for-granted assumptions lead to certain preconceptions about birth and, in turn, how existing social structures can facilitate or impede fulfilment of birth preferences" (2012: 715). Negotiating the outcomes of homebirth in relation to existing frameworks of meaning, Amina's story is a reminder that the moral constructs embedded in notions of correct childbirth, and correct motherhood, work against women when they are seen to 'fall short'. The

concept of 'habitus' helps explain Amina's disappointment and despondency as resulting from social structures impeding on her birth preference. Amina put herself on the line when she determined that homebirth fitted with her personal and family values. For many of the women who gave birth at home, this was the case. However, where pre-birth expectations were either matched or unmatched by their birth outcomes, very different repercussions were the result, as the following examples testify.

○ The Birthing Superwoman

In answer to my question: "how do you think giving birth will impact on your idea of what it is to be a woman?"³¹ Isabella attempts to describe how she visualises the power of a birthing woman. Isabella offers a fascinating metaphor in which a woman 'grows' in size to become "larger-than-life", where in relation to the question, to give birth, is to be a woman.

Isabella (pre, indiv): So being able to do it....to birth the baby..... I, I think it would just make me feel really powerful and, and **huge**. I think that, you just feel so much bigger..... it feels like I will be just so much bigger and greater *And * um, **amazing!*..... We don't create birth we just are birth, I guess..... I will just feel that..... yah, to be birth, to be a woman..... giving birth would just make you, make *me* * feel * larger-than-life in a way..... like whole and big and beautiful..... giving birth is, you almost like *grow or shine*, so uh, the picture is of, of like uh, a *woman* sort of just shining or glittering or, um, * yah, there's like, yah there's, uh, ** you're exuding something. That's the picture I'm seeing I guess, of, so birth being something where you exude light and radiance and *glitter*, (laughs)..... that's what I'm trying to say when I'm saying larger-than-life more you, you radiating something..... you just radiate this like sense of *life*, of like um, vitality. (Laughs) yah, that's it, you become **vital**. So giving birth, (laughs), as a woman, you become more *vital*!

A sense of expansion and "radiance" in this extract gives the birthing woman qualities of luminosity and life-force energy. The birthing superwoman is "greater" than her body, greater than she even knows herself to be; she is as alive and vibrant as she will ever be. The essence described by Isabella resides within the birthing woman who possesses powers somewhat akin to that which a mythical

³¹ The question was phrased in this way to try and understand how pregnancy and giving birth are gendered, and thus was also asked of the men in relation to being a man.

super-hero might poses. Isabella's larger-than-life metaphor was reaffirmed by her second homebirth experience in which she "self-birther" her baby, reaffirming that these super-hero qualities are within herself. For her, this is the ultimate expression of womanhood, one which every woman should be able to do, want to do and experience as her crowning glory.

Isabella (post, indiv): I think that's what any woman would love to experience, if you think about it. And what probably women all over the world *do*, you know. Maybe with some support. But that's, that's how birth should be. That you so there and you can actually catch your own baby.

As the above extract illustrates, key aspects of Isabella's narrative reproduce an essentialist view of women's reproductive bodies. Her assertion is inherently problematic. Not least of all because the women who do labour unassisted around the world are often poor, marginalized, rural women without access to adequate medical care and other necessary services, who do not have any other choice. Birthing "support" is unfortunately a privilege rather than a right all women have. Where Isabella falls prey to speaking on behalf of other women, her use of "should" can be seen as a regulatory script. Amina's homebirth exemplifies the extent to which the weight of ideal representations of "how birth should be" can marginalise certain women's experience of childbirth. Isabella feels that giving birth gives her a sense of her own power that is not competitive, but innate. Yet her prescription of "what any woman would love to experience" constructs competition with women who may disagree, by ignoring the differences among women.

Isabella (pre, indiv): I think it will just make me feel more empowered as a woman. Empowered in the sense of being powerful. Not, you know empowered in the, woman versus men sort of space but just being a powerful *** *being* that can do this *amazing*, can do this amazing thing.

The reality that motherhood is not a choice equally distributed among women means that while giving birth may well be a source of empowerment for some women, it likely will not be for all women. Laura, Alessandra and Isabella experienced homebirth in empowering ways, but Naledi and Amina did not. Homebirth met and exceeded the former's expectations, and left the latter's unmet. While 'expectations' are only a small part of the story that explains how each woman feels about homebirth, the literature has more than adequately shown that expectations of homebirth contribute to perceived experience (Dahlen, Barclay, & Homer, 2010; Borquez & Wiegers, 2006; Morison et al., 1999; Kerssensphd, 1994).

Isabella constructs a rational, autonomous, individual who, by choosing homebirth, achieved her highest ideal. “I wanted it to be something that I could do, myself. ^And I did it! I did it totally on my own!^ (N: Hmmm) I wanted to”. Publically the result was “so many people have said, you’re amazing or you’re a superwoman. Like, if we’ve told the story that I, I, you, you crazy, you’re crazy, but actually I’m not. It’s just, it’s what we should all experience.” In Isabella’s narrative, the socially constructed ideal birthing mother is a “superwoman”. As the excerpt suggests, socially constructed norms of childbirth may run counter to individual women’s experience of birth in ways that impact on their perceptions of the outcomes of their birth, and who they consider themselves to be. The birthing superwoman is so constructed because she challenges conventional ideas of childbirth, women’s strength and biomedical authority. The birthing superwoman not only takes on herself, she takes on the institutionalisation of childbirth when she chooses to birth at home with self-chosen caregivers.

Choi et al. (2005) found evidence of the “supermum, superwife, supereverything” in the transition to motherhood. The birthing superwoman is represented here as the fulfilment of femininity in childbirth where a birthing superwoman is the epitome of womanhood, encapsulating qualities of the ultimate mother. Laura succeeds in becoming “superwoman” in her experience of homebirth, which she understands to be the fulfilment of her destiny as a woman, but additionally, the fulfilment of a life-long struggle to affirm her individual sense of self-esteem and self-worth that is undeniably the highest outcome of ‘empowerment’. Homebirth facilitated Isabella’s empowerment, Laura’s healing and Alessandra’s confidence. For Laura, homebirth was a “cathartic process” that was able to “heal the self-doubt and the lack of confidence and the things that, uh, as a girl I’ve struggled with in my life. It was, it was a very healing experience”.

‘Superwoman’

I mean

excruciating

felt like,

I’d never

felt like

in my life.

I'm....

I wouldn't

feel

Feeling

your whole body turns inside out.

You

primitive experience

your,

your being.....

primitive

I was totally out of control

myself

I've never felt

completely surrender

let go

I felt

I was

in the right hands

I wouldn't –

I don't

let go easily

in life

I'm always

holding

I don't need to be.

I was

body,

take over,

do your thing.

I was amazed

I think

I feel

superwoman

a wonderful experience

to have

to know

I can

let go

I'm

I think

It applies

to not just one

aspect of life

but all

aspects of life.

In Laura's narrative, while she gives appropriate credit to her midwife, her narration of an agential self maintains "I" as 'thinking', 'knowing', 'feeling' and doing what needs to be done, often without being told. Both Laura and Isabella tell their birth narratives in the "comic-heroic" genre claimed by (Pollock, 1997; 1999) to be commonly used for telling birth stories. These stories play with death and disaster in an almost-but storyline which ends with the medical profession saving the day. Whilst recognised as a classic narrative form, Chadwick (2014) tells us that homebirthers have been known to 'disrupt' the genre for their own ends. In displaying the birthing woman herself as the hero, and reproducing birth as a normal everyday social event, homebirth narratives work to counter the dominance of "medical master narratives" (Chadwick, 2014: 50).

Naledi's homebirth scenario refutes the dominant cultural narratives of childbirth through a convoluted performance of relational embodiment across five body/selves: The mother, the father, the grandmother, the baby and the midwife. Bodily-selves were catapulted into relating through the assertion of her body's birthing embodiment. This embodied birth has none of the hierarchy, or imposed order of medicalised childbirth scripts. Instead, re-played as a comedic moment, Naledi is

out of the birthing pool, when birth unexpectedly occurs in the doorway to the bathroom. Her mother grabs a towel, her husband steps in to hold her up and her midwife's eyes reassure and guide. As a moment of counter-storytelling birth, this narrative segment is full of laughter and bursting with satisfaction and suffused in emotion.

"What I wanted"

I didn't realise
didn't know
I
I was
I've got a push contraction
I got that *feeling*
I think
I need to do a poo,
(laughs)
I thought
I'm maybe gonna push
I'll just get out the pool.
I can go
I don't have to worry
I got out
I said,
I think
I'm just gonna go to the loo,
I went
I still said
I said
I went in
I sat down
I got another push contraction
I just started feeling
everything was opening up
I just felt
her

I just felt,
she's crowning.
(Laughs)
I just shouted
"help!"
(Laughs)
I didn't remember
I was remembering,
I must listen to the midwife
I'm crowning
I'd prepped her,
I don't tear,
I asked my mom
I also bent over
I saw
her,
her coming out.
I panicked
I just
(clicks fingers),
I think
I was looking at the midwife
I like pushed
her gently,
I couldn't believe it
I was almost in shock
I was not expecting
I had thought
I wouldn't
I actually,
I wanted it.
I wanted
I was
I felt it

I felt
my body opening
it was so beautiful!
I did
I wanted to.

This comedic moment of exhilarating embodiment between multiple body/selves is revealed in an 'excessive' performance showcasing homebirth as a form of counter-narrative (Chadwick, 2014) that occurs as a normal everyday event, on the way to the bathroom. Being fully engaged in her body's wilful exertion her homebirth experience exemplifies an embodied self (Akrich & Pasveer, 2004). Similarly to the mutual collaboration evident in what Carter (2010) described as collaborative childbearing body/self-relations, the collaborations in this excerpt are not only between the birthing woman and her body, but across multiple body/self-relations. Once again the contradictory nature of birthing itself is narrated by Naledi with a combination of activity ("I sat down..... I also bent over, I saw her"), passivity ("I didn't realise, didn't know"), agency ("I wanted it.... I wanted to"), as well as a loss of agency ("I just started feeling everything was opening up"). As the 'almost/but' form of the comic-heroic genre (Pollock, 1997; 1999) suggest, the birthing woman as hero is also not narrated consistently throughout.

At one point Laura says "I didn't trust my body, I didn't trust myself, I didn't trust nature, I just thought, oh here we go, you're gonna, you, you've failed". The association she makes at this juncture in her homebirth is that "I felt like I might not be a good mum". Failure at homebirthing would signify a failure at motherhood. Participants in Choi et al. (2005) reported that the inconsistency between the myth and the reality of motherhood was a threat to their sense of self. They were seen to have failed when they could not live up to the mythology of motherhood. Participants clearly saw the outcomes of homebirth as feeding into their ideals of motherhood:

Laura (post, indiv): The ability to be proud of myself (from homebirth) has allowed me to therefore be less hung up in myself and engage more with him.....it's helped me let go of baggage that I didn't need and allowed me to focus on better being a mum.....I mean obviously also knowing that I've done right by him and that he's come out in the most healthy way he could possibly come and that also makes me feel confident and capable as a mum.

For these women, the idea that they are capable and knowledgeable in birth empowers their sense of what is possible. Birthing their own babies gives them a sense of their own capacity to mother from the same place they could give birth from; in touch with their own inner knowing, managing their own internal conflict alongside that from outside themselves. These women have learnt to negotiate not only childbirth, but the longer and more treacherous journey of motherhood through choosing to give birth at home.

Laura (post, indiv): Everything just, was so easy and then that, that's the most important part – uh, that bit afterwards where you feel capable and like you're gonna be a good mum, in those first few weeks I think uh, that it's crucial for your relationship going forwards.

Similarly when Isabella says “so much, eh, so much of eh, of what a woman or mother is, is to be able to birth your own baby”, the association of performance in homebirth with performance in motherhood is undeniable. For both these women, motherhood is synonymous with being a woman and the ultimate woman is a birthing superwoman.

○ Feminine Caregiving as a Tension between Exclusive Mothers and Working Mothers

Socially prescribed norms determine what the best or ideal mother should look, do and be like and have to be negotiated by women according to their individual circumstances. Oftentimes this creates tensions wherein the reality may not match the expectation. Naledi's pre-birth narrative sets up a tension between exclusive mothering fulfilling her as an individual alongside the idea that it renders her incomplete. As she puts it, exclusive motherhood is not even “a valid part of society”. Without a professional identity that allows her to contribute financially to the household, she is prevented from authentically claiming an adult role. Her suggestion stands in contrast with the findings of Malacrida & Boulton whose participants understood motherhood to be a “rite of passage for women characterized by the transition from selfish child to selfless adult” (2012: 767). What is compelling in Naledi's narrative is that while her womanhood has been reaffirmed through motherhood, her gendered identity as “the second sex” (De Beauvoir, 1988) is even more detrimentally entrenched.

Naledi (pre, indiv): I'm so proud just being mom to Arnold is like definitely my greatest achievement in life so far you know, I feel like that has almost validated me as a person and, and yah and I've grown a lot through being a mom..... but it's been hard for me, kind of not knowing what I wanna do and therefore, feeling like a bit useless, like I don't have anything to offer the world that its actually worth them,

paying me for. You know, and therefore feeling a bit in a way, in the non-adult sphere of life, like still feeling like more of a child.

The difficulties in balancing family ideals, material realities and individual aspirations run through all the women's narratives of mothering (see Pillay, 2007). At its heart is a contest between middleclass, cultural framings of femininity which divides women as working mothers from women as exclusive mothers. Central to these contesting frameworks is the idea that it is best for women to mother their own children. Isabella and Joseph both agree: "what we've decided is that, we don't want to farm off the children to day care or whatever at a very young age". Naledi in her pre-birth individual interview is more to the point. "I don't (want) to sacrifice my role as a mom and my connection with Arnold [child] and my important role in his life and have somebody else looking after him and kind of having that influence on him, yah." Tied into the ideology that a mother's care is best for her baby, the social recognition of motherhood is a core aspect of femininity (Choi et al., 2005). Yet, as Naledi's narrative clearly attests, lack of social recognition for motherhood as an unprofessional, unpaid and undervalued social good impacts her gender identity.

○ Mothering Dilemmas

Naledi who has only ever exclusively mothered says "aside from being a mother I need to feel like I need to also have something that's just me, my space in the world a place where I can do something or belong in some way". In her narrative "the world" eschews her role as a mother. Until who she is as a person is given validity, she has no sense of 'belonging' to society. Isabella on the other hand balances her work/family life by declining "*personally* rewarding work, but not financially rewarding" work, the idea being that caring for her children is already personally fulfilling, but lacks financial recognition. In both their dilemmas, their mothering roles are given prime importance personally, yet the contribution mothering is understood to make to the family and society in general, is not sufficiently rewarded. The cultural weight of regard for mothering as a social competency, compared to financial earnings as social competency, is different. As a successful modern woman, Laura "pushed myself, wanting to not embody the traditional woman thing and to have my career and to really succeed on that level". Laura's language implies that "the traditional woman" is denigrating, while successful femininity is conceived of as aspiring towards 'the career woman' instead. She suggests there is only either one or the other; motherhood therefore requiring she "sacrifice" her career for children. In her understanding, what gets sacrificed is her sense of an independent self: "you have to take a chunk of time out of your, your life". The problem she thus faces is:

Laura: A little bit financially knowing that.....that I've always worked and not * and knowing that I'm not * bringing anything in has been ** it's worrying - about what happens next in my career.

Alessandra who has (similarly to Laura) had a very independent lifestyle feels that the implicit ideal of motherhood - that she will have to be 'taken care of' - is "unfair". Gendered expectations within Mark and Alessandra's relationship mean that her husband's construction that he would need to earn more now that they are expecting a baby assumes she will earn less. Mark: "I assume that, once the baby's born, the, more of the financial responsibilities will be up, to me." As the co-director of her own company she is expecting full pay for her maternity leave. Not only is Mark's assumption incorrect in their material reality, it's an incorrect assumption of the type of mother Alessandra plans to be. Her identity as a working woman is of great importance, as illustrated by her return to work when her baby was nine weeks old. Yet so ingrained is the ideology of motherhood, that even Alessandra considered having to choose between her career and her baby.

Alessandra: For me it's also difficult to um, to let go and to be supported financially or, um, kind of, to uh, to allow that to happen so I think that's a difficulty for me. 'Cause it's like I feel like I have to take care of myself.

Alessandra is unwilling to sacrifice her individual identity. But she is thus faced with the well-known predicament of women choosing both: "what's happened is that I've been working in the afternoons when he's sleeping –when I can – and at night. Um which is, eh, really hard. Heeh. (N: yeah) It's been quite rough." The overwhelming sense I had in our post-birth interviews was of an intensive mothering approach, even as she over-fulfilled on career obligations. "I mean they can see also how much *I'm doing*, in my *half* days, which as a colleague said is more like one and a half days (laughs)." The destructive repercussions of over-work were recognisable in Alessandra who never once put down the baby in her arms throughout our interviews, and slept with him in her bed (with Mark in another room) so she could feed on demand, even as she worked well into the night. Tellingly, the repercussions were also visible in her relationship. Mark comments "we've had difficulty with our romantic relationship" and after laughing about it says "that's all I got", alluding to the sense that the encroachment on their intimacy (perhaps even a fragmented one) is too much to disclose.

The discernable difference in Alessandra's case is she has *not* had to address the issue of 'farming out' to childcare. She has taken on being a working mum with the help of both sets of grandparents

facilitating childcare. Amina on the other hand works irregular hours; her approach to mothering whilst continuing her career has been to hire a well-paid au pair. As a high earner, well recognised in her career, it would be easy to assume the tensions weren't as great for her. Yet her comment that "it's not the ideal, it's far from the fucking ideal" suggests that the compromises she has made (such as putting her child on formula) have been as fraught, if not more so given the weight of gender discourses of motherhood.

Women's narratives of homebirth-in-relation centred on their relationships with their bodies. Connection and trust was the oil in the engine that gave women confidence in themselves and confidence in homebirth. Where homebirth reaffirms women's capacity, not only is their sense of who they are increased ("larger-than-life" metaphor) but their confidence in their ability to mother is increased as well. In this way becoming a mother has expanded these women's ideas of what being a woman is and their individual understanding of themselves as women. While they were not always happy with the outcomes of their birth, undertaking homebirth made them consider more deeply what it means to mother and what it means to think independently and rely on bodily, intuitive knowing to negotiate social and cultural constructions of childbirth and motherhood.

Gender Tensions in Women and Men's Dyadic Perspectives of Homebirth

Analysing the gender tensions in women and men's individual narratives of homebirth offers a dyadic perspective that accounts for the inter-relationship between both. Specifically looking at how expectations are constructed, this part of the chapter considers the dyadic interplay of men, women and joint narratives. Some couples' expectations were exceeded, while others' were not. Because gender differences between men and women inform the shape of individual expectations as the preceding discussion indicated, the likelihood of fulfilment given homebirth outcomes is also premised on gender differentiation. Gender differences in displays of masculinity and femininity weigh in on men and women's evaluations of themselves, each other and their experience of homebirth. Gender differences also play a role in what men and women speak about, the consequences they attach to birth and the meanings they make of the social processes involved in homebirth. Accordingly, the degree to which individual accounts successfully negotiate difference is evident given the way relational closeness is sustained and maintained.

○ Gender Differences in the Meanings of Preparation for Childbirth

One of the tensions stemming from the gendered negotiations of homebirths is the way men and women's concerns about birth fit different trajectories. For Mark pregnancy, birth and parenting are separate processes. In his pre-birth couple interview with Alessandra, Mark feels that the practical implications involved in having a baby have been overridden by a focus on the birth.

Mark (pre, couple): By keeping all the attention focussed on just the *one* particular kind of moment (the birth).....we've just kind of left the other things to kind of fall into place, but * there's no reason for us not to have that dialogue about those things.

Mark expressed discomfort at the dawning realisation of their lack of preparation about "other things", including parenting. Additional considerations above and beyond the "moment" of birth are accompanied with unspoken implications that he feels needs to be made explicit. His "sense is that" the birth will lead to a profound re-shaping of their identities, their concerns and what's important.

Mark (pre, couple): Urhm and how ** how the birth and having a child will shape the relationship between us. But also the relationship we have as a family 'cause we're kind of starting a family, which is a very different thing from two people. My sense is that, um * yeah, just my experience, my experience is that it feels like there's different responsibilities now, there's different kinds of, a different kind of focus in a way.

As Mark and Alessandra's example will illustrate, the men and women in this sample seemed to have different assessments of what preparation for homebirth meant in the context of parenting. This finding, gleaned through a dyadic perspective, is testimony to the difference gender makes in childbirth. While Mark clearly articulates linkages between pregnancy, birth and parenting, there is the sense that he sees these as separate processes. On the other hand, pregnancy has meant that Alessandra has come to terms with "what it is to be a mother" as an innate part of her "preparation process". The three states are integrated for Alessandra to the extent that one cannot be examined without implied consideration of the other (as the parenting magazines dotted around the house are testimony to). In her experience, pregnancy, preparing for childbirth and becoming a parent is a seamless whole. A whole process that began via pregnant embodiment, before Mark's embodied process.

Implicit in Alessandra's preparation for homebirth are the ways pregnancy is connected to birth and birth is connected to becoming a mother. The one is synonymous with the other to the extent that, in undertaking one, implied consideration is given to all three.

Alessandra (pre, couple): I think kind of what he's saying about being in different places, mind-set wise or even emotionally, is like - I've been very, very wrapped up in ** baby, basically. Everything baby and I've been reading a lot and very kind of absorbed in that world and for me it's been kind of like a preparation process where it's kind of like I'm shifting into a different state and coming to terms with the idea of what it is to be a mother and how to be with a baby and that kind of thing. And that's a very, that's a very big part of my world. And I think for, for a fair amount of the pregnancy it kind of, it hasn't been his mind-space, it hasn't been his head space. So it's kind of like, I'm always talking baby and he's like yah, cool (laughing).

In Alessandra's explanation of the differences in their experiences, "shifting into a different state" has been taking longer for Mark. Alessandra's discussion suggests that a key reason "baby" may not have been his "head-space" is that embodiment of the psychological reality of being with baby has not been part of his everyday consciousness. Mark: "on my side I'm still not talking to the baby, loudly and stuff". Psychological connection to the baby is far more tentative from Mark's side, and very probably due to an explanation he himself posits. Mark: "I've had this struggle, with the, the distance of it. Um, and it feels like it's affected my body less". In negotiating their gendered bodies, men and women's different experiences of pregnancy, childbirth and parenthood can't easily be rectified or resolved. Alessandra's consciousness of her baby is linked to her everyday physical embodiment of carrying and being with "child". Feeling, speaking, thinking and being-in-relation to the foetus means that for Alessandra her "mind-set.... (is).... emotionally.... wrapped up in ** baby".

Nevertheless, Isabella, Naledi and Amina's narratives suggest that embodiment does not automatically translate into connection with the foetus either. Although pregnancy, birth and parenting were synonymous in their discussions, a sense of connection with their baby had to be actively obtained. Naledi links preparation for childbirth to connecting with the material reality of having a baby: "there's certain things that... connect more and prepare myself more for her presence in our lives". This indicates that a gap between embodiment and identification can stand in the way of women and men's connecting to the foetus. Isabella has had to rely on "all these different things that allow me to connect". She specifies "physical preparation, emotional preparation, and (**) mental preparation. But there's also this sort of level of spiritual connection

and spiritual preparation and connecting with this baby on a soul level.” In Isabella’s view, preparation ‘work’ needs to happen in order to facilitate deep connection with her baby. Second-time round this included meditation, yoga, time and space for reflection, work with her unborn child and affirmations to instil trust in her body and herself, which meant when the birth happened, “I was ready or my body was ready and I felt really prepared on so many levels”. Joseph claimed her preparation was an “elitist, white woman, luxury thing to do”. But Isabella insists it is necessary for all women, “for any woman to birth requires preparation on *all* levels.” Isabella and Joseph and Alessandra and Mark’s different viewpoints suggest possible gender tensions in the purpose and value of childbirth preparation.

Isabella and Joseph’s narratives showcase the difficulties in bridging women and men’s different gendered realities. The following example from their individual and couple interviews addresses the benefits of joint preparation for homebirth.

Isabella (pre, indiv): He’s in a different *zone* and it’s taken him sort of quite a while to accept, okay there is another baby coming and, he hasn’t *really*..... he hasn’t really I think prepared himself for it. So in that way we’ve sort of been in two different worlds. He’s in this sort of career, trying to sort of, you know, create a business and I’m in this mothering space and being pregnant and growing this baby, so we’re sort of like in two different spaces.

Not only are they shown to be negotiating different social positions, they are negotiating gendered experiences of the body that complicate the degree to which individual realities can be understood and resolved. While Isabella is “mothering”, Joseph is trying to “create a business” with the result that their mutually compatible experiences have dwindled. The distance in their relational experience caused a separation between what is most meaningful for each other on an individual level.

Bodies are the basis for gender differences in birth. However, unlike Draper (2003a; 2000) who found men were mainly disembodied in birth, my findings suggest that men could embody a relational stance to birth in which they are physically, emotionally and psychologically present and embodying their active role as birth partner. This played out in Isabella and Joseph’s narrative when a couple’s birth preparation course interceded in their separate spheres of attention pre-birth.

Joseph (post, couple): Incidentally, yah I also um, hadn't really connected with (*) Adam and his being until, we went for that yoga course together, I dunno if we mentioned that?

Isabella: We did, we did speak about it

Joseph: Aaah. Okay. Um, yah, and so I think, I'd sort of, I'd sort of moved out of denial, (little laugh), into like, accepting that this was going to happen and that it was actually something to look forward to. Not the birth itself, but, his – not *only* the birth but his life. (Isabella: Hmmm) And me being a father of, of a son.

Jointly engaging, touching, feeling, and being there as part of the life changing process of having a child, men could experience connection with the foetus through their own "lived bodily-emotional experience" of their supportive role (Chadwick, 2014: 54). This potential was exhibited by Joseph when a complete transformation in his relational stance to the birth was catalysed through a couple's birth preparation, yoga course. Encapsulated in the physical embodiment of his role as birth partner, his identification with himself as husband and father instigated a shift in his relational stance to homebirth. This shift from "denial" to "accepting" aligns more closely with a relational self, in-touch with the foetus and its impact on his life. This turn-around had ramifications beyond his individual self as it allowed Isabella to conceive of relational partnership with her husband in the homebirth. Isabella: "He's been so sort of disconnected.....I didn't really know how we were gonna get to that point.....to connect more and be like a little triad when we're giving birth". The gendered negotiations of homebirth point towards men and women's different priorities. Childbirth preparation classes may do better addressing these concerns separately as well as jointly.

○ Gender Dysfunction in Displays of Togetherness

Particularly in the context of homebirth, women and men's joint participation can facilitate satisfaction, by virtue of the couple having experienced homebirth together. Exemplifying the sad outcome of women and men's lack of relationship in homebirth, Rayne and Naledi narrate relational disconnect. Lacking relational closeness before the birth meant that the ensuing emotional distance impacted on their homebirth in much the same way as it might have done in Isabella and Joseph's case had there not been an intervention. Separate, individual experiences of homebirth left a trail of unmet expectations and unresolved tensions that exploded in the post-birth narrative context.

Naledi discusses what she felt was missing from her homebirth experience.

Naledi (post, couple): So what I think a birthing woman really needs and the connection you're going to make, is somebody who is, preferably in a constant point actually. Like a constant point of reference almost to go between the contractions even (Me: Hmmhmm), even if they can't help with the contractions. *Just to be, there.*

What is striking in Naledi's rendition of the homebirth is a constant replaying of "what a birthing woman needs". Narrated in the third person, it indicates that her unfulfilled desire was for someone "to be there". In her experience "I don't feel like we connected in the birth. 'Cause I felt very alone", marred fulfilment in homebirth. Her assessment of a birthing woman's needs echoes men's concerns of finding a way to be emotionally, physically and psychologically present in their narratives of 'being there'. Naledi indicates that the tension between (emotional and psychological) presence and (physical) doing that accompanied men's discussions of 'being there' has very real gender implications. Naledi's narrative claim that what was needed most of all was Rayne's 'presence' because it was not "help" she sought, rather "connection". Incidentally this was characteristic of other women's narratives too. Alessandra: "not his physical presence but his *presence*, his emotional presence is um a very important part of the labour process for me". The 'doing' aspect of "being there" which Rayne fulfilled, such as setting up the birth pool, putting on music, even running in to hold her upright as she gave birth, is not recognised as a form of togetherness in Naledi's narrative because it was not "constant" throughout the birth.

In their individual scripts it is clear that Naledi's need for emotional support is hindered by Rayne's need to be doing, which as he explains it, is tied into their relationship.

Rayne (post, indiv): "I don't feel. You know emotions are there but they're completely subdued. And it switches off a whole lot of other things, it switches off compassion, it switches off you know you become much more machine like, just doing, not being.

Nicole: How do you think that affects your relationships?

Rayne: Yeah, it'll affect them. Obviously. But, eh, you know the thing is, to, ehm, there has to be a mutual understanding with all parties, of why, you know 'cause, uh, it's not something that I do out of choice. I do it because it's * I have to."

Seen side by side, Rayne's reliance on doing as a way of displaying masculinity is locked into his role as breadwinner, while Naledi's reliance on emotionality as a way of displaying femininity is locked

her role as caregiving to such an extent that neither are fulfilled in either role. In their relational lives in addition to the homebirth, their gendered experiences have led to relational disconnect.

○ Gendered Talk of Emotions

Discomfort resulting from gender differences in talk of emotions was visible across accounts, particularly in relation to the actual moment of birth. When Amina describes her reaction to the caesarean section she says “it was *quite* a shock and I was crying quite a lot”. In Zachary’s individual post-birth account, speaking on both their behalf as “we” he claims: “we were both crying when we went into the surgery..... it was incredibly emotional for both Ami and I.....heart wrenching..... we were just staring at each other and we were both just crying.” But interestingly neither of them speak to this in their shared account other when Zachary says “there was a lot of emotion that happened”. The public nature of couples’ shared story-telling means that what is and is not considered appropriate talk of emotions becomes analytically interesting. In the joint setting men were less likely to include discussion of their own emotions.

An Emotional Moment

Gender differences in women and men’s talk has been seen by sociolinguists to be reduced in joint interview contexts (Seale et al., 2008; Coates, 2005), although in the present study the opposite was witnessed. The joint interview context, in this case, reduced the likelihood of men freely discussing their emotions, although this may have resulted because men knew they would be interviewed alone. The following examples highlight gender tensions evident in men and women’s accounts of emotion in shared and individual interviews. When asked “what aspect of the birth stands out for you the most”, Joseph in his post-birth individual interview openly mentions the moment at which he walked into the bathroom to see his son coming out of his wife’s body: “That whole moment when I just burst into tears and couldn’t believe what I had just seen”. When this same incident is narrated together with Isabella it is pointed out almost jeeringly.

Isabella: And *you* actually started crying!

Joseph: Hmmm

Isabella: You saw him and you were like, haaah

Joseph: Yah, yah I couldn’t believe it

Isabella: I think you were also shocked

Joseph: Yah, yah, it was very emotional. Hurph. You've got goose bumps

Isabella: I've got goose bumps, of course I've got goose bumps!

Isabella's exclaiming on the fact that it was *him* who started crying, seems to suggest that his reaction was out of place. In the joint narrative setting he does not expand on this occurrence that he describes as a "pivotal moment" in his individual account. The tensions present around emotions in this section allude to feminine displays of emotions being acceptable while masculine displays of emotions are not. Isabella makes his out his "crying" is remarkable, to which he points to a physiological sign exposing an emotional reaction from her. Her rebuke "of course" suggests that her "goose bumps" (as a physiological display of emotion) is validated as appropriate, and even necessary. In their gendered interaction, emotions were made out to be attributes of femininity in couple's talk of homebirth.

Similarly, in Mark and Alessandra's co-narration, at this very same point in the homebirth proceedings, when the baby has "just been birthed", Mark says about Alessandra, "she was so emotional". This accusatory comment compels Alessandra to defend herself: "I was emotional but it wasn't ** it wasn't what I *thought* it would feel like" and she provides a lengthy explanation of the complex mix of emotions that contributed to her feeling emotional, in an inexplicable way, which was both ordinary and extraordinary. Mark reluctantly admits "it was quite uh, I mean it was quite a profound moment when he came out of the w- out of the *water*. It was very unexpected." Coaxed into conversation with Alessandra who is clearly adept at expressing emotions, Mark finally includes his own mix of emotions in his assessment of the emotional richness of their experience. When he acknowledges towards the end of the discussion "so there was a lot of emotion at that point", there is implied inclusion of his own. However, he was only comfortable identifying his own emotions as "overwhelmed and happy at that point" in his *individual* interview. So although he recognises that an emotional upsurge may have been experienced jointly, he does not specifically discuss the specific feelings he expands upon in the individual interview.

Women and men's struggle to articulate the emotions that accompany the moment of birth reveal a complex mix of emotions that are more often than not experienced in very individual, and potentially very gendered ways as the following account by Laura and Xavier aptly illustrates.

'Primal Birth'

Laura: And then they pulled him out, underneath me, (N: Hmmm) and handed, handed him to Xavier and I was * that was the only point where I was angry, I had this moment of anger towards you, and towards everybody, I don't know what happened but I felt like "it's mine!" ^Give it to me!^ And really like (starts beating her chest) my whole heart felt like it was sort of urgheeurgh * um and then he was passed to me and it was all okay.

Xavier: You, you, you had that feeling and I had the feeling of being completely paranoid of holding this **

Laura: slippery child #

Xavier: very, very slippery bag of sausages, that had just come flying out that was still making a noise and still attached to Laura #

Laura: and in the water, yeah #

Xavier: and thinking 'Oh my God', what, what am I supposed to be doing here?

Laura and Xavier are the only couple who were able to acknowledge their individual emotional reactions to the moment of birth openly and forthrightly in the joint interview context. They indicate very different emotional reactions to the moment of birth, both of which are accepted as valid in this account. Their ability to discern and explain different individual reactions may have been due to discussion of their feelings previously, in conversation with one other, which not all couples had done by the time I interviewed them at three months post-birth. An off-shoot of the discussion of birth as an emotional moment are emotional consequences stemming from undertaking homebirth as a shared event. Provided below are examples of pride as a consequence of homebirth.

A Shared Sense of Pride

When women and men's expectations of homebirth were exceeded, there was a shared sense of pride that was experienced relationally. The pride resulted from having met their own and their partner's expectations of homebirth, wherein they could acknowledge individual participation as an accomplishment. Pride in one another's capabilities and capacities were seen to deepen and enrich emotional intimacy in the form of love, attraction, tenderness and closeness.

Joseph (post, indiv): And I'm very proud of my wife you know, for allowing herself and feeling safe enough and doing what she needed to do. And I felt that all the power and

control was actually within her grasp, and there was nothing I really needed to do, other than what I did. And, yah so I feel very proud of it myself.

Zachary (post, couple): Mostly I was just in awe of you! You were so amazing.....it was amazing to observe and really nice to be in our space, to be, ** I felt surprisingly safe..... Yeah, uh, I was, yah, just amazed really, by you. And the way you handled it and your fortitude and strength and uh, will.

As these quotes express, men's reward for 'being there' was not only new found respect for their partner, but for themselves as well. The mutually beneficial aspect of joint involvement in homebirth is made much more convincing where having been "safe" is proposed as having facilitated this mutual respect. Safety is a basic human need, without which, fulfilment in birth cannot occur. Joseph mentioned his wife "feeling safe enough" and Zachary mentions feeling "surprisingly safe". Being safe and having self-assurance contributed to pride being an outcome of joint participation in homebirth.

Pride resulting from participation in birth is constructed in particular ways. For men, pride resulted from assurances that their partners were 'natural women', in touch with their bodies. In men's gendered negotiations of homebirth, this centering of the mothering role in men's narratives of homebirth drew on constructions of natural women being natural mothers. For instance, when Xavier claimed "I'm excited about (Laura) being the mother of our child", his corresponding praise and acknowledgement of her birthing capabilities was seen to applaud her mothering role:

Xavier (post, couple): Laura was amazing throughout the whole thing..... there was never any screaming or, any, never any – you hear it's gonna be, you know, be prepared to be shouted at, but there wasn't none of that at all. You know, it was amazing really."

Similarly, Zachary also mentions "I mean, after all the stories of screaming and yelping and swearing and getting your arm bitten off" he is surprised when Amina surpasses his expectations. Describing her as "the mother" he says explains that "at home I felt, not in control, but I felt like Amina was in control of what she wanted and needed and, ** and able to, uh, to dictate according to, according to *her* experience". In their explanations, Zachary and Xavier are discussing a particular socio-cultural representation of a birthing woman that they have understood to be the norm. In both cases, when their spouse's behaviour did not fit this representation, she comes to symbolise 'a super-birthing woman'. Women were constructed as displaying a natural birthing capacity leading to conviction that they are 'natural' mothers. Joseph said "I had this complete trust that Isabella was, knew exactly

what she needed to do.” Women’s intuitive birthing ability was a display of their mothering talent as well. One of the couple accounts suggests ways in which such constructions may be problematic in the context of subsequent homebirth experiences.

Rayne (pre, couple): It’s also comforting to me knowing that eh, when Arnold was born, eh, for Naledi it was a beautiful intense, urch experience, but it wasn’t painful or traumatic. So I know that, having had one, her body knows what to do now, it’ll be probably even easier, so, that’s comforting for me.

In this case Rayne felt like he could more or less leave Naledi to her own devices. Naledi had not experienced pain in her first birth, thus he expected she would have a similar subsequent experience. When she did not, neither he nor she could reconcile the actual, lived experience with an expectation of ease and painlessness that never materialised. Their homebirth account is thus riddled with relational and individual dissatisfaction in which pride does not feature.

A sense of pride in the homebirth experience is expressed by Laura and Xavier as having individual and couple significance. Two dimensions of pride highlight the links between homebirth as a singular moment in time to the greater life stories of these participants.

‘The Greatest Achievement of My Life’

Laura (post, couple): And then it turns out that the simplest thing, the thing that every human in the world does, somehow made me more proud than anything – and I felt like superwoman, I felt amazing! I still do, I still do think it’s my greatest achievement in life. And it’s so funny, so ironic really isn’t it? That that, can be your greatest achievement when you spend your life struggling to – when actually it’s something that, most women do * at some point in their life. It’s actually the thing that * that actually ticks all of those boxes *** Yeah.

Nicole: So the experience that’s made you the most proud in life #

Laura: ^^Yeah^^, it’s silly isn’t it? It sounds ridiculous, it does sound ridiculous.

Xavier: Not really, it’s one of the most proud things I’ve ** you know been through and I wasn’t even the one giving birth.

Laura: Yeah

Xavier: And I was proud of being there throughout the whole thing like, *incredibly proud* of being there for the whole thing.

Laura's expression of pride in her homebirth is reward for a lifelong search to instil a sense of self pride and conviction in her own self-worth. Her present identity is one that has "healed" her previous 'struggle' to instil a sense of self-worth. Xavier's pride is an acknowledgement of his efforts, contingent on his immediate experience of being present, engaged and contributing to the positive outcomes of homebirth. He constructs an identity through homebirth that sets himself up as a ("proud") father in his future identity.

Xavier (indiv, pre): I would like to be there for the birth as much as I'd like to be there as a father for the child afterwards. I mean give your all, and give love, and give support and encouragement, and the, the birth could be a micro of - of the future, your life with your wife and child, hopefully, uh, yeah.

Their individual identities are being negotiated in respect of their couple identity. Their story illustrates how homebirth is meaningful not only because it provides a vehicle for couples to experience togetherness; but because the individual identities that are negotiated in respect of their couple identity can connect past, present and future selves. Pride is not the only outcome of sharing in the experience of homebirth. As this chapter has shown, gendered negotiations of personal and relational dynamics are complex. Tensions across and within individual, dyadic accounts meant that men and women were not always able to arrive at a form of togetherness that could sustain and maintain an integrated couple identity amidst conflicting gender roles and displays. Pride, in themselves and in each other, strengthened the idea that there was benefit in undertaking homebirth together. Clearly though, there are also pitfalls, evident in the deeply gendered individual versions of the shared event.

Conclusion

Through an analysis of the ways in which individuals narrate experiencing relationship in homebirths, differences in the function of women and men's stories became apparent. These differences highlight ongoing gendered negotiations that are part and parcel of couple relationships, as having a significant impact on homebirth as a shared event. Pressures embedded in balancing family ideals, material realities and individual aspirations showed up as gender tensions that were not always able to be reconciled.

As previous literature has suggested, the changes women and men make on becoming parents aligns ever more closely with the existing gender order (Fox, 2009). Findings from this study suggested that more often than not, gender divisions between women and men were perpetuated. Most of the women chose exclusive motherhood, out of necessity (Laura), self-determination (Isabella) or continuation (Naledi). Most of the men supported their decisions and responded by becoming (Xavier and Joseph) or remaining (Rayne) exclusive earners. Even where the breadwinning and caregiving roles were not so divided, men spoke of assuming a greater breadwinning role (Mark) and women affirmed this expectation (Amina). Where structural barriers (both social and personal) exist, they not only hinder opportunities for gender transgression, they hinder experiences of togetherness with intimate partners as well. Yet narratives of homebirths also displayed a troubling of gender normativity, although not in any clear-cut way.

There were relieving signs of a broadening and diversification of gender. While this has already been seen in the literature on homebirth (Chadwick & Foster, 2013; Carter, 2009; Cheyney, 2008; MacDonald, 2007; Klassen, 2001a), past findings have only looked at gender from a woman's perspective. This study, by presenting findings on men's neglected perspectives, has been able to address the gendered negotiations in homebirth from a relational angle. Consideration of what it meant to be physically, emotionally and psychologically "present" rendered rich and thoughtful insights in men's narratives as they struggled towards new gender roles while negotiating the old. Both men and women found themselves challenging internalized masculine and feminine ideals and reinterpreting new roles for themselves in anticipation of and during the homebirth. Homebirths were thus shown to both challenge and reinforce gender, constrained by the limitations of gendered bodies.

As men and women negotiate homebirth, gender tensions were evident precisely because men's bodies do not give birth. And yet jointly engaging in homebirth meant that men's doing and being, feeling and knowing, were called on in ways that complicated how the 'work' of labour was conceptualised. The work of the male partner to embody a selfless masculinity was most likely to fulfil the birthing women's desire for a relational, bodily-connection in homebirth. That approach to the work of labour on the part of men ensured the birthing mother's fulfilment in her primary role facilitated relational engagement, and enriched their shared sense of having done it together. Gender differences in negotiating the process of pregnancy, birth and parenting meant that for women, motherhood was established during their experience of pregnancy, although this didn't

always translate into embodied experience. Fatherhood, while harder for men to recognise during pregnancy could none the less be a “lived-bodily-emotional experience”, something the literature has only recognised women could attain (Chadwick, 2014: 54). These findings indicate that as a rite of passage into fatherhood, participation in homebirth, which was negotiated on their own terms, was central to men’s identities as fathers.

Although the selfless mother has been well recognised in the literature on childbirth, there has been little recognition of an accompanying gender imperative for men. The selfless man was the favoured representation of the male role in homebirths. Gendered attributes of feminine selflessness were seen to apply to homebirthing fathers who appealed to a selfless male as an ideal or proper form of masculinity in relation to fatherhood. Clearly, more work with a broader sample of homebirthing men would lend credibility to this assertion. However, the cumulative number of homebirths (eight) experienced by this sample of men does lend additional weight to the claim that a socio-cultural expectation of selfless masculinity exists in homebirthing contexts.

Chapter 6

DISCUSSION AND CONCLUSION:

RELATIONAL HOMEBIRTH DISPLAYS

The research adopted a relational perspective to account for simultaneous operations of gender across women, men and couples' relational, homebirth negotiations. These interactions offered relational perspectives on the doing and displaying of gender in homebirth and how these intersect with gender relations more broadly. A relational gender framework, able to identify situationally specific sets of meaning, uncovered ideal constructions of the embodiment of relational femininities and relational masculinities. Women's embodiment of a larger-than-life birthing superhero and men's embodiment of the masculine womb were metaphorical constructions of the idealized, relational characteristics of selfless masculinities and self-reliant femininities. Qualities associated with men's embodying their role as homebirth support partner relationally afforded women the qualities which enabled their embodiment of (home)birth. As testified to in the literature, the birthing woman situated as 'master' of the birth process, challenges relations of power in gendered social life, but also radically repositions women in their everyday lives. Alternative gender relations were thus constructed because men conceded to women's power in homebirth, additionally reaffirming and prioritising women's relationships to their bodies as central. Scripting their shared birth story, home was actively constructed as a place of belonging and as an ideal place for birth that correspondingly, enabled homebirth to become a source of personal and couple strength.

This chapter discusses and concludes the thesis according to three inter-related, homebirth displays: Displays of masculinities, femininities and of couplehood in homebirth. These parts are abstracted further in the concluding thoughts section which considers how these relate to the research question and the objectives set out at the beginning of the thesis. In addition, the limitations and suggestions for future research offered throughout suggest ways for the research to be improved and expanded upon. The gendered experiences of women, men and couples who plan, have and narrate homebirths are shown to be complex. Highly gendered, personal, relational selves in connection with each other and their coupledness, displayed interdependent, homebirthing relationships. Narrative constructions of homebirths offered both the opportunity for alternative gender configurations as well as the constraint of more traditional gender configurations.

○ Displaying Masculinities

Doucet (2001: 348) has suggested that future research on gendered family processes should be conducted around sites where according to Morgan “masculinity is, as it were, *on the line*” (1992: 99). This research implies that homebirth is one such site. In men’s accounts of homebirth, considerations of ‘how to be’ were articulated alongside a questioning and revaluation of hegemonic masculine ideals associated with being “*the man*”. These men’s assessments of their capability to find ways of “being there” were bound into their assessments of themselves during the birth. Previous literature has only demonstrated how women’s performance in birth is linked to their assessments of themselves and their maternal capabilities (e.g. Malacrida & Boulton, 2012; MacDonald, 2006; Klassen, 2001). The opposite has not yet been established in relation to men, so although motherhood is socially and theoretically acknowledged as the ultimate expression of femininity, fatherhood has not been constructed as a comparably fundamental aspect of masculinity. Lupton and Barclay’s (1997) suggestion two decades ago that the omission of fathers and fatherhoods is itself a reproduction of gender may still be pertinent in regards to scholarly neglect of men’s involvement in birth. In fact, while birth has long been established as a site of reified femininities, the research on men and birth is completely undecided as to its impact on masculinities. This research provides insights into the relationship between birthing femininities and birthing masculinities in homebirths and how these maintain or contest normative gender hierarchies.

The concept of ‘being in the midst of homebirth’ which stems from the literature on homebirthing men (Lindgren & Erlandsson, 2011) is particularly important to the *relational* aspects of homebirth. The symbolic and metaphoric construction of ‘the masculine womb’ confirmed that men too can actively embody their experience of homebirth. When men found themselves “in the midst of birth” (Lindgren & Erlandsson, 2011: 68), for example when they were in the birthing pool with their partners, there was a strong sense of men’s “lived bodily-emotional experience” (Chadwick, 2014: 54). Xavier acknowledges his connection to the foetus when he claims that his efforts in homebirth had everything to do with his wife and his child: “it was important to me that everything was to do with Laura and Leo. Every single second of everything”. Being in the midst of homebirth brought men into connection with themselves, their partners, and their children, to experience first-hand the joy, elation, fright and wonder of (birthing) new life. ‘Being there’ was constructed as being there for the sake of another, which called for the integration men’s doing with their feeling, thinking,

knowing, and being. 'Being there' thus incorporated multiple aspects of men's physical, emotional, psychological and spiritual (or metaphysical) presence.

The homebirthing men in this study remarked that in order to 'be there' they had to find a way to be "present" with birth and "present" to their partners' needs. Men spoke of the importance of 'presence' as a means of anchoring their authentic bodily experiences. This is illustrated by Joseph whose denial of the reality of pregnancy removed him from the shared experience of preparing for homebirth. A turn-around occurs when he embodies his role as labour support partner. This joint (relational) act brings Joseph back into relationship with the reality of birth that simultaneously brings him into relationship with the reality of becoming a father. The embodiment of a relational stance to homebirth incorporates and includes men's direct relationship to the foetus. Men could thus only embody a relational stance to birth when they were physically, emotionally and psychologically present to the reality of homebirth as a passage into parenthood. These findings corroborate those of Reed (2005) and Draper (2003b) whose research indicated that birth as a rite of passage or transition into fatherhood shapes the practices of fatherhood. Future longitudinal studies are required to examine the ways in which men's active involvement in birth shapes their subsequent involvement with children.

If, as the literature on women, gender and homebirth confirms, gender displays in homebirths are linked to constructions of maternal identities (in particular that of 'the good mother'), then a relational paternal identity in men's homebirthing narratives would articulate corresponding qualities of 'the good father'. On examination of the relational masculinities constructed by homebirthers, the ideal display of masculinity was that of a selfless, paternal masculinity. In a relational gender framework selfless masculinity is correspondingly associated with the ideals of 'the good father', in much the same way as selfless femininity corresponds to 'the good mother' (see Chadwick & Foster, 2013; Carter, 2009). For example it has been said that "a new, attentive, caring or nurturing father who begins by being present at antenatal classes and at the birth continues by actively participating in the raising of his children and generally shares with his domestic partner commitment to and responsibility for maintaining family life" (Henwood & Procter, 2003: 337). Xavier exemplifies this with his remark: "I would like to be there for the birth as much as I'd like to be there as a father for the child afterwards". These homebirthing men were thus actively seeking an experience of birth where they could display qualities exemplifying the ideal of 'the good father'.

The qualities of being which were emphasised in this selfless masculinity included nurturance, gentleness and an embodied yet inactive, metaphysical holding. All these attributes seamlessly align with the ideals of intimate and engaged fathering. Men's selfless serving of their significant others in homebirth enabled the realisation of a fatherly, relational masculinity that is an affective outcome that is possible, as evidenced in this study, through men's embodied involvement in homebirths. Rayne as a three time homebirther sees selfless service as the embodiment of fatherhood. Being present was therefore a quality central to relational, paternal, homebirthing masculinities as well as a quality of being that embodied men's active capacity as birth support partner. Actively embodying their role as support partners, homebirthing masculinities were engaged in touching, feeling, and 'being there' as an integral part of the life changing process of having a child. The work of being labour support allowed men to gain insight into the lived reality of being fathers.

Returning to the question of the relationship *between* homebirthing femininities and homebirthing masculinities, the issue arises whether homebirthing women and men provide a rationale for doing gender that is in the interests of maintaining the normative gender order. Do men suffer a loss of status through the meanings and practices of selfless masculinity in the same way that selfless (hegemonic/emphasised) femininity, asymmetrically aligned with hegemonic masculinity, subordinates women? In the definition of hegemonic femininities offered by Schippers (2007: 94)

"Hegemonic femininity consists of the characteristics defined as womanly that establish and legitimate a hierarchical and complementary relationship to hegemonic masculinity and that, by doing so, guarantee the dominant position of men and the subordination of women."

While selfless femininity accords with this definition, it is difficult to see how selfless masculinity might stand in relational opposition to the gendered characteristics of selfless femininity. The symbolic quality of the idealized relationship between selfless femininity to selfless masculinity is neither asymmetrical nor complementary and thus precludes multiple configurations. In fact, in so far as the qualities attributed to selfless masculinity espouse the notion of the involved father, which is understood in the literature to inhibit the traditional, distant father (see Reed, 2005; Lupton & Barclay, 1997), an alternative set of gendered meanings and social practices follow in its wake. The case amongst the homebirthing couples in this study was that the practices and meanings attributed to selfless masculinities were positive; contributing valued characteristics to the construction of a

homebirth environment (Morison et al., 1998). Indeed, selfless masculinity bestowed additional value onto a complementary, relational, self-reliant femininity. Self-reliant femininity may be constructed as complementary to selfless masculinity, but this construction is neither hierarchical nor oppositional. Because selfless masculinity embodies the characteristics of a caring 'masculine womb' that is *not* set apart as superior, but rather in support of and encouraging self-reliant femininities, the space for a mutually beneficial and non-hierarchical relationship to femininity is constructed. Selfless masculinity and self-reliant femininity thus accord with a definition of alternative gender relations.

○ Displaying Femininities

As indicated in the literature, homebirth as counter-narrative disrupts the ideological dominance of medical frames of birth (Chadwick, 2014). Homebirth offered women the opportunity to re-write their personal, relational and normative scripts. When homebirthing women expressed a sense of achievement, they tied the idea that who they are, and what they did in homebirth are one and the same. Alessandra who had a homebirth for the first-time may still be uncertain when she mentions part of her experience was luck, but she also acknowledges that "part of it is me and who I am". When their bodies were reaffirmed as capable in homebirth, women were able to realise their capacity to fulfil their own needs and realise their own dreams. Women were able to see not only themselves, but their bodies as possessing super-hero qualities. The symbolic qualities that align with the attributes of a self-reliant femininity are represented by 'the birthing superwoman'. The larger-than-life characteristics of the birthing superwoman encourages the conceptualisation of the embodiment of women's empowered birthing capability. The importance of this concept lies in its undoing of cultural notions of birth as pathological, women's bodies as dysfunctional, and therefore requiring of medicalization and hospitalisation (see Chadwick, 2006). 'The birthing super-woman' in representing the characteristics and qualities of a self-reliant femininity reaffirmed women's self-conception as confident, capable and self-sufficient. Similarly to what Klassen (2001: 135) found, in narratives of homebirth "women root their challenge in the wisdom and 'truth' of their bodies".

Homebirth as a form of resistance to normative biomedical constructions of birth (Martin, 1987) is associated with 'trust' as "acceptance of the (birth) process", and is understood to be the basis of women's empowerment (Lindgren & Erlandsson, 2010: 309). Representations of the birthing superwoman in this study affirmed that it was women's bodies actively doing and knowing birth that they relied upon to journey through the experience of homebirth. Laura says "body, take over, do

your thing” and as a result she is “amazed” at her capacity to “let go” and trust in her body to pull her through. Women’s trust in their bodies’ birthing capacity (Catling-Paull, Dahlen & Homer, 2011; Cheyney, 2011a; Boucher et al., 2009; Cheyney, 2008; Lindgren, Hildingsson & Rådestad, 2006; MacDonald, 2006; Edwards, 2005; Viisainen, 2000) is the most strikingly universal finding from homebirth research worldwide. Laura’s narrative in particular emphasises the link between having known and experienced her capability in homebirth, to knowing that this capacity exists in relation to “*all* aspects of life” (my emphasis). For Laura, this meant that homebirth “was a very healing experience”. Homebirthing women were able to conclude that the power situated in their bodies was a power they themselves possessed, which reaffirmed their vitality and connection to life: “you just radiate this like sense of *life*, of like um, vitality” (Isabella). The relations of power in gendered social life were radically reorganised by repositioning the birthing superwoman as ‘master’ of the birth process.

Homebirth was found to contribute to the production of alternative knowledge on women’s everyday lives, although not in any straight forward and uncomplicated way. In this study, narratives of homebirth constructed relational forms of self-reliant femininities which emphasised women’s bodies as knowing, trust-worthy and central to homebirth. The cultural context of homebirth shapes alternative meanings of birth and bodies that are crucial to the empowerment made possible through homebirth. As the literature on homebirth has contended, this context is one based on connection (Chadwick & Foster, 2014; Cheyney, 2011; 2008; Chadwick, 2009; 2007; MacDonald, 2006). Relational connection was found to be a key aspect of the experience of homebirth for men, women and couples. However, this concept is particularly pertinent to women. Women’s narratives of homebirth centred on the role of their body in generating satisfaction with their experience, and connecting to their bodies was key to this expectation being realised. Women’s expectations and experiences of homebirth were framed according to the paradox of connecting/trusting and letting go. To trust their bodies women had to be in relationship to it, had to have a sense of connection that allowed them to then ‘give in’ and let go to the body’s process. Connecting/trusting and letting go juxtaposed a complex mix of activity and passivity, agency and loss of agency. These contradictory opposites situated women’s birthing bodies as sites of authoritative knowledge (Jordan, 1997) that hinged on the women experiencing connection with self and others to validate their ‘natural’, knowing bodies.

In the literature on couples, control was paradoxically constructed in relation to losing inner control and allowing the 'natural' course of birth to take place. In this study relational connection and trust facilitated the natural course of birth and could thus be linked to control. Where connecting, trusting relationships were out of women's hands to control, as in Amina and Naledi's experience, their 'faith' in natural birth is shaken. It is telling that for the two women who experienced disconnect, the experience of disconnection overrode all other experiences. Amina experienced disconnection from her body when she was transferred to hospital for what became an emergency caesarean section. The operation not only severed her physical body but severed her emotional relationship to feeling and her psychological connection to her baby and her surroundings. Most importantly, it severed an embodied experience of touching, feeling and knowing she birthed her baby. Naledi on the other hand experienced relational disconnect that distanced her from her environment, her body and her caregivers. Apart from the very moment of birth where she was catapulted into a relational embodiment across five body/selves, her overriding experience of the homebirth was one of disconnect. Where her experience of disconnect separated her from a knowing-in-relation to self and others, her sense of trust in herself and in others disintegrated. In the same way that homebirths alternative, relational epistemology is anchored through trust, without connection to self and others trust is broken down. The possibility of homebirth fostering either women's gender resistance or resistance to biomedical hegemony broke down when trust was broken down.

The psychosocial issues indicated in women's homebirth narratives clearly have ramifications beyond the immediate context of (home)birth, substantiating Simkin's findings that birth outcomes have potentially significant long-term consequences (1992; 1991). Women's homebirth narratives highlighted that trust results from relational connection. Reconceptualising the birthing body can thus be understood as a process based on trusting birthing/bodily connections. Other South African authors have contributed to literature which recognises "the importance of relational aspects of intrapartum care to women's satisfaction with their birth experiences" (Chadwick, Cooper & Harries, 2014: 867). While South African maternity services clearly have a long way to go to develop trusting relationships, as the literature testified (Jewkes, Abrahams & Mvo, 1998). The propensity for trust to grow from open, caring relationships, which facilitates connection, therefore enabling the ability to let go and trust the body, is not limited to homebirths. Relational abuse detailed in maternal health contexts, including the absence of labour companions (Chadwick, Cooper & Harries, 2014) is likely to inhibit and constrain trusting inter-personal relationships. For example Amina and Zachary experience a breach of trust when the operating surgeons speak of their golf-games. Their example indicates that trust may be conceptually helpful in relation to issues of lack of care for service

providers and well as service users in South African contexts (see Kruger & Schoombee, 2010). Trust as a multi-layered, multi-dimensional concept requires further investigation to unpack the ways in which having trust facilitates relational engagement, and lack of trust may infringe upon those relations. In fact homebirth researcher Edwards (2005: 201-203) has suggested that trusting relationships need to be forged during pregnancy to be sustained across the challenging period of birth and post-birth. Where trust has been indicated as a key relational concept in this thesis, it would benefit from closer attention to and a more nuanced discussion (similar to that on 'being there' offered in this study) for greater insights into the application of this concept in South African maternal healthcare settings.

○ Displaying Coupledom

Dyadic accounts which successfully negotiate differences between men and women's experiences are evidenced in the way relational closeness was attained and maintained. The literature speaks of homebirth strengthening men's relationships with their partners and the bonds with their family and children (see Sweeney & O'Connell, 2015; Lindgren & Erlandsson, 2011). Contrast and overlap on descriptive and interpretive levels through dyadic analysis of shared narratives uncovered how convincingly joint displays of couplehood reinforced togetherness or separateness. Togetherness and unity were couple characteristics that were necessary especially where couples had to defend their birthing choice and negotiate polarized ideals about childbirth. As Finch has argued, kinship which is constituted in relational practice is marked by the differing degrees of intensity informing the need for display (2007: 72). Birth as a moment in time intensifies couples need for display, although the degree to which this is important was shown to shift across first, second and even third births.

Mark's agency in relation to the productive work of labour was afforded equal standing when he was in the birthing pool with Alessandra. The relational/emotional quality of their relationship was impacted by this experience as Alessandra's remark confirms: "Anyone who's willing to sit in a pool of ^^blood and shit with me^^ - he's a keeper". The closeness attained through their shared experience, which negotiated gender differences, reaffirmed their unity as a couple. Mark and Alessandra's joint and individual accounts negotiated their differential bodily experiences, giving equal status to both his and her intuitive knowing. Their reward was an acknowledgement of jointness in their display of homebirth that reinforced their relational closeness through feedback from significant others observing their relational interactions.

Naledi and Rayne on the other hand found out the hard way that his *not* having gotten into the pool with her became a barrier that separated one from the other and separated each from their own embodiment of birth. This impacted on the relational/emotional quality of their experience which was marked by discord and disconnect and displayed not only in the birth, but with the researcher as audience to relational separateness. The social process of negotiating homebirth showcased ways in which constructions of meaning differed across social contexts including the homebirth and research contexts. The circumstances informing the need for display are also different across relational contexts. Given their individual and relationship biographies (Alessandra and Mark are in relatively new relationship while Naledi and Rayne are a more longstanding relationship), different relational experiences of homebirth weighed in differently on their ideas of who they are as a couple and what they considered most important. Challenges in balancing couple and family ideals, material realities and individual aspirations ran through narratives of homebirth, sometimes cutting through couples' displays and exposing relational issues beyond the scope of the research to explore. These different relational experiences were no doubt also impacted by differing degrees of intensity called for in their need for display.

Using homebirth preparation and experiences to examine relational negotiations between couples, how couple's construct their 'we' story, revealed the type of 'we' drawn on to negotiate homebirth through the scripting of their relationship. Couples relational scripts, which were brought to bear on the meanings of homebirth unpacked the active social processes couples undertake to construct homebirth in line with who they are, their ideas about the world and most importantly, how to relate as couples and as families.

In couples' scripting of the shared birth story, home was actively constructed as a place of belonging and as an ideal place for birth. Couples' homebirth displays conveyed the extent to which couples were able to draw on frameworks which made sense of their choices. Through displays of personally meaningful coupledness, situated lay forms of knowledge tied couples' outlook on life to their experiences during homebirth. These displays offered couples a shared script robust enough to negotiate the unexpected eventualities of their lived, homebirth reality. For example Joseph and Isabella's homebirth narrative displayed the exemplary qualities drawn from their relational script that allowed them to present a version of homebirth as indicative of how they do coupledness.

Zachary and Amina were able to display resilience as a marker of who they are that negotiated the unexpected nature of homebirth. Conceptualising couple narratives of homebirth as a tool for displaying couplehood (Finch, 2007: 77), the practices and social meanings of coupledness came to the fore. Through their social interactions in homebirth and in couple interview contexts, couples conveyed the meanings of their relationship and the validity of their unconventional birth choices.

Homebirth as a joint undertaking displayed connections between homebirth as resistance resulting in empowerment, with homebirth correspondingly related to as a source of personal and couple strength. This finding was gleaned from the ways homebirthing couples described their experiences and themselves, and what they narrated as being most important. Aligning couples relational scripts with the meanings of homebirth, couples constructed ways of mitigating dominant medical paradigms and claiming resistance as part of who they are. Using homebirth preparation and experiences as a lens through which to examine relational dynamics, how couples construct their 'we' story, revealed the type of 'we' drawn on to negotiate homebirth through the scripting of their relationship. Couples' relational scripts, which were brought to bear on the meanings of homebirth unpacked the active social processes couples undertake to construct homebirth in line with who they are, their ideas about the world and most importantly, how to relate as couples and as families. However, challenges in balancing couple and family ideals, material realities and individual aspirations ran through narratives of homebirth, sometimes cutting through couple's displays and exposing relational issues beyond the scope of the research to explore.

○ Limitations and future research possibilities

As a qualitative, longitudinal study³², this study is limited by numbers: The number of interviews across the pre and post-birth period and the numbers of participants. Regarding the former, a more in-depth discussion on decision making as an active process would ideally track the couples' decision making process before it is finalised. Interviewing once the birth decision has already been made can belie the complex uncertainties, thoughtful and fraught negotiations which may underpin such decisions. Two issues are clearly problematic though, the most obvious being that if this was the case, the research would need to be structured in such a way that it could allow for the decision to go either way, for example, tracing the couples satisfaction with their decision. The second issue is pertinent when considering birth from a wider perspective. Precisely because of the high rates of

³² See Coltart & Kenwood, 2012 for a discussion of practical and ethical issues arising in relation to qualitative, longitudinal research.

caesarean section rates in South Africa, VBAC decision making is an area of research which needs pursuing. VBACs are vehemently socially and institutionally policed practices, and as such, are not decisions that are taken lightly. Greater knowledge of women, men and couples' pursuit or retreat from these practices would offer important contributions to knowledge of birth choices subsequent to caesarean sections.

Due to the approach taken with respect to both couple and individual interviews, the in-depth nature of the data produced on one couple pair necessarily limited its range. Precisely due to having prioritised such a richly qualitative approach meant that while the quantity of couple pairs (N=5) was minimal, the actual number of interviews (N=30) was too much for a project of this size. As Arskey (1996) has mentioned, "this sort of technique (is) out of reach of many researchers, in particular those working within the limits of postgraduate funding". My experience of having exceeded the limitations of not only postgraduate funding, but also the institutional word limit (with approval granted), is testament to this. In my opinion however, knowledge of the ways in which homebirthing subjectivities shape the development of parental subjectivities is best suited to both a longitudinal view of the pre and post birth period, and a view of couples in addition to individuals. Further research, building on the recommendations of others would ideally trace these shifting subjectivities at least three times *post* the birth period: Once at six weeks (Chadwick, 2007: 158), again at twelve to sixteen weeks³³ and up to one year after birth (Doucet, 2009).

The limitations which were most problematic stem from ethical considerations that arose in the course of the research and remain unresolved because they were negotiated differently up-front. These limitations are markers of my own limitation as a researcher. I had not foreseen that the idiosyncratic nature of the birth stories I was told would expose the authors. For example, only once I wrote up the findings did it become clear that a respondent could read the thesis and without too much effort decipher themselves via their pseudonym. Details of the actual birth however, were not an area of the participant's experience that I could anonymise. To represent their experience adequately, I have to offer the reader details of the birth story makes the actors within that story recognisable to those who experienced it. A knock on effect is that if participants could decipher themselves, they could decipher their partner and read what their partner had spoken to me about in confidence. The practice of doing research on sensitive and intimate topics and anonymising

³³ Twelve to sixteen weeks is the average length of maternity leave in South Africa.

private scripts cannot easily be reconciled. With hind-sight, perhaps finer negotiation up-front with participants to spell out more of the overlapping and intrusive ways in which the write up itself 'leaks' information to insiders would have been ideal.

In addition, the attempt to use a visual, participatory method was largely unsuccessful. Not all the couples undertook this aspect of the research, and resultantly I was not able to use it as I had initially envisioned. This would not put me off its use in the future though, and is an area where further conceptual and methodological research may provide promising ways of representing birth beyond the limitations of language³⁴. There were also times where I felt I would have liked follow-up interviews. Interpersonal complexities in negotiating additional time with the couple/individuals beyond that which was initially agreed to, was problematic. Again, finer negotiation up-front regarding participation in the research could allow for greater flexibility as the research unfolds, to give the researcher more leeway without overly intruding on the generosity of the participants. Qualitative research is intrusive. Negotiating this as a reality with my participants both before and during the research process would have been helpful both for me and them.

In the South African literature on homebirth a dichotomy exists: either homebirth is rural and black, or privileged and white. Yet the Western Cape has a longstanding history of homebirths, from the bicycling midwives of District Six and BoKaap, to lay midwives on rural farmsteads who were predominantly 'coloured'. This rich, cultural history is still visible within the structure of public health in the Western Cape which is the only province with midwifery run Midwife Obstetric Units (MOUs). In addition, Cape Town has the largest percentage of midwives in private practice and thus more homebirths than any other province. I myself come from a long line of mixed-race midwives who've attended home as well as hospital births. Therefore, stereotypical homebirth configurations whitewash greater nuances at the local level that are supported at the level of my biography, and practically. Due to my personal positioning I hoped to address this gap in the literature, to reveal homebirth as a much more multi-faceted, multi-'coloured' phenomenon, although this proved to be beyond the scope of this particular study. Homebirth, which is socially and structurally more well supported in Cape Town means that the couples in this study had more options available than the overall South African population. The study is thus limited by the greater agency afforded all women,

³⁴ See Chadwick, 2007; 2014 for discussion of the limits of language to describe birth.

but particularly middle-class women of colour situated in Cape Town who can make use of stronger networks of support for homebirth.

In addition the narrow sample has limitations. All the participants are part of the affluent South African middleclass. Their above average levels of education in addition to specialist occupational fields mean that by virtue of their privilege, homebirth was a concerted choice for these couples. This is not always the case, and couples who are more dependent on the labour market and thus more susceptible to fluctuations in labour based on the geo-political and economy factors may consider homebirth to be less of a self-directed choice. Without a comparative group these are only speculations. But the fact that full-time motherhood was also a self-directed choice in this small sample and that breadwinning roles were open to negotiation and not assumed out of necessity also indicates that these findings are not generalizable to the population at large. Lastly, this study has completely ignored the realities of homosexual couples whose experiences may also differ.

Concluding thoughts

Insights into relational issues that impact on alternate birth practices and on women, men and couples' homebirthing subjectivities were gleaned through separate and conjoint interviews. As the basis for the findings presented above, the data spoke to the interrelated and interdependent nature of homebirth relationships. Where women's relationships to their bodies figured centrally, this relationship was supported by clearly defined roles of support for men, and the facilitative role of the midwife. This study incorporated prospective experiences which included the interactions and relatedness of the perspectives of women, men and couples within a relational gender framework. The construction of alternative femininities and masculinities were found to be troubled by couple displays of homebirth.

Narratives of homebirth display the interconnectedness of relating-selves. Where men's role in homebirth was clear, their support of and positioning of women as central to the experience of birth ironically meant men themselves were able to adopt a more active relationship to homebirth. This study addresses some of the questions that were raised in the literature regarding men's experiences. It showed, alongside the research on homebirthing men, that homebirth allowed men to experience an intimate and powerful connection to birth. Homebirth allowed men to be involved in birth on their own terms. Being at home meant men could negotiate 'being there and being

present' in relation to midwives and other support who could step in to relieve them, direct their actions and offer them the concrete means for embodiment. The qualities of being which were emphasised in this selfless masculinity included nurturance, gentleness and an embodied yet inactive, metaphysical holding. Homebirthing men in this thesis were thus able to embody a legitimate and authentic relationship to birth thorough the embodiment of their role as labour/birth support partner. Men's own birthing embodiment has not been acknowledged in the literature and is strongly indicated in this thesis as a future research area. As the homebirth literature makes clear, men were able to maintain being in relationship to birth because they understood their role to be in support of women who were in control of the process (Lindgren & Erlandsson, 2011).

This research provided insights into one of the central issues arising from the literature review which was whether homebirth resistance translated into broader resistance of gender norms. This was answered by way of a relational gender framework, embedded into the research design at multiple layers from conceptualisation through to method, analysis, theory and practice. Striving for relational cohesion, the thesis adopted Schippers' (2007) definition of hegemonic femininity which allowed for the conceptualization of multiple, hierarchical femininities alongside multiple, hegemonic masculinities (Connell & Messerschmidt, 2005). This framework, which prioritized "idealized relationships", enabled a view of the gender relations between women and men that ascribed self-reliance to women and selflessness to men. Selfless masculinities and self-reliant femininities, taking place in a mutually beneficial and non-hierarchical symbolic relationship, constructed multiple, alternative gender relations in homebirth.

These alternative, relational femininities and masculinities were situated homebirth constructions that nonetheless could be seen as extensions of their birthing selves in relation to emergent or subsequent parental identities. Birthing superwomen and selfless birthing men were representations of idealised characteristics of the emerging good mother and good father ideals. A relational gender framework thus confirmed that birth cannot be understood as separate from wider gender relations where involved and "intimate fatherhood" scripts (Dermott, 2008) were born alongside "supermum, superwife, supereverything" motherhood scripts (Choi et al., 2005). A relational framework was shown to be capable of unravelling the meanings of one perspective from another, thus enabling a view of multiple, simultaneous, and variously positioned viewpoints on homebirth as a gendered, life event.

Narratives of homebirth displayed idealised, relational qualities associated with the doing of coupledness in homebirths. Couples' relational scripts were brought to bear on the meanings of homebirth in decision making narratives. Actively aligning their identities with their choices meant that couples continued to negotiate the outcomes of homebirth by jointly displaying 'who we are' when narrating their experiences of homebirth. Relational perspectives on the doing and displaying of gender as a dimension of couplehood verified that idealised qualities associated with couplehood could be drawn on to reaffirm couples' relationships. The relational qualities associated with the doing of togetherness either reinforced or tested couple scripts. The 'work' of shared narratives of homebirth as a tool for display reaffirmed families as the ideal outcome of shared coupledness. Socio-cultural factors embedded in couples' relational displays thus privileged normative family values.

Homebirthers were found to refute gender through their constructions of alternative masculinities and alternative femininities; they also reproduced gender through the privileging of conventional middleclass families that encouraged breadwinning dads and caregiving mums. The dangers thus identified in their narratives were that a conflation of men's breadwinning roles with selfless masculinity could result in additional pressure to perform 'selfless breadwinning' which would exacerbate emotional distancing. Correspondingly, a conflation of women's caregiving roles with self-reliant femininities could result in additional pressure to over perform, as articulated in the women's mothering dilemmas. In their scripts, successful career women were pitted against (unsuccessful) traditional women where the 'supereverything' mother is ideologically trapped between outsourcing childcare and sacrificing her autonomy³⁵. Social class is clearly pertinent; differentiating middleclass concerns from homebirthing concerns could allow for a more refined discussion of the impact of gender in homebirth. From this study it would seem that the degree to which alternative displays of gender in homebirth offer long term opportunities for the un-doing of hierarchical gender relations, is constrained by the displays of middleclass, heterosexual families. Future longitudinal research is needed that traverses the childbirth and transition to parenting literatures to more closely assess the links between the constructions of (home)birthing and parenting subjectivities.

³⁵ This is particularly important in the South African context where women are required to apply for unemployment benefits during maternity leave, unless company policy makes allowance for this. Women are granted a maximum of four months leave and fathers are only entitled to three days compassionate leave as there is no legislature accommodating paternity leave.

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APPENDIX

A. Consent Form

Thank you for agreeing to be part of this research. Please read the following carefully:

This study is interested in documenting the experiences of couples who are planning their first homebirth.

Your participation is conditional upon the following terms:

1. Your real name will not be used in any source (thesis or articles). Instead, you will both be given pseudonyms.
2. All attempts will be made to keep your identities anonymous.
3. All information divulged will be kept confidential and will not be shared with any other persons or organisations.
4. Discussions related to these interviews will only be conducted with my academic supervisors who will only know you by your pseudonyms.
5. Your participation is entirely voluntary.

The interview material will be used, presented and analysed within my Masters thesis. Any results or analysis of your interviews may be submitted for possible publication in academic journals.

I agree to and understand the terms set out above.

Participant, Name: Participant Signature:

Date:

Participant, Name: Participant Signature:

Date:

B. Personal Details Form

Name.....

Date of Birth.....

Telephone Numbers.....

Physical address.....

.....

Email address.....

Approximate delivery date.....Week of pregnancy.....

Marital Status: (tick next to correct option)

Partners, co-habiting?

If currently with a partner, how long have been living together

How long have you been together?

Married?

If currently married, how long have you been married?

How long have you been together?

When did you start living together?

Previously married?

Reproductive status: (circle correct option)

No previous pregnancy / No other children

Second / Third / Fourth pregnancy (Please provide ages of children).....

Previous miscarriage

Previous abortion

Highest education received

Where did you receive most of your education?

Have you ever travelled or lived abroad?

If yes, where?.....

Employment status

If employed, please indicate what type of work you do:

.....

.....

Have you ever travelled or lived in other parts of South Africa?.....

If yes, where?.....

Where do you say you are from?.....

Where did you grow up?.....

Religious outlook?.....

D. Homebirth Gatherings (Flyer)

The flyer describes it as such:

“This gathering is open to those who have given birth at home, for those who have wanted homebirths, for those who are planning homebirth or are thinking about it or are just curious. It is also for those whose homebirths did not go as they had wished. We also welcome midwives who attend homebirths and those who have supported mothers giving birth at home (partners and doulas).”

This gathering is run by two well known, mixed-race doulas, both of whom have had multiple homebirths of their own. One has recently qualified as a direct-entry midwife and the other is a trainee through NARM. Actively involved with pregnant and birth giving women, they deciphered the need for a space in which birthing parents could openly dialogue about homebirth. Confronted with misgivings and misunderstandings of homebirth they created two forums where locals could share knowledge of this often overlooked birthing option. The website www.homebirth.co.za was conceived as an online resource to support the work of the gatherings and provide a distinctively South African web-based presence where homebirth stories are shared. These forums underscore the need lay people have for information on alternatives to the dominant, medicalized form of childbirth.

E. Homebirth Gatherings (Contextual Data)

Homebirth gatherings occur on Sundays between 2-4pm. The organisers provide a range of tea's, coffee, fruit and biscuits and encourage mingling and 'chatting' around the tea table. The event consists of those who are gathered sitting in a circle, introducing themselves and speaking a bit about why they have come. Depending on how many people are present and how long it takes for everyone to have a turn to speak, there may or may not be further discussion of points that were raised during the 'sharing'. Pairs are actively encouraged to come based on the entrance fee of R60 for one, R100 for two. Men were very often present, although not in the numbers that women were. My field notes consisted of notes jotted down in a notepad during the event. They included direct quotes, or as much as I could write down of a quote, reminders and prompts for subsequent reflection and a profile sketch of who was present and what was happening. Once I had returned to my desk, I would compile more detailed observations, often beginning with a reflexive take on the overall experience, then returning to my notes to expanding on some of the finer details and work in threads of the conversations that had taken place.

The organisers of the homebirth gatherings are part of the organisation team of the Midwifery and Birth Conference and propose to their mailing list to attend the conference in place of the gatherings. As such, based on a schedule of homebirth gatherings occurring approximately every three months, I attended six homebirth gatherings and two midwifery and birth conferences. Starting with the first ever Midwifery and Birth Conference on the 8th and 9th of February, 2013, homebirth gatherings followed on the 19th of May, 8th of September and 8th of December, 2013. Worth mentioning is that all four of these events were held in the same location. Erin Hall in Rondebosch, which is a venue for dance, yoga, other holistic therapies, had been 'home' to homebirth gatherings since its inception in 2010. It has wooden floors, high ceilings, lots of natural light with large, colourful tapestries on the walls, established trees and a small garden outside, a kitchenette are in one corner of the hall and a stage. 2014 saw a new venue being used for the first-

time. Gatherings have now moved to a historic house in Muizenberg, which is owned by a woman who runs the local antenatal group. From the 23rd of February, and continuing on the 17th of August and November 23rd, 2014. The space is much smaller with an old Victorian design which give it a stately feel and formal air. There are Persian carpets, heavy drapes over the sash windows, making the space more constrained. It is certainly far less inviting for parents with rowdy children (of which there were often many who could comfortably be accommodated at Erin hall).

My status as a previous homebirther with children of my own meant that I more than seamlessly fitted in. In notes from the September 8th (2013) gathering, I recalled when we were going round the circle that it felt like an AA gathering. "Hi! My names Nicole, I've given birth at home twice....." As with this occasion, I said this aloud. In fact, oftentimes at the gathering I used the space to reflect on the space. For example, at the first two gatherings, I introduced myself as a researcher, homebirther and doula. After Rachelle pointed out to me that the participants who knew I was a doula were relating to me as a doula, I stopped introducing myself as such. But I was always there as a homebirth researcher. On occasion, I didn't say much more than "so I'm here to observe what goes on", while at other times I offered long reflections of what I had seen and observed at the gatherings and attempted to describe what I witnessed.

Regular attendance at homebirth gatherings corroborates what is said on the flyer. Women came with their chosen practitioners, their sisters, mothers and aunts in addition to or instead of their partners. One women thought she was going 'shopping' with her aunt who brought her to the gathering without her knowing. She was one of a number of 'single' mothers who attended. The gatherings also attract a large number of men as women are likely to come with their husbands/partners. That men are offered the same platform 'to be heard' as women, is significant. And very often their voice is as advocate for the rights of their wives/partners, especially when they arrive despondent at the gynaecological route. While there are definitely fewer men than women present, there has never been a gathering where men were not present at all. In fact, particularly post-birth, I found the men who had experiences of homebirth extremely vocal – oftentimes the one designated in the couple to 'tell the story'.

Many were planning hospital births with gynaecologists and merely came to ask questions or to 'fish'. They came to the homebirth gatherings to see what else was out there, to get other opinions and to scope out other options, although how many went on to change their birthing route, I don't know. One couple came in and professed a deep alignment with naturopathy and holism, but having tried unsuccessfully to fall pregnant, had conceived twins on IVF. The woman then addressed M (midwife) directly and put her under pressure to give her a definitive answer to whether she would take her on to deliver twins at home! This is after she had asked everywhere else and been refused.

Most of these individuals expressed discontent with their chosen professional and may already have 'swopped gynae's'. They often relayed stories of gynaecologists questioning their intelligence, or responding to their thinking around other ways of giving birth with "homebirth is the first form of child abuse". Or simply that their predictions of 'big babies' came so soon, it raised questions in their minds. There was always talk of the high caesarean rate – and of the pressure to have one when

women often didn't know women who had given birth any other way (seriously)! Some came after traumatic public sector births, some after traumatic private sector births, and some after traumatic homebirths. Most were there to give homebirth a chance, give homebirth another chance, or lament their lost chance. There were midwives who worked on labour wards, private sector midwives, doula's, soul connection facilitators, hypnobirthing practitioners and researchers! There were couples from Johannesburg, Pretoria, Ghana and Namibia; trainee midwives from America; recent immigrants from England and Italy. While racially dominated by Caucasians, there were none the less African, mixed-race, Asian and Indian faces among them; Christians, Hare Krishna's, Muslims, New-agers and more. This diversity was actively encouraged and enriched the gatherings no-end.

8th December 2013 (reflexive excerpt)

Today I went to the homebirth gathering. It was really hard to go. It was a lovely summer's day, it felt like a beach day, and it was just really difficult to get there. Anyway, the one thing these homebirth gatherings do is they keep me in touch with the research, focussed or at least bring me back to a real life encounter with it, a kind of pulse, a way of reconnecting. Because so many times I have felt myself pull away or pull back and I need to go to one of these and it doesn't feel like the easiest thing to do or be part of and yet when I find myself there and I am completely intrigued – I am intrigued by who comes, and I am even more intrigued by the stories that are told, the diversity of accounts. Today there were stories of a midwife who didn't make the birth, a homebirth gone wrong, the dream of natural birth went astray. It seems like there is so much more than homebirth on discussion here. There is history – we heard from M about midwifery districts of old. There is anger, sadness, loss. Of course there is pain, pain is the territory of birth. J spoke so beautifully saying how in every birth there is a point, breaking point or the place where you just don't think you can move beyond, where it's just too much, and how that can open up into something else completely. And what I caught from that – amidst the other stories was – if you're lucky! If you're lucky, it's that experience that transforms you and it cannot be documented, and most of the time it's medicated and slips out of consciousness. So what's intriguing about these gatherings is that there is this throbbing aliveness that people are drawn towards that is a desire for something that's expressed here. A longing for something, a craving, a seeking. It's like there is something in that room that knows itself. That won't be lied to or cheated or be made to look the fool – because it knows what it is, knows all it can be and variations on a theme. And that is power – right? Knowledge is power. Because there is an attempt to reclaim the pride in childbirth. But the different manifestations, the varied perspectives – it's a mirror ball that throws reflections all over the room. And if you are lucky, you see it for what it is, and that's the glimpse, of birth as life reproducing itself – of the magic of the spark, of the mystery. And you get *to feel* it. Especially when there is a newly homebirthed who returns – like last time, its tangible – my skin tingles. But one would be a fool to think don't think it always works out alright – magic is alive in the unknown, the un-knowing and the un-knowable. And that's the true talent of a midwife, to be with the unknown whilst holding all the promise of fulfilment. And I think that's how the 'essence' of birth can be caught in snatches at these gatherings – its having midwives talking and interacting with birthing women, witnessing fathers, reflexive grandmothers and determined seekers that offers up opportunities for conversation and discovery that really is priceless. And I fall right back into being in love with my subject matter! Thrilled with the idea of reclaiming our bodies and our birthright (our shared humanity), through homebirth.

F. Sampling Problems, Considerations and Questions

A qualitative approach made feasible a small scale, purposively sampled pool of participants. Five couples were recruited during the pregnancy phase who were planning midwife-led homebirths: Two from homebirth gatherings, two on the basis that they had previous homebirths, and one contacted me directly. This discussion of sampling highlights the twists and turns along the research journey that resulted in this particular configuration. The impact of overlapping and oftentimes conflictual relationships to the research, given my identity as a coloured homebirther, researcher and doula are considered as limitation and opportunity.

In the research original design, I had identified a limitation in previous research, which made me narrow the sampling frame to ensure a homogenous sample of first-time homebirthing couples. Additionally, determined to show the diversity in local homebirthing populations, I strove to find mixed-race couples. My well-defined sampling frame was soon under siege as a multitude of variables presented itself whilst 'in the field'. Firstly, the closer I tried to stick to (mixed-race), first-time couples, the more allusive they seemed to be. Secondly, those in attendance at these gatherings were not only couples planning midwife-led homebirth (as previously stated in the data excerpt above). Additionally, these gatherings occur once every three months, with people attending soon after the pregnancy is confirmed to any time up to several years after the birth. At the second homebirth gathering, none but one couple fitted the sampling frame, and they were uninterested in participating. According to the timeline of when I was to finish my thesis, I had reached a stalemate and had to consider further options. A midwife and doula at this gathering and a doctor and trainee midwife in other birth circles offered to be gatekeepers to a wider sample pool although none of these 'leads' were successful.

Questions arose that challenged my preconceptions: should the first-timers all be having their first baby, or could subsequent babies but first-time homebirthers be included? What was more important, how I accessed my sample and whether they conformed to my strict idea of who my sample should be, or should my timeline for completion take precedence? Was it my own bias that deemed mixed-race couples more worthy of analysis? Was the basis on which I was excluding potential couples detrimental or advantageous to the research study as a whole? To what extent should I draw from existing connections in the birth world and how, if at all, would this skew the research? All these and more questions and considerations made this a confusing and disconcerting phase. In the end, all the first-time couples were having their first baby and the second-time couples were having their second baby, at home.

It took nine months to secure the five homebirth couples recruited for the study. Two are first-time couples from the initial homebirth gathering (where I regret having made the decision to exclude two second-timers). Two couples are in mixed-race relationships, one from the homebirth gathering and another who contacted me directly, became the third and final first-time couple. This couple knew me several years previously and on the suggestion of a mutual friend, sought advice and support and expressed desire to be involved in the study. This was not wholly unexpected. A participant from my honours study contacted me, similarly wanting advice and support, but this time for her decision to have a VBAC. 'Off-the-record' I was able to trace the story of her decision to have a VBAC amidst statutory and institutional constraint, accompanied by social and personal discouragement, which made formal participation in the study too complicated to secure. Her successful homebirth after caesarean (HBAC) was an almost impossible, richly rewarding accomplishment, dense with complex negotiations across a spectrum of intimate and structural relations. The final two homebirth couples are second-time homebirthers. I made a decision to recruit participants myself in the last two months of the nine month recruitment phase due to time

restraints. I approached another participant from my honours study who I saw from Facebook was pregnant with her second child. Plus, I approached someone I'd heard from the grapevine was planning a repeat homebirth. The second-timers thus represent the most common trajectory following first-time homebirth, ensuring that this small sample exhibits continuity with homebirth trends more generally.

G. Descriptions of each couple

Caucasian Couples

Naledi (36) & Rayne (37) (& Arnold, 4yrs old): Been together for 9 years, married 7.5yrs.

Naledi is a stay at home mother, who worked as a model, has no higher education qualifications.

Rayne is a civil engineer who runs his own business. He grew up in Europe and move to South Africa 14 years ago. He has a teenage child from a previous marriage and has a masters degree. They own a home in the far South peninsular. They follow a strict spiritual path: no alcohol, lacto-vegetarians.

2nd home birth (Naledi), 3rd home birth (Rayne). Transferred to hospital post birth for observations.

Isabella (35) & Joseph (38) (& Sophia, 2yrs old): Been together 11 years, married 4.5 yrs. Isabella considers mothering her primary occupation but she is also an award winning, self-employed artist with an honours degree. Joseph had recently tried to start his own business but accepted a permanent position soon after his son's birth with an International NGO. They worked overseas before having children and own a house in a gentrified suburb in Cape Town, though they choose to live in suburbia. Follow nappy-free principles with their newborn. 2nd homebirth, BBA

Laura (32) & Xavier (33): Been together for 2 years, (lived together since 2nd month of pregnancy), presently been married one month. Both originally from the USA, lived in Cape Town for 1 year. Laura is an architect with a Masters degree, who'd been working for an aid organisation in Uruguay. Xavier is an artisan baker, employed on a popular working farm. They each own property in the USA and rent a furnished flat in the CBD. 1st homebirth, successful.

Inter-Racial Couples

Alessandra (34) & Mark (33): Been together for 2 years, (lived together since 2nd month of pregnancy), unmarried. Alessandra is the co-owner and director of a placement agency. She juggled work and baby from 2 months, working from home part of each day and leaving baby with grandparents when she goes in. Mark works on a freelance basis with a studio/office at home and close by. He is an IT specialist. They rent a home in the Southern Suburbs. 1st homebirth, successful.

Amina (32) & Zac (31): Been together off and on for 9 years, got married in the 6th month of pregnancy, living together for 3 years, home owners in CBD. Amina is South African celebrity whose reputation precedes. She has been performing and touring since baby was a month old they have a nanny and he also goes on the road with them. Zachary works as part of a special effects and lighting team. 1st homebirth, transferred to hospital for emergency caesarean section.

H. Midwifery and Birth Conference, 2014 (Data Excerpt)

The 2014 conference was much bigger than the first. It included multiple venues where workshops, talks, various media forms and hands-on training were given simultaneously so that delegates could choose their preferred option for certain of the day's events. Held at the Observatory Community Centre, the openings and closings as featured events, were held in the main hall. Saturday's events were spread out across four rooms. Workshops including: Waterbirth or herbs in pregnancy. Labour, birth and post-partum obstetric skills and emergencies or trust and stillness. There were also creative workshops and films, including yoga, art classes, movement and dance, film and shiatsu was on offer. The appeal was both to practitioners, and lay people. Then there were various talks including a masters doula study, surrogacy, re-birthing, baby wearing, homebirth study (me), management of third stage study and operation smile. The opening and closing of the conference brought the entire delegation together and were organised around panels of speakers (see youtube for recordings of all the talks: https://www.youtube.com/channel/UCOfYOhRAQsQQ5VzC_CM_rCA).

The opening panel, with six women was delivered after the welcome and orientation. It was named: Wild Naked Ladies: positive, empowering and uplifting birth stories. For the opening there were mothers who spoke of their childbirth experiences. Two were doctors, two wore scarves on their heads, and another had dreadlocks/braids. They were 'coloured', Indian, African and White women, who spoke of what it meant to make choices for themselves, to resist powerful authority figures and institutions that wanted to determine for them what their choices should be. Sometimes their resolve followed experiences of trauma or sadness or victimisation that is redeemed through their making more informed choices that supported their own knowing.

Shirley Erwee spoke of her homebirth experiences with three of her four children. She was a freebirther, so designated because of her geography and her first experience of giving birth in her local hospital. Supported only by her husband, she felt women denied their intuitive knowing of childbirth when they went to hospital.

Mailika Mollagee was diagnosed with diabetes during her labour and was told she would need a caesarean section. Her resistance to this idea and her belief that she knew her body better than the doctors made her seek a place where she retain her autonomy whilst in an environment with sufficient care, which was a local birth clinic. Her conviction and inner knowing were reaffirmed when she was able to birth the way she knew she could.

Dr Nura Afshani-Bau is a doctor who told of her hospital birth without any anaesthetic or analgesia. She refused to lie flat on her back, and knew the technical reasons to ensure she could remain sitting. She spoke of the encouragement of her doula and the usefulness of her advocacy in the hospital. She 'achieved the birth she longed for', by conscious choice and focus on the sanctity of birth.

Masnoena Solomons spoke of her HBAC –a vaginal birth after caesarean at home. She felt 'robbed' by her caesareans and although she quickly added she didn't have any less love for her kids, she 'longed' for a 'natural' childbirth experience like the one's her mother and grandmother had. She spoke of the diligence and determination needed to 'take back her birth right'.

Dr Kedidimetsi Steinberg is a doctor who gave birth at home 'on purpose'. Although she speaks of disturbing experiences in obstetric wards, her desire to prevent a caesarean made her look around at other options. She called midwifery care 'holistic' and the medical model 'disempowering'. She relates to homebirth from a theory of 'anti-fragility'. The cultural variation on stage visually challenged ideas of who chooses homebirth and in which contexts homebirths are chosen. Lindii

Mandyo was sixteen years old when she gave birth. With the guidance of a friend's mother she was encouraged to have a homebirth. With the help of a private midwife and support of experienced homebirthers, meant she experienced childbirth as exhilarating and "mind-blowing".

I. Formal Letter Inviting Participants to the Study

Dear (woman) and (man),

I am doing a masters dissertation on couples who are planning a homebirth.

I have had two homebirths myself which provoked my strong interest in homebirth experiences. I became a doula soon after my first and the experience has informed my research interest. Last year I undertook an honours study focussing on women's experiences of homebirths.

One of the interesting, almost incidental pieces of knowledge about homebirths is that women rarely, if ever undertake homebirths without their partners support. Given the social locality and importance of relationships in most homebirths, I realised that not enough research has been done which takes into account the importance of the couple and the interwoven stories of both these individuals.

Why men and women plan to have homebirth, and their experiences during and after the birth is what I am interested in finding out about.

To answer these question, there are two sets of interviews - one before the birth and the other afterwards, which will take place in your home (or any other convenient location). Each set of interviews includes a 'couple' interview and two 'individual' interviews. I hope to do the before birth interviews around the 8th month of pregnancy and the post-birth interviews about 6 -10 weeks after birth.

Please note the couple interviews average between 1.5-2.5hrs. The individual interviews from between 3/4 of an hour to 1hr 1/4. So my suggestion is that we do the couple interview on one day and the individual ones on another - they take place on separate days. But mainly, we fit the interviews into your schedule, so what works for you as a couple, goes.

Everything that is shared with me remains strictly confidential! Your participation in the study is completely voluntary, which means you can pull out at any time - so you are not under any obligation to continue. I will always be available to answer any questions you may have.

Please do not hesitate to contact me: 083 504 6457 or 021 782 4426.

Best,

Nicole

J. Research Journal Extract:

11th October, 2013

I feel like I am trapped inside a music box. I cannot 'escape' the music because it is all around me. But when I read the manual, its telling me I should be out there listening in! I mean, I'm not sure if that's the case, but it feels like the literature assumes there's more distance between the researcher and the research topic and the participants than there is in reality in my research study. And I feel like the strong suggestion is that there should be space, so that there can be objectivity - or at least distance.

But I don't even feel like I can draw a line between me and 'it', and I am frustrated and bogged down by that. I feels like it's 'crowding me out'. So I'm always feeling like I'm doing it wrong or shouldn't be doing it this way or am missing out on this or am missing out on that. I wanna hold it out at arm's length and say, gimme a break, give me some space, you're too close, it's too close for comfort!!! I want the text book cases – I want the participants over there and I wanna feel safe in the other direction in my ivory tower, safely ensconced in books that don't give me away as much as being right in the middle of this field where I'm not sure if 'it's' researching me or I'm researching 'it'.

For example - I mean I could rattle off a hundred, but this sums it up: Today the women's power wheel met at my house, and guess whose baby pictures get passed around? Mark and Alessandra's! Born last Saturday supposedly – I mean, without them informing me, I already know they had their baby! And how weird is that, right? Like all of a sudden D is talking about work, and there's this big contract and she wants it to go to her friend, but she's worried he might have too much on his plate cause he's just had a baby, and oh, look how cute the baby is, and wham there it is. I mean obviously I don't say anything and I ooh and aah like the rest, but how's that for chance? And somehow it feel wrong..... these participants don't know I have this other kind of 'in' on their lives. (Although there was that instance – actually with Alessandra when I – in the interview – spoke of the mutual friend we know, which in retrospect I was so embarrassed I did – I dunno, I guess I thought it isn't done.)

Then, two weeks ago, I see the midwife who lives on our road who tells me about her daughters planned hospital birth that she delivered at home, and later at the library, I saw the woman from the homebirth gathering who I was desperate to have as a participant, whose had her baby and she tells me all about how beautiful it was and how reassuring it was for her husband after their first experience where she had to transfer, and I want to scream! I think to myself, should I follow up, should I record the conversation, is this data, what do I make of this, should I seize the moment????

And then I berate myself for thinking that. And tell myself how this is not about me, and about my research study and to get over myself. But then the conversations I have, the people I meet – they might be coming to me, asking for my help, or I might be, doh! I wish I had that story, should I have asked them to be a participant? Because also – its October and I'm fretting, I don't know whether I will have done at least the first set of interviews with five couple pairs before January 2014, and that is messing up my timeline completely. But I don't know how it got to the point where I am stuck with three couples when at one stage it looked like I had more than enough possibilities lined up, but then two had their babies before I could see them and I was the one the woman called who was still in quite a state to say, it just happened, my midwife want even here, I don't even know how it happened, and I have to council her through that all the while feeling a bit disappointed for my own sakes that I didn't get this case. I mean where does it end?

The phone calls, the meet's for coffee's, the run-in's at the library or the shops, where does this study begin or end? I am carrying it with me everywhere I go, it seeps into every aspect of my life, and I want to tell it to go away. I want it to be orderly, to not feel like I will bump into some ambiguous deception of what this study 'could be' or 'should be' or 'must be' around each corner, and then when I look around to take stock, feel like I'm not even half way there! What's that saying – 'water, water everywhere, but not a drop to drink' – it feels like that. It's exactly what I need, it's just everything I don't want.

K. Pre-Birth Interview Schedule

○ Couple Interview

Beginning

As you know, I am interested in the experiences of couples planning and having homebirths. I have three sets of questions, the first is on pregnancy, the second on decision making and the third on the birth.

Pregnancy

So can you tell me, what have you both experienced, going through pregnancy for the first-time?

(what has the experience of pregnancy been like for both of you)

Has there been anything you have *both* enjoyed?

Have there been any difficulties or challenges?

How did you both feel when you learnt (woman's name) was pregnant?

Have you spoken much about becoming parents or starting a family?

Do you think the pregnancy has changed your relationship?

How have others reacted to the pregnancy?

Decision Making

So, can you tell me, why you decided to have a homebirth?

Why were you attracted to homebirths?

What did you do that made you both comfortable with the idea?

Can you tell me more about a particular moment or event that crystalized the idea for you?

What have been the main influences along the way?

Where did you find support for your decision?

Was there a critical turning point?

How did family and friends react when you told them you were having a homebirth?

What would you do if homebirth was not an option?

What factors did you consider when deciding where the actual birth should take place?

How did you find a midwife?

What are your relationships like with the midwife?

In planning a homebirth, what financial considerations were taken into account?

How do you usually split the costs in the relationship?

The homebirth

Do you have any fears, anxieties or concerns regarding the birth?

What have you done to jointly prepare for the birth?

In your imaginings, what would your ideal birth be like?

Have you considered what your roles will be during labour and birth?

Have you thought about what it will be like once the baby arrives?

What are some of the expectations you have of one another after the birth?

How do you think having a homebirth will impact on your relationship as a couple?

Ending

Is there anything more you feel you would like to say?

POTENTIALS: How did you make decisions regarding antenatal check-ups and scans? / Has anyone you know ever had a homebirth? / How did you find out about homebirths? / Do you have a birthplan or backup plan / what books have you read?

○ Individual Interviews

Intro

Can you tell me a bit about yourself (Prompt: What work to you do, where are your from, where do you life etc)

Can you tell me a bit about your family background? (Prompt: Brothers, sisters, parents, upbringing)

Can you tell me a bit about you and your partner, how would you describe your relationship?

Pregnancy

How did you feel when you first find out about the pregnancy?

Woman: What has it felt like being pregnant?

Woman: How has the experience of pregnancy impacted on your idea of being a woman?

Man: Tell me about your experience of this pregnancy?

Man: How has your experience impacted on your idea of being a man?

Do you feel you've been able to connect or engage with this pregnancy?

What have you enjoyed most about the/being pregnancy

What have you enjoyed least about the/being pregnant?

Has the pregnancy impacted on your relationship?

Is there anything particular to the pregnancy that makes certain things possible that weren't before, or vice versa?

How has your experience of being pregnant affected how you feel about the birth?

Planning

In planning and preparing for the birth,, has there been anything unexpected?

What sorts of discussions, sharing's or communications have you had together around the birth?

How do you feel about the way the healthcare system treats expectant parents?

Homebirth

Can you tell me why you've chosen a homebirth?

What do you associate with homebirths?

Do you have any expectations of the birth?

What do you think will be the biggest challenge for you and your partner?

Woman: How do you foresee (man) being involved in the birth?

Woman: How much importance do you place on (man's) involvement in the labour and birth?

Woman: How do you think giving birth will impact on your idea of what it is to be a woman?

Man: How do you foresee (woman) responding to the labour and birth?

Man: What importance do you place on your own involvement in the birth?

Man: How do you think going through the birth will impact on your idea of what it is to be a man?

Post-birth

Have you thought about what will change once the baby arrives?

How will you adjust to those changes do you think?

What are some of the expectations you have of your partner once the baby is born?

What do you foresee as being your role once the baby arrives?

What do you think will be the biggest challenge?

How do you think the homebirth will impact on your dynamic as a family?

L. Post-Birth Interview Schedule

○ Couple post-birth interview:

As you know I'm interested in the experiences of couples having homebirths, please take as much time as you need and give me as much detail as possible of both your experiences of (child name's) homebirth. This is your story so please, tell it as you are most comfortable telling it – start wherever you like and end wherever feels right. I will listen and I won't interrupt and at the end I may have a few questions. Please will you both, tell me about your experience as a couple having a homebirth?

Is there anything else you need to say or feel?

Appended Question for Caesarean delivery

As you know, I'm interested in the experience of couples who plan homebirths. Most births don't go completely to plan. I understand that your baby was delivered by caesarean, but a large part of the labour and all the preparation was geared towards homebirth. As a researcher there is as much value in the stories that go according to plan as there are in those that deviate. My job is to learn about homebirths, including that which is unexpected or unforeseen, as an opportunity to come to know as fully as possible what homebirth really is. So I've come to you guys as the experts, with a point of view that without you sharing your story with me, I would not have. So please, take as much time as you need and tell me in as much detail as possible all about your homebirth experience.

○ Individual post-birth interviews:

Please take as much time as you need and tell me in whatever way is most comfortable for you, with as much detail as possible, your experience of giving birth at home?

Is there anything else you need to say or feel?

How have you found taking part in the research?

Additional questions

Which aspect of the birth stands out the most for you?

Which part of your experience has had the biggest impact on your relationship to your baby?

What would you say was the most challenging aspect of the birth?

How did your experience compare to friends' stories about their births?

How has the homebirth impacted on your relationship as a parenting couple?

How has the homebirth impacted on your relationship as a romantic couple?

How did you feel you coped during the birth?

What was the hardest thing about homebirth?

How did it compare to your expectations?

Did you feel prepared for it?

How have the first few weeks been? / Sleeping/Feeding? / Routines? / Practical care?

Looking back, is there anything you would do differently?

If you were to prepare another mother/father/couple for a homebirth, what would you tell them?

M. Listening for My Own Voice's Reaction to Alessandra's Narrative (Part One of Listening Guide) 6th April, 2014:

I'm also struggling with this concept of 'the mother' I'm hearing in Alessandra's whole discussion of 'the archetype of the mother'. Because of course, I'm grappling with it too – everyday it seems. The idea that to be a good mother is so bad..... it stinks! It's the argument I keep picking up in the literature too that really gets my blood boiling - and I can't explain why. I just know I'm fiercely opposed to it. Because in motherhood there is an impossible bind - not made any easier by feminists pointing to the feminisation of women through their acting as good mothers – and looking down their noses at them.

I mean, what is a bad mother? What does she look like/act like.... I mean I know mothering is policed, but in her own heart, in that mother's heart – is she honestly aspiring towards being a bad mother? Yeah, let's screw over my kids so I can forward myself – Oh yeah, WIN! (Not.)

I mean, is that it?? Even that lady at the traffic lights last month, when I thought to myself, lady – do anything for your child, but don't take them out in the rain to beg – then you get much, much more than you bargained for – like a sick child who can't get well again and you don't have the resources to 'mend' them. I mean, that was my idea of her 'bad' mothering. But look at it from her perspective – she has to get money for food to eat! She IS being a good mother!

So what is good and what is bad motherhood? I'm not sure that it's so clear – even in middleclass, white households. I mean there is presently this discussion in P's household where conflicting discourse of motherhood (OH my word, *light bulb moment* – as I wrote those words, honestly! Its true – there are competing discourses of motherhood shaping what is being said, who is being heard and why their positions are irreconcilable) where for F being a good mother is being a working mother and for her parents, being a good mother is staying home to look after her children. But she IS being a good mother, by certain standards, and being a bad mum by other standards.

So how is this supposed to work? And here I sit feeling so stuck in motherhood – like there's no ways I could be a feminist and a mother – they're antithetical experiences for me. And what is supposedly socially prized is the mother who sacrifices her own life, her own sense of self without resentment, without suffering, so is the mother who steadfastly marches on to success, showing no signs of slowing down – of never having children 'bog' her down, of moving up the career ladder, keeping it altogether – never letting a single ball drop: Is THAT the good mother? And how far does that go in reproducing masculinist versions of femininity??

And I suppose that's my trouble with this (supposedly) feminist argument that good mothering is bad for women. It's like screw you actually and that stupid ivory tower you sit in (clearly - I have no idea how to write this academically – bah humbug!). But every day it's this choice for me – do I spend the time nurturing my work, or spend the time nurturing my kids? It's like, find me the balance! And then go ahead and tell me I'm being good - when my heart tells me I'm being bad and that I'm being bad when my heart is rejoicing..... It feels like this good/bad mother argument – you can't win em but you can't lose em either. I feel like I'm failing even as I'm trying!!!

Anyway – loooooong rant, but what I hear Alessandra saying is that motherhood could never liberate a woman, and I agree, but neither does choosing not to be a mother, that's the irony! I had a working mother all my life and in her times of despair, what does she worry about most – not having being there for us! I mean, it's like a curse. So, I don't know what being a feminist is, if it kicks mum's

in the gut while they're down. It certainly isn't something I want to be or feel I can be when I have enough troubles trying to be a mother who is good enough.... good enough to be a role model but bad enough not want to be replicated. So I never want to use that argument myself – but there are certainly lots and lots of threads in this discussion you could pull out.... Urgh, it's a bit like Indra's web.... I feel so tied into it!!!

N. Transcription Key (Adapted From Chadwick, 2012 & 2014)

() – explanatory or background interactional info
 [] – said softly
 { } – said in a whisper
 +fast+ – said fast
under – said slowly
bold – said loudly
low emph – said with emphasis, low pitch
 ~high emph~ - said with emphasis, high pitch
B & under – said loudly with emphasis
B & under & ital – said loudly, slowly and with emphasis
 - speech trails off
 SHOUT – said in a shout
 - break and switch in subject
 # - one person speaks over another
 ^little giggle^ - said with a little laughter in the voice
 ^^ hearty cackle^^ - said with a lot of laughter
 <<High Pitch>>
 <Low pitch>
 _ _ _ _ - said in a jilted way
 * / ** / *** - increasing pause lengths

○ Example of transcription key in use

Nicole: And how did it feel *doing* it on your own?

Isabella: (laughs), uuhmm (***) I never really - got to think, okay, [well], what is - I mean I ~guess~ I was *feeling* it. It just, eh-eit it felt ~so natural~ I guess, it felt *soo*, eh- this, this baby's coming out. Cause I remember at- the sort of ~intense~ contractions were happening, I was in the **bath** and it was just, you know, sort of, everything was – I cant even remember what was going on because I was so much not even in my ~thinking~ *brain*, it was just, I remember I was making very deep ~sounds~, and I remember sort of these sort of, *feelings* you know, experiencing these ~pains~ through my *body*, and, in the **break** eh, I had my face in the corner of the *bathroom*. And I was like [this is a] **very weird** place to **be**. I remember thinking that. (Like) why I'm like *lying* in ^the corner^ of the bathroom, um * but, when_ I_ started_ feeling_ those_ *pushing*_ experiences - and I actually was, I was - **touching** where he was coming out. With Sophia, I was a bit *nervous* to sort of *feel* it was like "urgh, it's all happening down there" and but *this* time I was like, this is *my* body and I, you know so and I could **feel** that he was coming, I could actually go, he's coming so I should slow, I should do this slowly – like I eh- I sort of had the, the *thinking* to go, **don't** just **push**, like, **breathe** it. So I was doing a lot of breathing and I remember thinking I *should* breathe here. So that was one moment where I could actually **think**. But *the rest* just felt, like, my **body** was doing it and my, my **hands** knew that, I must **hold** here and **here** comes his **head**. Like I looked down and I could see head- his head was coming. Sooo, you know, I held it and then his head popped out, and, +I don't even remember that there was+ another contraction when his body came out. But there *must* have been. It *must* have been like, *contraction*, head out and then the next one, body. But it just, it just happened sooo ~quickly~ and so <much> away from *my* thinking brain, in a way. That *my* body was just *doing* something and I wasn't even, I wasn't even <thinking> about it, (little giggle). That's quite strange to think that, +it was happening so much in my body+ that I didn't, I wasn't even aware of it. (N: Yah!)

O. Transcript Examples

o Male sample transcript

N: Hmmm#

X: #I think that's quite important as well, to have that, um. yeah, I can't really remember what I said. We had lots of stuff written down. We had lots of stuff around the house so I was kind of repeating things that she'd jotted down. Cause we had loads of things stuck all over the house. Of phrases that she had liked through the hypno birthing books she'd picked up that she thought were - could be really useful. And I said a few of them, heeh, she probably rolled her eyes. I couldn't see. I was probably massaging her back and (she didn't say anything). Yeah, yeah, just be natural.

N: Hmmm. And how important do you think that your role was in the birth?

X: Well for that precise experience its incredibly important I think (?). But, I could've, it could've not been the case, we could've say, oh if she had it worked out that I wasn't there she would've... I wouldn't have brought anything more, really to the, to the situation than professionals. I don't even like to say I brought more to the. But maybe I, maybe I'm underplaying it, maybe... I think to have a love, loving partner there is incredibly important. But it doe - it doesn't have to be the case, and there are so many different ways of doing things. But in our, in our way of doing things I think it was very important cause I was there pretty much every second apart from where I had an hour or so's kip. I was, constantly with her and massaging her and giving her drinks, giving her food - although she hardly ate anything. And just there the whole time. ##### baby pidgeon, don't come in baby pidgeon - (talking to the baby pidgeon on the balcony).

Shall, I, shall I shut the door as well?

N: You want me to try and close the doorish?

X: Close it a little, I don't want to freak it.... Leo's new toy

N: It doesn't stay because of that swing thing.

X: that's two things that's broken. Yeah, go on

N: no, I was thinking maybe I should re-hrase that then,

X: Yeah

N: how important was your role in the birth to you?

X: Aaaaah! Aaaaah, how important was it to me? That's interesting question. Aaah, well it was incredibly important that I, sort of had a hundred percent concentration and effort. It was important to me that, everything was to do with Laura and Leo. Every single second of everything. That was the important thing. Don't even think about anything else. What's the point? ^You've got so much other time to think of like, yourself - this is just the time to think of Laura and Leo. But how important was my role to me? Aaaaah, (*) um, I would've felt, I would've felt very disappointed in myself if I hadn't tried - p-personally I would have felt very disappointed in myself having had the same I think, opinion on natural birthing and home birthing and being fully for it, or just fully supportive of it, as well as fully for it as we, so I would've been terribly disappointed in myself if I hadn't, if I hadn't been there a hundred percent. So it was very important for me but also for seeing my boy grow and, um, (**) knowing what Laura had been through to have him (chuckles), knowing what it takes to have a baby I think that's really important for me because I'm fascinated in life, from the - if you're not fascinated in birth I think you're maybe missing something. I know a lot of guys are not that fascinated in birth but I don't see why you wouldn't be because its incredibly interesting. And if it's your loving partner then, I think it's an important time to forget about what you think and just do it for the other person. Go through everything. But then maybe some people will have freaked out, it's a bit too far out for them. And if that's the case its understandable then that you don't wanna go for it, but I thin, I think you need to - yah, I think it was aah important for me anything, it was definitely important. Very important for me to be there and be a part of it, very important I would have been disappointed in myself if I hadn't tried. And it was important just for,

reminds me of hypno a kind of psychoanalysis of the space consciously created birth space

embodiment the support person role - no set way of doing it other than being himself & being fully present.

this perspective of his role - what he did what he was performing - where it was coming from - love

is his approach life = very open minded & hearted

make me think of Rayne: You can't get me time back

16 this experience as well. He is invested

need to follow up from pre-b interview

its approach 2 13 with re: couple for 14 (it would do everything repeatedly)

Shelly whole heartedly wanted at second situation - moral reasoning

3.

○ Couple sample transcript

You do need to have this shift planned. To an extent you know where the candles should be & which lights will be on. That's why midwife does a home visit. To see this for herself also.

The key issue is that she assumed the birth would be the same it would just fall into place & so her brain just didn't go there. In the lounge, we were in the central room, and now I was like urgh, I'm just having a baby on the side'. Everybody else, carry on. I hadn't thought to prepare, like do a pre-run of the lighting of the room at night - what is the lighting like, what do I want, do I want this light on, where the, where the candles should be, where the side light should be, to create the lighting atmosphere that I wanted, and then actually it was too dark and then when the baby arrived and we came back to the pool, it was very annoying having the midwife with her head, like torch on, flashing that light all over the show when she moved her head, and I didn't like that at all. Whereas with Arnolds birth there was this very gentle, atmospheric lighting that was eh, you know, throughout the space, it wasn't like one place it was just eh, nice and um, relaxing kind of lighting. So the lighting wasn't great. I felt like the midwife and her assistant were sitting on the couch waiting for me to have a baby, my mom was possibly sitting there also waiting for instructions that I might have, and I honestly don't know where you were! And I didn't feel like, there was anybody anybody connecting with me so I just resigned to, getting through these contractions by myself. And the beauty of the birth was, the birth. Her coming out, it was, a surprise, which was, quite nice, umm that it was over quickly, as well, um, aaah, it was nice that we were, I was out the water, cause it was much more real and I felt her and I saw her coming out, um, so it was a bit of like...#

Me: So how does it feel for you hearing all of this?

R: What do you mean how does it feel?

Me: Well, she's expressing you know, a sort of oh, it should have been like this and what I'm realising now was that I needed somebody really right there in my face and somebody who was right there with me and I felt alone, how does that feel for you, given your experience?

R: It doesn't really, urgh, I mean, I was there I was there to attend to any needs, and the fact that she can't remember if I was there, she was very much in her own space, so. You know, um, its kind of hard to connect with someone whose in their own space, so. Nooh, urgh, to me, it doesn't really matter, you know the process will be different every time, you know lots of things#

N: I actually felt that that birth pool was possibly, cause last time Rayne was in the pool with me this time he wasn't

R: Hmm, you didn't want me to get in.

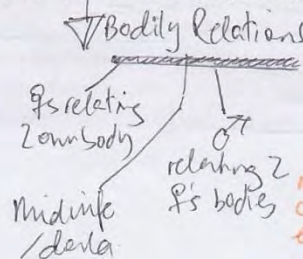
N: No, and I don't remember if I said I wanted you to get in or not, but it wasn't helping me the pool because I had back pain and the pool wasn't very deep so I was trying to find out, couldn't we have it deeper, because also the midwife had suggested I lean forward in contractions, to make my contractions more effective, so I was leaning forward, which means my back was out. So then I thought, well let me see if I lie like I had done with Arnold, with Rayne behind me, if I lie in the pool with my back in the water, will it make any difference, and it didn't feel like it was less sore, so I thought, okay, I'll just stay forward bending in the pool and then that flipped over between contractions, and just relaxed in the pool. So, in a way, possibly the pool was creating a barrier, that was maybe difficult to come into my space cause it was a pretty puffy pool, you know the edges are quite round, and its quite high, so unless maybe Rayne was in the pool, it was maybe getting in the way, so you know, I sometimes wonder so you know, like okay so because she was born on land, not in the water and I had also actually thought that I would like that I'd thought hmmm, it could be quite nice to actually just birth on land - I know it sounds weird to say on land, but I mean, not in the water. Hurgh, that um, and because it didn't seem to be helping much...#

Me: I mean how, do, how, um, what did it feel for you, the connection at the time, between you and Naledi?

R: You mean when she was in the pool or

Me: in the, the whole thing.

not only she saying, you went with me. But even what he did do, she is contesting whether it was adequate + sufficient



here she stops to suggest something else is in the way of the work of the pool that wasn't helping her anyway

she is not contradicting him but asserts no that wasn't exactly he

here she stops to suggest something else is in the way of the work of the pool that wasn't helping her anyway

the pool was not particularly effective at pain relief who perhaps also to try for the non-connect

And to be honest, this is a self-protection mechanism, it has to come in - she can't endlessly blame him

○ Female sample transcript

else, if nothing else is working, you actually need somebody like, right there in front of you, I think that's good cause then – what I found difficult was just to actually express my needs. Cause at one point when I was in the pool – and the pool I felt was too shallow, and um, so it wasn't really helping the back pain. But then I would turn over in-between contractions and just enjoy being in the pool. But I also asked Alex at one point, I was like maybe you could put some music on. And then the music that he put on – that I'd asked for actually, was – I found a bit irritating. But then he wasn't in my face enough to just say, can you change it actually to a something else. Um, I found it very difficult to, to (***) to make decisions, like between contractions. So I'd kind of like once I'd well, it was already, you know when I thought okay well maybe the midwife was gonna be able to help me with my contractions. But she didn't she just kind of sat on the couch with her assistant and then got there papers out and then I was um, rotating my hips and kind of standing and finding that that was making it less painful and she came in and did a heart check to find out what the baby's heart beat was like and I was lying on the bed and she said, and I got a contraction while she was checking, and she asked if some of my contractions are less sore than others, and I said yah, or less intense, um, so she, so then when she saw I was standing and rotating my hips she suggested that I should lean forward to make each contraction intense and therefore more effective. Which actually turned out – so I was trying to do that but then it turned out that every contraction was very very painful actually and very very difficult in a way to get through. But, so then I tried to do this hypnobirthing breathing which I actually couldn't! And I was like how do people do this, because its impossible. You're supposed to like *breathe slowly in through your nose and have these long breaths and I was like, I cant even breathe through my nose, I can only breathe through my mouth now, heheheh, so that I eventually. I tried it for quite a few contractions and then I just chucked that idea out the window. I was like forget about hypnobirthing breathing, its not happening. Um, but um, yeah, I was um, sometimes I wonder, like if I hadn't listened to her and just done what I wanted to do which was actually more standing and rotating my hips which was then more bearable, um, she, I guess she made me feel like, okay I guess its going to delay the labour or maybe she just found in her experience it does. Um, but in my labour, with Arnold, it was four hours, it was very fast and with Emma it turned out in the end to be three and a half hours, so, um, sometimes I wonder if I wouldn't have enjoyed the birth more if I hadn't listened to her. And then I also wondered like, why do we listen to other people instead of ourselves, and then I thought also, maybe if I had had the doula there, I could have bounced that off her and said what do you think? Could I should, I, you know, maybe she couldn't said to me, oh no don't worry, if you wanna do this, lets do that, you know, so sometimes I wonder – it might have been good to have the doula, she might have known to be more in my face, I felt as if the midwife and her assistant were sitting on the couch, which was quite near the pool, waiting for the baby to arrive and not doing anything. My mom was like there-ish. But, um, and alex? I just remember them being kind of on the periphery but like, like not connecting into – with, you know like being right there, which I think is actually just what you need. I suppose every birthing woman is different, but I felt like, you and I've read this also in a book somewhere and feeling like yes, I would've liked. Was just to have somebody right there in my face and smiling at me between, you know or after a contraction just going, you know good and, that, you know, just to go, yes! You got through another one or, and then you can say if you feel you need ask for something its just kind of a lot easier to have somebody right there. Its quite hard to sort of bring people into your space when you're kind of – in labour – so you need people to go there, into your space.

So I've wonder about, could it have been different? Would it have been better, blah blah, just the pain and me enjoying the – cause Arnold's birth was really like a spiritual event. But it just turned out that way, it wasn't planned it just happened like that and I felt so connected to everybody in the room, but I felt like everybody was really focussed on the birth. And that was another aspect. Was

Everything's standing in the way / impossible 2.
Pool - too shallow
music - irritating
lights
midwife too distant to removed
N. separated from everything, no way of bringing it closer / changing.
suddenly its a general assumption not her self
No need to speed up labour or make it more intense, its fast & effective any way
still looking for other people's assurances / reassurances
she felt alone / isolated & separate. Quite sad both story
very unsure of herself
this is key!

segit learn to have doula instead of each other
but also very near - doula & non-specific
suddenly all nps
thought it would just happen again in the same way, effortlessly

P. Relational Birth-map/timeline: Key

MAP: RELATIONAL / EMOTIONAL TIMELINE

KEYS : Emotions

-  With me, in partnership
-  Not feeling the vibe / out of sync
-  Feeling the vibe / in sync
-  Out of the picture, but present & engaged/engaging
-  Out of the picture, not present, not engaged.
-  Collaborative, in true relationship, mutually felt among more than 1 other person.

: Relations

-  Harmonious, happy
-  Disjointed / Discordant
-  Flowing
-  very close, vital
-  sorta, kinda, up and down.

Q. Homebirth Pricing

Sr. Angela Wakeford

Professional Independent Nurse and Midwife

Dipl. Nursing (Gen, Psych, Comm) & Midwifery BSc Midwif



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2015 Planned Homebirth Package (Mowbray backup) from Angela the Midwife

I am able to offer a discounted financial package for a planned homebirth using Mowbray Maternity Hospital (MMH) as a backup facility. The total cost is **R12,500** and is outlined below.

Your pregnancy care includes:

Your booking in appointment (an hour), 7 follow up antenatal checkups during your pregnancy at the rooms (half hour appointments), your 37 week home visit, labour and birth (up to 10 hours), 1 postnatal visit at home, 1 postnatal visit at the rooms and the 6 week postnatal check for Mom.

The birth includes:

- 10 hours of labour care
- Midwife Assistant's fee
- Emergency equipment provided
- Standard consumables (e.g. cord clamp, gloves, syringes, needles and Vitamin K)
- Issue of Road to Health Book and letter for registering birth at Home Affairs
- 6 week postnatal check-up (excluding the cost of speculum used in PAP smear and Pathology cost of PAP smear)
-

The package cost EXCLUDES:

- Blood tests: Booking bloods - **R409**, 28 week bloods - **R62** (Pathcare cash discount costs)
- Scans can be done cost effectively at Al-Nisa Maternity home – www.alnisamaternityhome.co.za
- MMH booking in appointment – **R254**
- MMH in-hospital costs as per Mowbray fee schedule
- Extra or unscheduled appointments (**R280 – R400** depending on nature of appointment)
- Pool hire (R1500)
- Birth preparation classes (between R1000 to R1600)
- Postnatal PAP smear cost (**R50**) plus pathology cash cost (**R80**)
- Extra consumables at birth if required e.g. suture material, drips, catheters
- Ambulance transfer costs to hospital if required
- Rhesogam (Anti-D) injection for Rhesus Negative women (approx **R700**)
- BCG vaccination

If you need to be transferred in to MMH in labour, or to have your labour induced. I have to hand your care over to Mowbray Staff.

Payment

Payment is made in stages whereby the fee is settled in full before the birth. The first stage payment of R2500 needs to be made on booking at 16 weeks. Thereafter you will be invoiced R2500 monthly for 4 months, so that payment is completed by 37 weeks gestation. Please note that invoices are COD as it is a cash practice. Cash or EFT payment can be made as there are no card facilities available.

A pro rata portion of the cost will be refunded if your birth plan changes – for example if a planned Caesarian Section or Induction of labour becomes necessary.