



Timescapes

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New Mothers in Contemporary Times

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Introduction

This study explores the transition to new motherhood in contemporary times, observing diversity within the current generation as well as how motherhood has changed historically over generations. Women were followed from late pregnancy until two years after the birth of their child. The study considers how becoming a mother changes women's identities and how the arrival of a new generation changes family dynamics. Particular attention is paid to popular culture and the politics of motherhood, exploring how motherhood can be both a point of solidarity and division between women.

Background

The increasing participation of women in further and higher education and the labour force since the Second World War has transformed the shape and meaning of women's biographies (Lewis 1992), reflected in a trend towards later motherhood. This change has been uneven, with stagnation in social mobility and widening inequality heightening differences between women, reflected in differential patterns of family formation depending on educational and employment status (Crompton 2006). The social polarisation of motherhood is one of the most distinctive demographic trends of the post war period, seen in a movement towards later motherhood for the majority, and early motherhood for a minority. In 2008 the average woman giving birth in England and Wales was 29.3 - an increase of 2.5 years over a twenty year period. An obvious manifestation of this polarization is the intensive public focus on teenage pregnancy as a social problem, where a concern with age replaces earlier concerns around illegitimacy and marriage as markers of autonomy and respectability (Arai 2009). Although later motherhood tends not to raise political concerns about economic dependence, popular anxiety is expressed over the

The Study

The Making of Modern Motherhood study set out to capture and relate two dimensions of social division – divisions between generations (in relationships between grandmothers, mothers and daughters) and division within generations (by women simultaneously becoming mothers for the first time). Recognising the complexity of this task, we maintained a substantive but relatively narrow focus on the experience of first time motherhood and the transition into a maternal subjectivity. Located in the unique space of late pregnancy, our research encountered women as they approach the birth of their first child, conducting interviews and documenting preparations for the arrival of the baby. Our approach sought to capture the paradoxical way that motherhood is both one thing and many and for this reason we generated an initial sample of 62 pregnant women of diverse age, social class, ethnicity, nationality, fertility history, disability and sexuality. We were able to follow 12 family case studies through the first year of motherhood, conducting interviews with grandmothers, great grandmothers and significant others. The Dynamics of Motherhood study builds on the Modern Motherhood project by following 6 of the 12 case studies for a further two years, involving repeat interviews as well as observations of 'a day in the life' of the mothers. The resulting data set provides a rich account of the diversity of contemporary mothering situations, as well as allowing us to see some of the dynamics that arise from the arrival of a new generation.

availability and ethics of infertility treatment, the supposed 'intensification of parenting' and the commodification and delegation of domestic care.

Findings

Age as a marker of inequality

'Age' operates as a popular narrative through which women locate their own experiences as mothers, with the youngest talking about their impending birth as marking the 'end of childhood', the oldest talking in terms of 'the last gasp of fertility' and the middle age group talking in terms of 'effective biographical planning'.

In this respect, the age at which motherhood is encountered (if at all) is a key defining factor in the distinction between the flexible 'choice' that imagines men and women competing equally in education and work on a level playing field, and the gendered 'normal biography' that understands the biographical paths of men and women as profoundly structured by their differential roles in relation to parenthood.

The motherhood shock

It is only at the point of motherhood – which for many is delayed until education, career and relationship are suitably synchronised – that the full penalty of motherhood (and being female) is encountered and these costs are experienced. The majority of women in our study were working full time when they became pregnant, yet the experience of being pregnant at work and negotiating a flexible return to work varied considerably across the sample. Women working in small and medium enterprises (SMEs) reported the most difficult experiences with women working in large public sector organisations or those who are self employed reporting greatest confidence in their ability to combine work and motherhood.

The paradox of bodies

While pregnancy is constructed in popular texts as an extended form of pampering, the first act of motherhood is to regain the pre-birth body. Ironically, physical capital plays a subversive part within this process, with younger bodies potentially more fertile and elastic than older. Birth is a key moment in which the concept of physical capital is circulated and lived particularly in relation to women's capacity for birth without medical intervention. Women were encouraged to make 'birth plans' for the type of birth they would like. For most women, regardless of age 'as natural as possible' was an ideal, although risk and for some the unknown experience of pain contributed to plans for caesarean sections, pain relieving drugs, medical intervention and a consideration of proximity to hospital (in the case of home birth).

The women we followed through the birth and beyond had varied experience of birth. A couple reported having had the birth that they planned, but the majority recounted an experience of birth that diverged considerably from their initial birth plans. For a few the experience of birth was traumatic, due in large part to inconsistent midwife care.

Generation as site of division

Rapid and uneven changes in the shape of women's biographies mean that mothering may be an arena where



women experience generational difference, expressed around styles of parenting, the place of paid work, and the relatively public and 'sociable' character of contemporary motherhood.

Grandmothers in our study talked about aspects of progress as well as decline, with contemporary motherhood understood as being more fun, less isolated, 'easier' (in terms of domestic labour). Yet grandmothers also observed that mothers today experience more pressure, surveillance and can be less relaxed.

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Styles of mothering encode and express generational and class differences – for example a Truby King or a Penelope Leach baby. Yet these fashions in expertise may be transcended by powerfully embodied intergenerational practices, expressed through parenting style and noticed around practices relating to holding, hygiene and feeding.

Choice and fairness

The dominant discourse saturating the common culture of motherhood is 'choice', with women encouraged to choose a style of mothering that appeals to them. Yet these choices are enormously constrained by the material circumstances of women's situations and opportunities as well as the services that they can access. In their encounters with workplace employment practices and maternity services the appearance of choice tends to evaporate, with questions of fairness, equality and care having much greater salience. Unfortunately women often face these challenges in a state of vulnerability, isolated from others in similar positions, meaning that they tend to seek out individual solutions to what are often shared problems. Although emphasis is placed on choice and planning in the provision of maternity services, many women are unprepared for the visceral drama of birth and some receive insufficient and inconsistent support.



Operating as a family

The arrival of a new generation within a family is a key moment in which kin, peer and couple relationships are performed, affirmed and re-made. This can be seen in microcosm in the ways births are planned and enacted, with supportive birthing partners including mothers, friends, partners and other relatives. For some families birth is a highly social affair involving extended families and friends. For others it is an intimate couple experience.

The arrival of a new generation involves a reworking of generational positions and roles signalling a new phase in the life of a couple.

Although marked by diversity, we noted significant reconfigurations within case study families, with grandmothers talking about how their daughters 'come into focus' after a period of distance, sibling relationships and rivalries reinvigorated as issues of favouritism resurface, and shifts within couples from lives running in tandem to living as a family. The situation of these emergent families is shaped profoundly by issues of socio-economic status, the proximity of relatives and cultural traditions and expectations, yet our study captured a dramatic shift in priorities, values, everyday practices intimate relationships and social status as women became mothers for the first time.

Solidarity and division

In becoming mothers women are potentially brought into contact with each other in new ways. Middle class women, many of whom had been working full time prior to their pregnancy, reported a new sense of connection to place and locality and a greater investment in the local area, community and services – seeking out women 'like them' for social activity and shared childcare.

Younger and working class women were more likely to report on their environment as potentially threatening, being aware of their own stigma as young mothers and their exclusion as mothers from the youthful activities of their contemporaries. Yet despite the diverse character of NHS ante-natal services, such as Sure Start and local libraries, there was surprisingly little mixing between new and expectant mothers across divisions of social class and ethnicity. Where women looked to marketised services to contact other mothers they were much

more likely to be socially homogeneous. New motherhood marks a significant shift in women's practices of sociality, leaving some isolated from previous friendship groups and practices. For some women the extended family plays a renewed role, but where this is not possible or desired the couple relationship may become increasingly important and women may seek out contact with other mothers in a range of concrete and virtual ways.

Policy & Practice Implications

This study is broad ranging, touching on many policy relevant arenas. Here we identify three key aspects of our findings with particular relevance to policy: fertility, birth and work.

Getting pregnant:

The varied stories of conception we gathered alerted us to the importance of public education about fertility and control of fertility.

We discovered considerable anxiety about fertility across the age groups, with younger women talking about 'testing' their fertility and older mothers fearing a loss of fertility.

There is a growing sense of the difficulty of combining all the components of the successful choice biography: career, couple and body clock – heightened by the move towards the privatisation of fertility treatment. We suggest that space needs to be made in the curriculum and in popular debate to allow for better public understanding of the biological and social meaning of fertility and related issues of equity pertaining to the control of fertility – be that through contraception services or fertility treatments.

Birth: preparation and support

Antenatal care plays a crucial role in preparing women and their partners for birth and also an environment where women can form relationships of support in the transition to new motherhood. Public provision of antenatal care has the potential to facilitate connections between mothers who while sharing a locality may be divided by age, ethnicity, social class and other differences. Current midwife provisions (particularly the practice of midwives on rotation) limited women's sense of satisfaction and choice in birth planning particularly for those considered low risk- namely some mid age mothers.

We found a wealth of good practice in antenatal educational

centres for younger mothers, providing women with a supportive context to explore birth planning and options. Outside this context, however, some younger mothers cited feeling 'judged' by midwives and medical professionals, particularly those who did not attend antenatal educational centres. Continued investment in antenatal education centres for younger mothers needs to be made to enable a context of support and choice.

It is easy to take for granted the existence of a 'common culture' of maternity services, shaped by a partnership between midwifery and obstetrics and providing a consistent ideology of 'choice' and 'equity' as well as a joined up provision of antenatal and post natal care. Securing this service has been a significant historical achievement for women, yet it is fragile, undermined by inadequate resources. The idea of creating a birth plan, in which a woman anticipates birth and makes choices about location, care and pain relief, grew out of the natural birth movement of the 1960s and the attempt to empower women to take back control of childbirth from obstetric medicine. Yet the purpose of informing women about normal birth and choice was not intended to be the whole picture, structural factors need to be in place to support women to realize choices. Our study found that women were preparing for birth in a context where maternity services were financially stretched and where birth plans may operate primarily as reassuring fictions. The logic for those who can afford to 'buy' an enhanced standard or style of care is compelling yet has potentially devastating consequences for the provision of a common maternity service. In the process of assessing birth choices, midwives need to be aware of –and explore with mothers – concepts of what normal birth means, particularly in relation to perceptions of failure, risk and being a 'good mother'. Midwives need to ensure that older mothers' heightened awareness of being 'high risk', feeling that this might be their 'last chance' for a child do not overshadow options for a normal birth. Similarly midwives need to address ideas of 'failure' for women who may encounter unplanned intervention.

Work

The evidence from this study suggests that not only does motherhood have an impact on the kinds of workers that women are, but that work influences the ways in which women mother, not simply in terms of their presence or absence, but through the transposition of skills and values between fields of work and home. The relationship that a woman strikes in relation to work appears to be highly consequential in the kind of mothering project that she subsequently embarks on, including how she orients to expert advice, consumption and childcare. Many women are ill-informed and unprepared in terms of understanding their rights and entitlements as pregnant workers and subsequently as parents and the practice of employers is very uneven, both between sectors and within sectors depending on the status of the worker.

For many the 'motherhood penalty' is a shock faced in relative isolation. Although the rights of pregnant workers could and should be a site of solidarity in the politics of motherhood, women often negotiate these when feeling vulnerable and exposed. Informal working cultures play an important part in shaping norms of what appears to be reasonable and fair behaviour, even when this departs from statutory obligations. Workplaces vary in the kinds of maternity packages and working patterns on offer to employees. Women's initial attempts to seek out work based support for childcare generally turn into local and individual solutions involving family, partners and the market. One of the shocks associated with pregnancy is being made to feel female at work; making visible the dominance of a gender neutral discourse within workplaces. Our findings support the thesis that women are increasingly labourised, constituted first and foremost as workers rather than mothers and expected to make things fit in their own time and space. If labour is increasingly feminised, it is in a particular way that does not involve the fertile female body or the lactating nursing subject. The micro-politics through which domestic labour and child care are shared, delegated and entrusted to others is important moral terrain in the contemporary politics of motherhood.

Concrete policy recommendations:

- Public education/ debate about fertility
- Improved provision of information on the rights of pregnant workers and maternity rights
- Support for workplace based or related childcare solutions
- Support for publically provided local antenatal education and spaces for new mothers to mix and meet.
- Improvement of the consistency of midwife care
- Continued support or specialist antenatal and education services for young mothers

References and Further Reading

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