



Birth stories: Childbirth, remembrance and ‘everyday’ heritage

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ABSTRACT

Based on the work of critical and feminist heritage scholars who have argued that heritage sites need to pay more attention to everyday experience, we argue that the omission of birth stories from mainstream heritage sites is a problem that needs rectifying. Through an analysis of oral histories undertaken with mothers and midwives in mid 20th Century Wales, we trace out key themes on which such a project could focus, highlighting themes of corporeality, emotions and sense of place. We conclude by signaling some of the steps that would be needed to make such a project happen, and suggest that this move would not only extend understanding of “everyday” heritage, but also add greater depth and nuance to how place is narrated within such spaces.

1. Introduction

The translation of meaning across space and time is central both to the rituals of everyday life and to the exceptional moments of remembrance associated with birth, death, and other key events in personal and collective histories. Memory as re-membling, re-collection, and representation is crucial in the mapping of historical moments and in the articulation of identity.

—Nuala Johnson, *Locating Memory: Tracing the Trajectories of Remembrance*. (2005), 166.

As feminist scholars across a range of disciplines have noted, heritage and commemoration sites typically focus on warfare, industry, and the activities and achievements of white, heterosexual men (Sherman, 1996; Novikova, 2011; Drozdowski and Monk, 2020). Against this backdrop, scholars in critical heritage studies have argued that commemoration practices need to pay greater attention to everyday, “non-heroic” activity in order to incorporate experiences of historically marginalized subjects into understandings of what counts as heritage (Sather-Wagstaff, 2015; Tolia-Kelly et al., 2017; De Nardi, 2019; Gensburger, 2019; Ratnam and Drozdowski, 2020; Drozdowski and Monk, 2020). Herein we argue that childbirth constitutes just such an activity, and that the inclusion of childbirth would be an important corrective to the traditional limits of mainstream heritage.

While sharing birth stories is a common means by which women adapt to their new identities as mothers (Miller, 2005), this has not always been the case. Even one generation ago in some cultures, openly

discussing childbirth was uncommon. Like other aspects of women’s reproductive lives (such as menstruation and menopause), childbirth has long been marginalized and silenced within key cultural registers. As novelist R.O. Kwon has noted, if: “nothing but stories concerning pregnancy and early motherhood (were to) be published for the next 10 years, it would hardly redress the vast historical imbalance between what humans experience and what has been judged worthy of documenting” (Kwon, 2018, 15). As Samira Kawash has observed, motherhood has likewise been marginalized within mainstream academic scholarship: “motherhood studies as an area of scholarship is on precarious ground: ignored by mainstream academic feminism” (Kawash, 2011, 996). While this field has grown since 2011, these works typically do not consider childbirth in other than contemporary contexts.

In turn, this silence on motherhood and childbirth is echoed in spaces of remembrance and heritage. In contrast to the significant role childbirth plays in the lives of so many women, it is barely visible in mainstream heritage sites. In contrast to memorials to warfare and death, to our knowledge there are no heritage sites devoted specifically to childbirth. We argue that it is time for this to change.

This paper extends understanding of women’s experiences of childbirth in a historical context through the means of oral history. Although childbirth is a significant event for individuals and communities, is experienced by most women, and constitutes an important part of their bodily biographies and, for many, sense of self, there are surprisingly few oral history accounts of childbirth. We extend knowledge in this area through the analysis of the narratives of 12 women who gave birth

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and assisted in childbirth in South Wales between 1948 and 1970. We focus on themes of corporeality, emotion and sense of place in these narratives, and suggest these themes could provide a fruitful way to frame childbirth within sites of formal heritage (without suggesting that this is a definitive list). Including childbirth within systems of formal heritage would provide a way to increase the representation of women's bodily experiences that is commonly silenced within such sites, while also challenging some of the ways place is narrated within these sites. This project is inspired by calls made by feminist memory scholars for heritage to do more to address the felt, emplaced, and bodily dimensions of everyday life, and suggests that such a move would serve as a way to address this call (Sather-Wagstaff, 2015; Tolia-Kelly et al., 2017; De Nardi, 2019; Gensburger, 2019; Ratnam and Drozdowski, 2020).

We also note that experiences of childbirth vary tremendously from woman to woman, as well as across cultural and intersectional difference. Motherhood is powerfully shaped by interlocking systems of hetero-patriarchy, capitalism and racism, with lesbian mothers, economically disadvantaged mothers, mothers of colour, younger mothers and incarcerated mothers experiencing higher levels of stigma, surveillance and judgement (O'Reilly, 2010; Kawash, 2011; Thompson et al., 2011). We do not seek to represent all of this experience or appeal to any trans-cultural or trans-historical experience of motherhood. Instead, we propose to begin conceptualizing what form birth commemoration might take with a "first cut", examining what a particular set of birth remembrances reveal. These stories represent the experiences of a selection of white, able-bodied cis-het women in the Global North. Yet they are also birth stories from a rural and economically disadvantaged region in a place and time in which speaking openly about birth was stigmatised. While recognizing the social, temporal and cultural specificity of these stories, we nevertheless suggest they might hold resonance for a broader understanding of childbirth.

This project stems from an interdisciplinary oral history project undertaken in 2016 across the fields of midwifery, history of science and medicine and feminist geography.¹ Through this investigation we seek to extend understanding about how intimate bodily events from half a century ago can be remembered viscerally, via place-and body-based memories that intertwine both emotions and sensed-atmospheres. We note that like all events, these experiences of childbirth were situated in and reflect the time and cultural settings in which they occurred, and further note that the women in this study had rich, full lives beyond their identities as mothers. Nevertheless, for the participants in this study birth was experienced as a profound, sometimes traumatic bodily and emotional event. However, most participants had rarely spoken about their intimate memories of childbirth to anyone (including their husbands).

Thus, in this paper we both extend knowledge about women's experiences of childbirth in a historical context, and argue that these experiences deserve a place within sites of collective memory and commemoration. We argue that bringing childbirth into mainstream heritage-scapes would serve as a corrective to the way that women's bodily experiences and reproductive biographies have been silenced within mainstream systems of collective memory and commemoration. With Rebecca Coleman (2008), we aver that sharing and commemorating women's diverse, visceral, embodied experiences (including childbirth) is an important project for feminism, and suggest that the inclusion of childbirth within systems of formal heritage specifically would serve as a way to respond to calls by feminist memory scholars to expand what "counts" as heritage to include the felt, bodily, "everyday" experiences of marginalized subjects.

We conceptualize birth as a simultaneously *personal* and *collective* event: as both an important moment within individual women's bodily biographies, and as a nexus of public and private memory. In so doing we respond to the call of Geographers John Horton and Peter Kraftl to

attend to events that are simultaneously "'extraordinary' within the context of a given individual's life as well as being everyday-universal" (Horton and Kraftl, 2012, 29). We do not seek to distil women's experiences and achievements merely to childbirth, nor to prioritize motherhood in understandings of women's worth or identities. Nor do we seek to generalize the experiences of the women who participated in this study to the childbirth experiences of women in other places and times. That said, given the emotional and physical impact of childbirth in so many women's lives, we argue that marking childbirth in more public, collective ways would enrich the landscapes and discourses of heritage and commemoration as they currently exist in the UK (and potentially elsewhere). Our paper is structured as follows: we first outline how this study builds on existing literatures on commemoration, memory and embodiment; then discuss the research project on which this paper draws. We then trace out the three interlinked features that we suggest could usefully frame birth-commemoration, these being: corporeality, emotion, and sense of place.

2. Literature review and study context

We begin by tracing out how we conceptualize memory in this research, followed by an overview of scholarship on heritage, commemoration and embodiment, outlining how we extend this work. This section concludes with an overview of the study on which this research draws, before moving on to discuss what our research revealed about how childbirth might be commemorated.

2.1. Memory and corporeality

This research explores the relationships between individual memory, corporeality and collective memory. We will outline how we conceptualize each of these relationships in turn. We employ a concept of individual memory that draws on Bergson as read through the work of Deleuze, Elizabeth Grosz and Rebecca Coleman. Though we find a Bergsonian (or Deleuzo-Bersonian) approach to memory useful in terms of conceptualizing the past as co-existing with and enfolded within the present (Grosz, 2000, 230) we do not subscribe to Bergson's view of the separation of memory into "body habits" in which embodied memory is only mobilized to effect future-focused, skill-based tasks (such as remembering how to ride a bicycle); and "image memory", described as a cerebral process of sinking into an idea of the past (Grosz, 2004, 169–175). Instead we follow Rebecca Coleman's interpretation of how bodies and memory-images become through one another such that memory can be understood as a bodily *re-experiencing* of the past (Coleman, 2008).

Leading off Horton and Kraftl's observation about the "always corporeal ... nature of memories" (Horton and Kraftl, 2012, 26), in recent years feminist heritage scholars have highlighted the role of emotion and affect within bodily memories (Tolia-Kelly et al., 2016; Waterton and Watson, 2014; Sather-Wagstaff, 2015; Drozdowski et al., 2016; Sumartojo, 2016; Micieli-Voutsinas, 2017; Ratnam and Drozdowski, 2020). Micieli-Voutsinas notes that "our senses play an integral role in the ... processes that re-constitute and are constituted by our memories and inform our subjectivities" (Micieli-Voutsinas, 2017, 95), while Waterton & Watson propose the concept of *embodied remembering* to signify the body's central role in both the production and experiencing of memory (Waterton and Watson, 2014). This theme is illustrated nicely in Ratnam and Drozdowski's work with Sri Lankan refugees and asylum seekers about their homes in Sydney, in which the scent of particular plants could conjure powerful memories of earlier points in their lives, illustrating how "the past is represented through memories in the form of feelings and sensations" (Ratnam and Drozdowski, 2020, 758) (for more on the role of the senses and emotions in memory see also Jones, 2003; Horton and Kraftl, 2012; Jones and Garde-Hansen, 2012; Tolia-Kelly et al., 2016; Waterton and Watson, 2014; Sather-Wagstaff, 2016; Drozdowski et al., 2016; Sumartojo, 2016 and

¹ This project was funded by a small grant from the Wellcome Trust.

Micieli-Voutsinas, 2017; Tolia-Kelly et al., 2017; De Nardi, 2019; Gensburger, 2019).

Relatedly, this scholarship also shines light on the ways body memories also connect to past places (Casey, 1987; Jones, 2003; Edensor, 2005; Maddrell, 2012; Jones and Garde-Hansen, 2012). As Jones and Garde-Hansen put it “memory is always bound up with place, space, the body, practice and materiality” (Jones and Garde-Hansen, 2012, 10); while Ratnam and Drozdowski observe: “our bodies ... are ... a repository of memories: of doing and/or performing certain actions, being in certain places, of sensing atmosphere, and, of people, places and encounters” (Ratnam and Drozdowski, 2020, 759). With Grosz and Coleman we approach the past as dynamic and relevant for contemporary politics (Grosz, 2004, 178), and note the political potential of birth memories in informing collective memory (Johnson, 2005, 168). Indeed, childbirth and issues of reproduction more widely, both then and now, are highly politically charged. We believe that giving childbirth a more prominent place in the shared histories represented in heritage and commemoration sites shows how public and private understandings of reproducing individuals and communities are interwoven within collective remembering.

2.2. Heritage, gender and biopolitics

Heritage sites both serve as a means of achieving collective memory as well as being places people go to engage with collective memory and make sense of their lives (Waterton and Watson, 2014, 78). Despite the proliferation of heritage sites in the post-war era in the UK and elsewhere in the Global North (Lowenthal, 1985) we note the conspicuous absence of childbirth within such spaces. As scholars of various stripe have noted, the question of whose voices and experiences get to speak for a nation or region's past is both political and bio-political (Dwyer, 2000; Crang and Tolia-Kelly, 2010). As Crang and Tolia-Kelly (2010) note in their analysis of the British Museum, heritage sites typically reinforce existing power relations of race, class and gender.

Heritage further divides memory into public and private, typically placing much more value on the former (Drozdowski et al., 2016, 452). Heritage sites typically curate public memory to highlight the experiences and accomplishments of white, middle/upper-middle class men, leading to what Laurajane Smith terms *authorized heritage discourse* (Smith, 2006). What typically gets commemorated within authorized heritage discourses in the UK (and within Global-North states more generally) are activities of statecraft, warfare and infrastructural achievement, together with upper-class projects of wealth consolidation (such as in the UK through the National Trust). In such renderings, women's lives and experiences are marginalized (Sherman, 1996; Novikova, 2011; Drozdowski and Monk, 2020). Although authorized heritage discourses have expanded in recent years to include more historically marginalized subjects in the form of museums focusing on “everyday life” (such as the Welsh St Fagan's National Museum of History, Manchester's Museum of Working Class History or the Lower East Side Tenement Museum in New York²), childbirth rarely ever features as a theme.³ Nor is it featured in the US-based on-line National Women's History Museum, nor the London East End Women's Museum.⁴ We

suggest that widespread omission of childbirth within systems of commemoration is a testament to the ongoing effects of patriarchy in which the bodily experiences of women continue to be marginalized.

Meanwhile, scholars in critical heritage studies have called for broadening the aperture of authorized heritage discourses by attending to everyday practices and the affective, emotional and “private” dimensions of lived experience (Wylie, 2009; Crouch, 2010; Horton and Kraftl, 2012; Tolia-Kelly et al., 2016; Sather-Wagstaff, 2016; Drozdowski et al., 2016; Tolia-Kelly et al., 2017; Micieli-Voutsinas, 2017; De Nardi, 2019; Gensburger, 2019; Ratnam and Drozdowski, 2020). This approach can serve as a means of “doing heritage from below” (Tolia-Kelly et al., 2016, 5), whereby “heritage is ... something that people ‘feel’ and ‘do’ as part of their everyday lives” (De Nardi, 2019, 1) and “a focus on ... memories as a part of lived, everyday human experience is fundamental to a truly critical heritage studies” (Sather-Wagstaff, 2016, 201).

These interventions have occurred alongside increased attention in recent years to the ways that both *emotions* (one's own feelings), and *affect* (the felt feelings of others) can create a sense of place in a given space (Ahmed, 2010; Anderson, 2012). Scholarship has highlighted how memory entwines affect, emotion and place in showing how the mood of an experience can be recalled viscerally through temperature, smell or sensation (Maddrell, 2012; Morrissey, 2012; Tolia-Kelly et al., 2016; Waterton and Watson, 2014; Sather-Wagstaff, 2016; Sumartojo, 2016; Drozdowski et al., 2016; Tolia-Kelly et al., 2017; Micieli-Voutsinas, 2017; De Nardi, 2019; Gensburger, 2019; Ratnam and Drozdowski, 2020). As Jones and Garde-Hansen (2012) put it, through “remembering emotion and affect, place and body (always) interrelate” (p.22).

In turn scholarship has called for greater attention to be paid to the relations between place, affect and emotion in practices of collective remembering and commemoration (Waterton and Watson, 2014; Tolia-Kelly et al., 2016; Fuchs, 2017). Leading conceptual work in this field, Tolia-Kelly et al. (2016) have highlighted the importance of attending to the “felt, embodied (and) intense” (p.3) in heritage projects, together with the potential of heritage as “an affective tool for the co-constitution of embodied, political narratives” (p.3). In a related vein, Micieli-Voutsinas has proposed the concept of “affective heritage” as a means to signal the power of emotions to connect those visiting heritage sites to past events (Micieli-Voutsinas, 2017).

This paper builds on existing scholarship in two ways. First we seek to extend scholarship on (individual and collective) memory by exploring the role of bodies, emotion and place in women's memories of childbirth, arguing that childbirth memories are at once both individual and also collective. Second, we seek to extend scholarship on affective heritage by arguing for the importance of childbirth as a form of collective experience that deserves public recognition and commemoration within formal heritage sites.

2.3. The study and context

This study draws on oral history: a recognized feminist methodology for attending to voices and experiences of historically marginalized subjects (Gluck and Patai, 2013). Women's narratives of birth have long existed on the margins, and as such are both present and absent. As Della Pollock notes: “Birth stories are everywhere and nowhere. Seen in every movie theater but heard only in brief gasps of attention in grocery store lines or parking lots, inculcated in prenatal classrooms but shamed to the edges of conversation, birth stories permeate and haunt our everyday lives” (Pollock, 1999, 1). However, as Pollock demonstrates, certain types of narratives are prioritised, even celebrated, while others are silenced: “To the extent that the birth stories that are told and heard are comic-heroic, to the extent that their example further shames stories of death and deformity into silence, they may be complicitous with the system they often otherwise reject: they may convey the same threats and promises that finally moved at least one of the mothers I talked with to concede that a C-section she had vigorously opposed ‘could’ve been

² A further example of this can be found in the UK's National Trust's initiative in 2017 to increase the visibility of LGBTQ people connected to National Trust properties <https://www.nationaltrust.org.uk/features/exploring-lgbtq-history-at-national-trust-places> accessed 7/12/2018.

³ Though we note the Wellcome Trust (London) has a collection of artifacts related to childbirth and between 2011 and 2014 there was a pop-up museum of motherhood in New York City created by the Motherhood Foundation. We also note with enthusiasm that a museum of Women's History is set to open in East London in 2022. <https://eastendwomensmuseum.org/> Accessed 16/06/2018.

⁴ <https://www.womenshistory.org/> Accessed 7/12/2018.

good.' Directly and indirectly, that may support the norms - the desires and expectations for a 'normal' birth - enforced by medical practice" (p. 6).

Women's narratives of birth have also been marginalized historically, particularly in official public history. However, women's stories of birth can be accessed through texts such as childbirth manuals and publications produced as parts of campaigns for maternal rights throughout the twentieth century. For example, in the US context, we can find women's accounts of childbirth within Marguerite Tracy's advocacy for 'twilight sleep' in her book *Painless Childbirth* in 1915, (Leavitt, 1980). In the same year in the UK, letters collected by the Co-Operative Women's Guild and published in the book, *Maternity: Letters from Working Women* presented working-class women's views of birth (Llewelyn Davies, 1915). Women's experiences of birth also featured prominently in the UK movement for natural childbirth, and women shared their birth stories with these campaigners in letters sent to Grantly Dick Read (Thomas, 1998). Similarly, books advocating for natural childbirth in the US, such as Ina May Gaskin's, *Spiritual Midwifery* (Gaskin, 1975), also incorporated 'birth tales'.

While we can access birth narratives in collections such as these, women's testimonies of birth were edited and manipulated to suit the aims of these works' authors - typically advocating either medicalised or 'natural' childbirth. In contrast, we believe an oral history enables women's own narratives to be foregrounded. One of the most important early works on childbirth based on oral history came from the feminist sociologist Ann Oakley (Oakley, 1979), undertaken in the mid-1970s. We also draw upon the work of historians who have used oral history to discover women's experiences of maternity, namely Lara Marks (Marks, 1994) in her study of East London and Woolwich between the wars, and Lucinda McCray Beier (Beier, 2008) in her study of Lancashire between 1880 and 1970 before and after World War Two.

Our work extends the scope of prior research in respect to time period as many of the works discussed focused on the period prior to the founding of the NHS in 1948; by geographical location in that the other works have looked at different English regions and we looked at South Wales; and also by exploring midwifery practice from the perspective of affect and bodily practices. Existing scholarship has tended to focus on the professionalisation of midwifery; the medicalisation of childbirth; the move from home to hospital as the usual place of birth and the power relations inherent in these processes, whether between doctors and midwives, or between women and their birth attendants (Stone 2009). Indeed for Hilary Marland and Anne Marie Rafferty (Marland and Rafferty, 1997), the medicalisation of childbirth became a "moral fable" in broader narratives about the role of medicine in the patriarchy. More recent historiography (McIntosh, 2012), and particularly the oral history studies discussed above, have presented a much more nuanced view of the medicalisation of childbirth, highlighting women's own agency, and this is approach encouraged and influenced our own study.

We undertook oral history work with 12 women in South Wales who had either given birth or attended the births of others as midwives between 1948, the year the NHS was founded, and 1970, when the NHS began to advocate as policy that women should give birth in hospitals rather than at home. We found our participants using professional associations and personal contacts, as well as by snowball sampling. This data set included both home and hospital births in urban and rural areas, including communities of: Carmarthenshire, Cardiff, Aberystwyth, Port Talbot and Newport as well the South Wales Valleys, a region composed of typically tight-knit villages and some larger towns all based around the mining industry. All participants were heterosexual, married and White-British and many lived in communities characterized by socio-economic disadvantage. In the accounts below we identify participants as MW (midwife) or W (woman) and interview number.

Interviews were conducted in participants' homes by a research assistant with a background in midwifery. A semi-structured approach was used with an interview schedule focusing on participants' recollections of childbirth. Written consent was given before the interview

commenced and the data were audio-recorded and professionally transcribed. Through our discussion of the data over several months the three themes of affect, corporeality and place emerged, which were used to structure the analysis. Analysis was further shaped by our own subject positions as White-British academics and mothers. After Haraway (1988) we recognize not only that this account is partial and shaped by our own subject positions, but also, with Taguchi (2012) recognize that our own understandings of the world have been defractively affected and (re) shaped by this research encounter.

3. Birth memories: bodies, emotions, sense of place

3.1. Bodies

There are few moments in which we are not steeped in memory: and this immersion includes each step we take, each thought we think, each word we utter. Indeed, every fibre of our bodies, every cell of our brains, holds memories (Casey, 1987, ix) in (Jones, 2003, 27).

This section explores how the theme of corporeality circulated through participants' birth recollections. Participants spoke powerfully of their babies' bodies, the joy of holding new babies and activities such as giving their baby its first bath (W4). Participants recalled embodied experiences such as fatigue and breastfeeding (W3), highlighting the deeply corporeal and material nature of childbirth and early motherhood (Longhurst, 2008). The recollections participants shared were often not focused on their bodies "on their own" but rather their bodies interacting with the bodies of others. For example one participant who was born in 1934 and had her first child in 1959 described how she held her midwife's leg during birth in order to gain extra traction:

She was, she was sort of near me but yeah, she was holding me legs. I was being delivered on my back with my knees bent and I just needed something to hang onto, and I hadn't got the right sort of bed for hanging onto so I hung onto her leg, and she said she was bruised the following morning (laughs). But that, you know, that had seemed ... again, that had been coming and going and I hadn't really been very much in control of those, those pushes, I'd, I'd done what I was told, panting and so on but that hadn't worked. And the head was beginning to show but I really wasn't dilated far enough I don't think. And, um, then she said the ten minute rule, and I must have pulled myself together because I know I made a lot of noise because it was very relieving to scream and shout, and I remember her saying, 'Look enough of that shouting now let's get on (laughingly), let's get on with what we're doing ... what we're meant to be doing'. (laughs) (W3)

This experience resonated with recollections from midwives in our study who likewise described how they interacted with the bodies of mothers they were caring for. For example as one midwife recounted (and demonstrated): "I only remember, I don't remember the name of the position. But we were taught you see, you're over now on your left lateral; I would put then my arm through there, right? Lifting ... and then hold you like so, and deliver you" (MW2). Similarly another midwife explained: "we used to turn them on the left-hand side with the leg on your shoulder, um, and they—it was such an easy way to do it, more comfortable for the mother" (MW4). We suggest that recollections such as these highlight how childbirth brings bodies together toward a collective goal. In addition, *memories* of such events can also be seen as a means of connecting different bodies both in that they recall bodily interactions, and in that memories of a given event are shared by more than one person.

We were also struck by the level of specificity and detail with which the sensory and bodily aspects of childbirth were recalled. For example MW9, a midwife, remarked that she would "never forget the feeling of doing a vaginal exam and feeling all those ridges", going on to describe a particularly strong memory of a face-presentation delivery, noting: "I

remember the feeling, today, of doing a vaginal examination and that head. Uurgh! I can feel it now”, noting the “little face looking at me through the vulva”. We were struck both by the force with which these memories seemed to return, and the extent to which bodily perception was fore-fronted within them, illustrating the role of senses and perception in memory (Casey, 1987; Drozdowski et al., 2016; Sumartojo, 2016; Micieli-Voutsinas, 2017; Ratnam and Drozdowski, 2020). As Ratnam and Drozdowski put it: “forms of knowledge about ourselves (are) ... sourced by the past through our bodies in the form of [encounters in everyday life] between haptic perception, the senses, tactile experiences, and movement” (Ratnam and Drozdowski, 2020, 771); while Micieli-Voutsinas notes that “our senses play an integral role in the psychological and physiological processes that re-constitute and are constituted by our memories and inform our subjectivities” (Micieli-Voutsinas, 2017, 95).

In these accounts we see vivid examples of past and present “co-existing” or enfolded within the same temporal frame, called forth simultaneously through perception and bodily memory: both (re-) *feeling* the head of a baby born fifty years ago as that memory is produced, and re-experiencing the shock of the original sensation. We suggest that remembrances such as these speak eloquently to Horton and Kraftl (2012:26)’s observation about the “always corporeal nature of memories”, at the same time highlighting Coleman’s conceptualization of memory as a bodily *re-experiencing* of the past (Coleman, 2008). These recollections suggest how, after Grosz, the present “includes sensory inputs of previous impressions” (Grosz, 2004, 177); or, as Deleuze suggests, how “these two acts, perception and recollection, always interpenetrate one another” (Deleuze, 1991, 26–27). We suggest these findings could inform heritage practice by highlighting the importance of the sensed and bodily dimensions of childbirth.

3.2. Emotions

Related to the theme of corporeality, **emotionality** emerged as a further theme in this study.⁵ This section builds on scholarship that has explored the role of emotion and affect in heritage practices (Jones, 2003; Horton and Kraftl, 2012; Jones and Garde-Hansen, 2012; Tolia-Kelly et al., 2016; Waterton and Watson, 2014; Sather-Wagstaff, 2016; Sumartojo, 2016; Drozdowski et al., 2016; Tolia-Kelly et al., 2017; Micieli-Voutsinas, 2017; De Nardi, 2019; Gensburger, 2019; Ratnam and Drozdowski, 2020), in particular Micieli-Voutsinas’s concept of “affective heritage” as a way to signal the role of affect and emotion in connecting past and present (Micieli-Voutsinas, 2017).

The importance of emotional support and the presence of friends and family were highlighted in our findings as key benefits of home birth. As one participant put it: “it [home birth] was much better. Not better medical-wise I don’t think, but you know, emotionally” (W5), signaling the importance of feeling secure when giving birth, and being in one’s own home as a way of achieving that. Emotion also emerged in our research in the appreciation mothers expressed for their midwives. Many participants had strong memories of being looked after by their “gorgeous midwives”.⁶ Recalling the care she received for her unwell new-born one participant noted how:

He was so ill one night ... there were the two sisters on the ward: the day sister, she was charming. Charming she was. And she was so comforting to me. And the sister at night... she was lovely she was. And she used to come and tell me and take me to see him every day, the poor little thing. (W4)

This participant shared how she couldn’t forget their kindness,

noting that her midwife was “so caring”, summarizing her reminiscence with the comment “isn’t it nice, your first baby, having somebody kind like that”. Likewise several of the midwives we interviewed described how much they enjoyed having meaningful relationships with women throughout their careers, summarised by one participant with the comment: “I loved my mothers” (MW6). Comments like these support the link between memory, affect and emotion noted in the literature (Jones, 2003; Horton and Kraftl, 2012; Jones and Garde-Hansen, 2012; Tolia-Kelly et al., 2016; Waterton and Watson, 2014; Sather-Wagstaff, 2016; Sumartojo, 2016; Drozdowski et al., 2016; Tolia-Kelly et al., 2017; Micieli-Voutsinas, 2017; De Nardi, 2019; Gensburger, 2019; Ratnam and Drozdowski, 2020), adding to existing work by highlighting how the powerful feeling of being well-cared for—together with the act of giving care—can form a strong memory that reverberates down through time. We were struck by the absence of discussion about fear, pain, anxiety or other more negative emotions from the mothers in our study, since these are common features in many experiences of childbirth. We speculate this may be due to a practice of active or strategic forgetting in which mothers may narrate childbirth in a positive light in order to enable them to have future pregnancies (see Drozdowski et al., 2016 for more on strategic forgetting).

Midwives, however, did discuss some of the more traumatic and upsetting memories of births they had assisted. Midwives spoke powerfully about professional experiences that had been difficult, upsetting or frightening. These ranged from anxieties about negative interactions with colleagues described as being “terrifying” (MW2), to the distress of witnessing traumatic events. For example MW9, in speaking of a baby born with severe birth defects told us simply: “you had to deal with it, the grief, as best you could, there was no training or advice on how to cope with it”. In addition to grieving for the child, this participant also noted how she had worried about the way this child and its parents had been treated by the hospital at the time. Some midwives also reported that they found working in the community with limited back-up frightening (MW2), (though others said they enjoyed the greater freedom of working outside the hospital).

Midwives also spoke of feeling deeply upset by the experience of single mothers forbidden from seeing their newborn babies and having babies taken from them to be fostered against their will. As MW6 told us: “some of the midwives didn’t let them [the mothers] see the babies. It was quite traumatic really for us young girls, trainee midwives” adding that “there was a lot of crying” when babies were taken away. This participant went on to note that “it’s very sad when you think back, especially when you’ve had your own children”, adding that: “as young girls you didn’t ... well you did feel it but you tried to ignore it”. These examples of long-lingering sadness for lone mothers and ill babies, or discomfort about the actions of more senior colleagues towards the mothers in their care reveal what can emerge out of the “drift back into all the removed spaces, events and feelings which are stored in our minds” (Jones, 2003, 32). They underscore the power of strong emotions or trauma to “fix” certain events in one’s memory, as outlined by Morrissey (2012) in her analysis of memories of childhood trauma⁷ (See also Gensburger, 2019 for more on trauma in memory studies). These comments may also suggest unresolved feelings of guilt or shame over situations which although hard to witness, the midwives did not feel able to challenge due to their subordinate position at the time.

While not claiming that this analysis is a definitive treatment of the emotions associated with childbirth, we suggest it could serve as a starting point for exploring how heritage practice might begin to explore the myriad emotional dimensions of childbirth in a spirit of “affective heritage”. After Micieli-Voutsinas (2017), we argue that this could provide a powerful means of moving away from monumental heritage, and drawing purveyors of heritage into these stories and experiences.

⁵ We stress that childbirth can elicit a wide range of emotions and that this analysis does not purport to be comprehensive.

⁶ In the UK “gorgeous” is often used to describe something that is very good or desirable.

⁷ See Morrissey (2012) for more on the force of trauma within memory.

4. Sense of place

one little mother ... I delivered her fourth baby and they were all under five, and, um, oh she was—I can see her now sitting on the settee at feeding-time ... she used to say, ‘Story book time’ and they’d all sit on the settee while she fed the baby and she read them a story. It was a lovely atmosphere going in there (MW4).

Having considered some of the ways birth memories are bound up with bodies and emotions, before concluding we will now turn to explore the theme of sense of place in birth memories. The birth stories shared with us vividly called forth the social contexts of rural and largely economically-disadvantaged mid-century Wales in which they were situated. These deeply emplaced social contexts were noted by many participants, emerging through references to living in the same home one’s whole life, living next door to one’s mum (W9) or (for midwives) being able to watch babies whose births they had attended grow up over the years (MW6).⁸ As the opening quote suggests, our interviews highlight the way memory and sense of place can intertwine (Jones and Garde-Hansen, 2012; Micieli-Voutsinas, 2017; Drozdowski and Birdsall, 2019; De Nardi, 2019; Ratnam and Drozdowski, 2020); in the image of feeding time in a particular home, on a particular settee. That the memory of this scene was also fused, for this participant, to the “lovely atmosphere” it created illustrates Drozdowski and Birdsall’s point that places can be felt (Drozdowski and Birdsall, 2019, 8) and Ratnam and Drozdowski’s point that “sensory memories are both embodied and emplaced” (Ratnam and Drozdowski, 2020, 767).⁹ In examples such as this that fuse together atmospheres and day to day practices of caregiving in particular material contexts we can see how birth stories might function as “affective heritage” (Micieli-Voutsinas, 2017).

At the same time, as noted, these were not lavish homes and the theme of material deprivation emerged in our interviews such as through midwives’ recollections of beds without pillows and families using coats for blankets (MW6). Some participants lived in areas so far from population centres that they did not have access to any local doctors, while others lived with extended family, for example after husbands were unable to secure re-employment in the local mine after the end of World War II (W4). One participant told us how her family did not have an in-home telephone during this time but instead safeguarded the four pennies needed to ring the midwife from the nearest public telephone (W3), while one of the midwife participants noted that despite high levels of material deprivation amongst the families she served she had vivid memories of a family who kept a new cup and saucer for her use alone (MW5). As another midwife in the study shared with us, while some houses had coal fires, council houses¹⁰ did not (MW8). These details convey a sense of the long shadow of post-war material deprivation in the UK in which these birth experiences took place, especially in poor and rural areas.

Though most births took place at home during this period, births were also beginning to take place in hospitals. Not unlike today, hospitals were lauded for their wider array of technology but home-birth was associated with superior emotional support. In the case of home-births it was the norm in this place and time for new mothers to remain upstairs in the bedroom in which they had given birth for between ten days and two weeks, and a number of participants described

this practice as creating a micro-space of care they did not want to leave. As W9 noted “It’s no mean job to have a baby”. For the women we interviewed it was normal for friends, family and neighbours to keep households running while new mothers recovered, however, not all women experienced this level of support. W3 told us how she had to leave her nest of care on the third day of her second week post-birth to resume making sandwiches for her husband to take to work, stressing her irritation at this.

Another strong theme to emerge from this research was the role of bodily senses in birth memories. Experiences of childbirth were recalled by several participants in vivid sensory details, which were in turn embedded within specific places or memoryscapes (Edensor, 2005). For example W9, who was born in 1935 and who had her first child in 1957 noted having a “nice coal fire” to keep her baby warm, while other participants also commented on the importance of lit fires to keep birthing rooms, babies and mothers warm (W8). In contrast, (W4) recalled the smell of disinfectant from her hospital birth, and the memory of a burst of cold air when opening a hospital window (W4). In contrast, one participant noted how she was glad to have given birth at home because she was able to be surrounded by her own belongings and all the familiar sights, smells and sounds of home (W5). These memories all signal the powerful role the senses can play in conjuring forth a particular place-in-time. Such details illustrate what Drozdowski and Birdsall have identified as the “deep seams connecting memory, place and the body” (Drozdowski and Birdsall, 2019, 7) and Micieli-Voutsinas points out that “meanings of place are simultaneously negotiated through psychological and physiological encounters” (Micieli-Voutsinas, 2017, 94). These sensory details further suggest the interconnection of present and past as argued by Grosz, who has observed that the: “present extends itself to include those memories of previous instants that still generate sensations and cannot be cut off from the present” (Grosz, 2004, 176–177).

In addition to the sensory, the birth memories narrated to us also invoked a strong sense of the material: of specific places represented through details such as coal fires, earmarked pennies, special cups and saucers for the midwives and coats being used as blankets.¹¹ These details illustrate how memories of powerful events can be intimately bound up with the emplaced, material context in which they occurred. This serves to illustrate De Nardi’s point about the importance of objects and the material in everyday heritage as shown in her work on “house museums” in working-class areas of the midlands of the UK (De Nardi, 2019).

Finally, in addition to illustrating the role of the senses in memory-work, we note how these birth stories suggest the way childbirth can *change* places and the social relations that occur in them. As Ratnam and Drozdowski (2020) observe, places are in a continual state of becoming through lived practice. These birth stories convey something of the joy that babies bring to a home, as invoked in the opening quote about feeding time on the settee. Yet at the same time these narratives also speak to the additional labour a new baby invariably brings—be that making sandwiches for husbands or keeping a fire going—alongside childcare. In this way childbirth is not only an event of personal heritage that is remembered in and through particular places, but one that profoundly *changes* how those places are experienced (and in turn, could provide a way to conceptualize how places are narrated within heritage-scapes in a more nuanced way).

Together, these birth memories highlight some of the key themes that can characterize childbirth. After Avril Maddrell, we suggest they vividly illustrate how in “remembering ... emotion and affect, place and body interrelate” (Maddrell, 2012, 58), and highlight the salience of the three inter-related themes of corporeality, emotions and sense of place

⁸ However, within this over-arching narrative of community cohesiveness participants also noted that families provided different levels of support for new mothers, and that single mothers encountered sometimes strong social stigma and societal expectations that they would give their babies up for adoption immediately after birth. We were not able to interview anyone who had experienced giving up a baby after birth first-hand.

⁹ See also Sumartojo (2016) on the role of the more than human in creating particular kinds of atmospheres.

¹⁰ Council housing is government provided/public housing in the UK.

¹¹ As one participant noted of the room in which she had given birth “it’s all crystal clear in my mind” (W3), despite not having a photograph of the room itself.

in conceptualizing what is a key event in so many women's bodily biographies. While not speaking for all women's experiences, we nevertheless suggest that these themes present a productive framework in which childbirth might be represented within systems of heritage and public memory.

5. Conclusion

In this paper we have pursued three inter-related objectives. First, we have extended knowledge about women's experiences of childbirth in a historical context. Second, following scholars who note the relative absence of "everyday heritage" in sites of mainstream heritage and commemoration, we argue that the absence of women's bodily and reproductive biographies from such spaces is problematic, and that bringing women's recollections of childbirth into such spaces would be a good way to begin to rectify this. Third, we have highlighted three conceptual frames that could inform such a project, focusing on themes of bodies, emotion and place.

Emerging out of an interdisciplinary research collaboration this project builds on work in motherhood studies, social history of medicine, heritage studies and memory studies to make something wholly new. Further analysis is now needed on the birth experiences of women from other backgrounds and cultures, especially the experiences of women of colour, lesbian, bisexual and trans-mothers, and mothers outside the Global North. We hope to have laid the groundwork for a broader project of bringing childbirth into systems of public memory and collaboration, and inspire thinking, action and collaboration directed at achieving this aim.

We would like to conclude with the question: what is needed to move from arguing that childbirth *should* be brought in to sites of mainstream heritage—to making this actually happen? Given that place matters and the stories we've told here are geographically specific, one way to begin would be to bring these stories into some Welsh sites of mainstream heritage, such as St. Fagans National Museum of History or the National Museum of Wales. Building on De Nardi's work on collaborative storytelling as a basis for (co-produced) heritage (De Nardi, 2019), this could be approached as a collaborative project in which mothers themselves played a substantive role, perhaps building on our work by seeking out mothers in different parts of Wales and from different social backgrounds. These sites currently reflect the industrial heritage with which Wales is so strongly associated (such as mining and shipping), and such an addition would provide a significantly different perspective on Welsh history. The inclusion of birth stories within sites of mainstream heritage would not only expand the remit of traditional heritage to include historically marginalized subjects and add an important dimension of "everyday" heritage, it could also significantly change how stories of *place* are told within such sites.

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