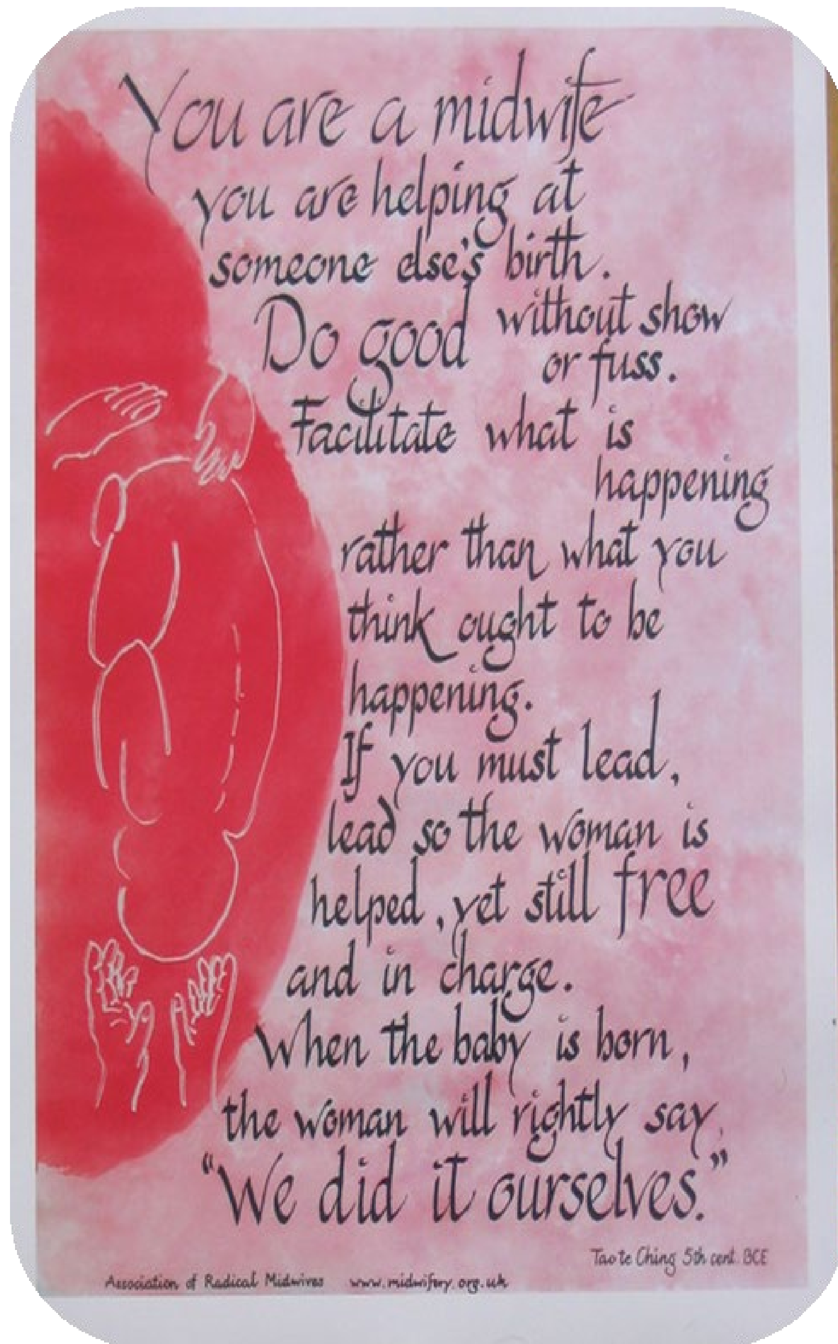
Being with woman: a creative-critical exploration of midwifery identity and aspects of the mother-midwife relationship.

Nicola Grace

Thesis submitted to the University of Nottingham for the degree of Doctor of Philosophy

March 2024



Tao te Ching quotation. Calligraphy by Sarah R. S. Montagu.

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I certify that this thesis is my own work, contains no plagiarism and has not been presented elsewhere for examination.

Abstract

This creative-critical thesis is comprised of two sections. The first section is a memoir, titled *With Woman: A Memoir of Birth, Death and Midwifery*. The second section is a critical commentary, 'Telling Midwifery and Other Untellable Things Through Memoir'.

In *With Woman* I reflect on my life, seeking to catch glimpses of what it means to be a midwife, to be with women at this most significant time of their lives in the light of my own experiences of childbirth and the death of my daughter. Stories of births I have attended are woven throughout the memoir, alongside writing in a range of modes including prose, poetry and edited journal extracts. These pieces depict my life as a woman, mother, and midwife intersecting with the lives of others. Juxtapositions of pieces, references to the writing process, and repetitions of the same memory or story, foreground constructed, mutable qualities of narrative, memory and the self.

'Telling Midwifery and Other Untellable Things Through Memoir' forms the contextual and critical section of the thesis. I begin with an exploration of the social and political contexts of the midwifery practice depicted in *With Woman* before moving to a discussion of my creative practice-based, autoethnographic methods. Next, I define the subgenre of midwifery memoir within the broader memoir genre. This discussion is followed by an examination of ways in which midwives represent themselves in memoir, particularly in terms of their autonomy and how autonomy has been eroded from the mid-twentieth century to the present. The critical section ends with a switch of focus to analyse a selection of life writing outside the

subgenre of midwifery memoir. I examine works by Maggie Nelson, Rachel Zucker and Arielle Greenberg, reflecting on how these authors use a range of formal modes, including ‘fragmented prose,’ to conceptualise fragilities of memory and self through narrative. I compare their approaches with my own in *With Woman*, and discuss collaborative narrative strategies. The critical contextual chapters are completed with a short conclusion that draws together the threads from the previous chapters, plus a meditative piece, ‘St Mary’s Churchyard, 10th October 2021’. This final part bookends the critical with the creative and emphasises that the thesis is intended as a creative-critical whole.

Acknowledgements

My first and most profound acknowledgement goes to my daughter, Penny, who died aged only nine days old. When I began this thesis, I stuck two notes onto my office wall, 'I must tell the story of Penny's life and death to honour her' and 'I want to tell a story of connection, presence, embodied activity – midwifery LOVE'. In *With Woman* I tell my story as best I can, as it relates to her.

I am very grateful for my PhD supervisors in the School of English at the University of Nottingham. Thank you Lila Matsumoto, you helped in so many ways to bring my original vision of *With Woman* to life with the glow intact. This thesis has been created with the help of your insightful comments, constant encouragement, kindness and the inspiration of your creative practice. Thank you Thomas Legendre. Your warm encouragement and critical eye have been invaluable; this work would be less honest, less bold, without your support. My third supervisor for the first part of this journey was Phoebe Pallotti. Thank you Phoebe, for helpful advice and for being a crucial midwifery anchor in the uncharted waters of a creative-critical thesis.

I would like to thank staff and student members of the School of English at the University of Nottingham. Particular thanks are due to members of the PGR creative writing group. I cannot imagine this thesis without the encouragement of Jamie Aitcheson and Amy van Kesteren. I also thank Veronica Layunta Maurel, Amanda Kale, and all members of the group for the great conversations, laughter and support over these years of writing during some very strange times.

Heartfelt thanks to all my clients. I was able to include some birth stories within this thesis, and I thank those whose stories I have included and who worked with me to hone my memories. Reflecting on these births has emphasised again what a privilege it is to have been part of your stories and lives. Thanks also to the many clients whose stories I was not able to include within these pages, but who are present for me in my memories and life. The memoir would not exist without you all.

I am very grateful for all the people who make up the circles of support that have held me during these years of writing. The idea that I was a writer was rekindled and nurtured at a women's creative writing group facilitated by my dear friend and former client, gifted writer Hannah Malhotra. Thank you Hannah, Johanna Mitchell and Alison Chippendale.

Thank you to my midwife friends, especially those in the Association of Radical Midwives and Independent Midwives UK. Particular thanks go to Janie Al-Alawi, Julia Allison, Sheena Byrom, Lynne Genevieve, Kerri-Anne Gifford, Katherine Hales, Margaret Jowitt, Mavis Kirkham, Andrea Lee, Carol McCormick, Sian Parrish, Maureen Raynor, Tracey Squires, Irene Walton, Rachel Wardle and Linda Wylie.

Thank you to colleagues and student midwives I met between 2022 and 2024 as a Teaching Associate in Midwifery at the School of Health Sciences at the University of Nottingham. Your dedication to midwifery is inspiring.

Another circle of support I would like to acknowledge is the Nottingham Home Birth Group. Thank you to all the members past and present, particularly Sarah Marsden, Dee Coe, Sophie Fletcher, Bella Bagshawe and Naomi Mills. You taught me the importance of birth stories.

Other circles of support are the Phoenix Bee circle led by Kara McArdle – thanks and love to my soul sister – and the Mount St. Bernard friends Heather, Wendy, Rachel, Fiona, Annette, Barbara, Eleanor, Heidi and Paula. Thank you all.

Thank you to my family: Mum (Irene) and Bob, Dad (Mik) and Jane, Dave and Jude, Debbie Grace, Melanie Beech and Jonathan Beech. We are very blessed, and what is even better is that we know it and tell each other frequently. Love you all.

I thank my sons Joe, Leo and Jack. Joe's tale was the most closely woven with Penny's and hence is predominant in this particular narrative. Each of my children has brought me immeasurable happiness even if I have been unable to tell of it in these pages. Thanks also to my wonderful daughters-in-law, Ruth and Hannah.

Simon Buttenshaw unstintingly provided what I needed to undertake this project - love, kindness, great music, endless cups of tea and fairly large amounts of money. Thank you for everything.

Illustrations

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Kind permission has been given by all the subjects of these pictures to include them in the thesis even when the copyright is mine.

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With Woman:

a memoir of birth, death and midwifery

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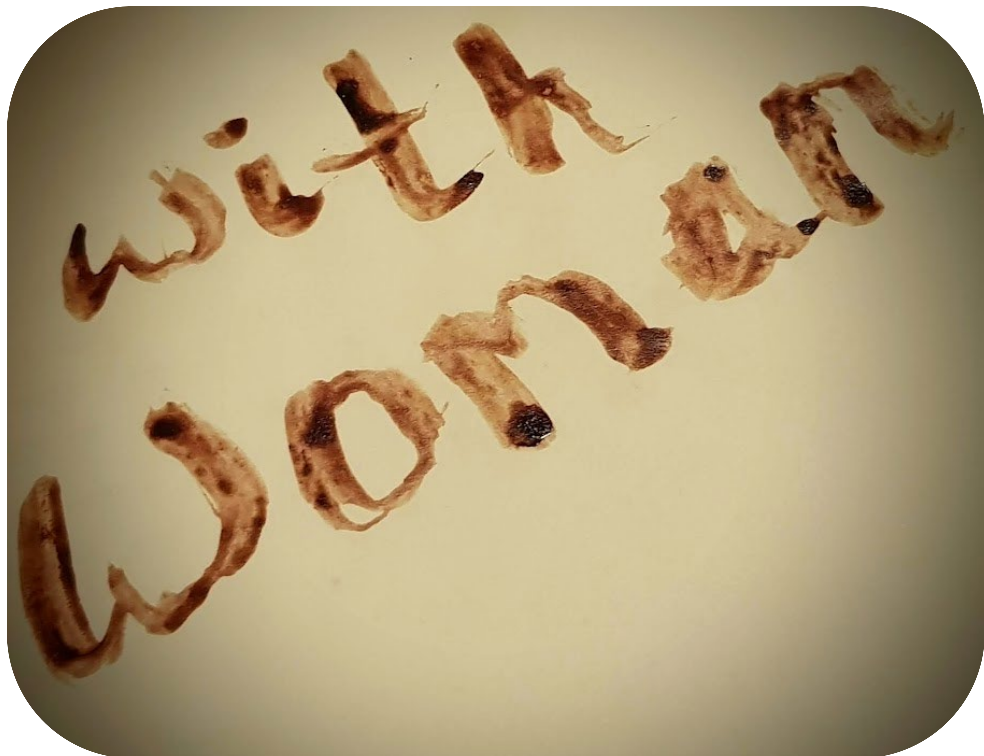
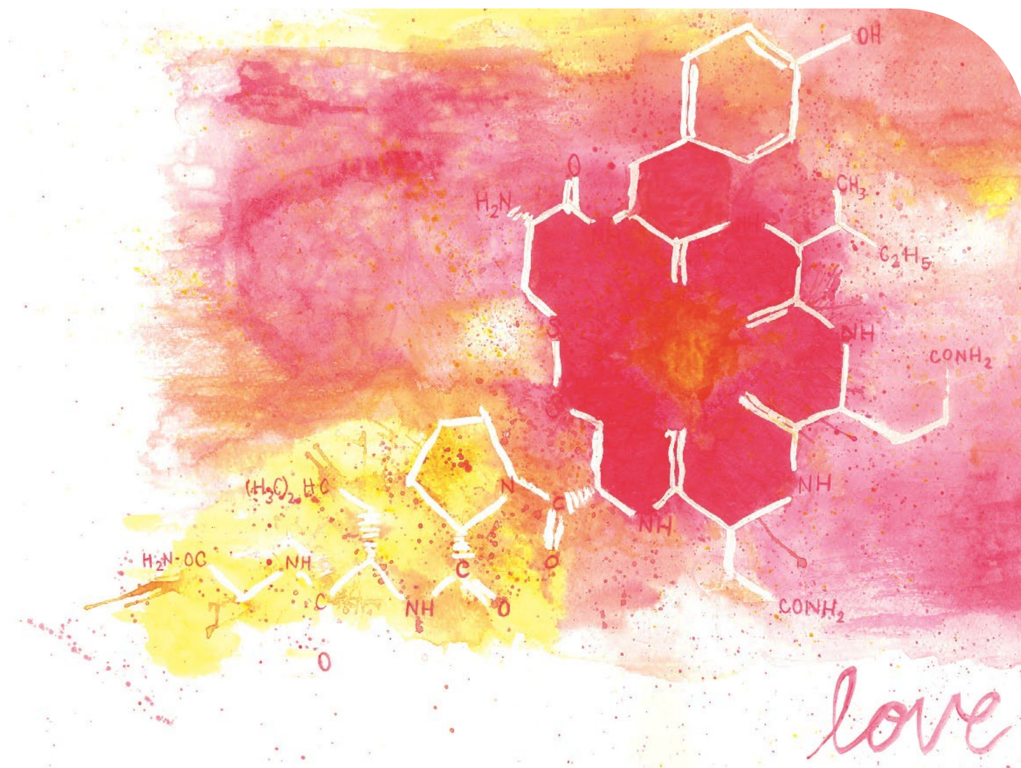


Dedication

For Penny.

Telling Midwifery and Other Untellable Things Through Memoir



The oxytocin molecule by Sarah Bands. Reproduced with permission of the artist.

Introduction

> …an agonized search for self, through the mutually reflexive acts of memory and narrative, accompanied by the haunting fear that it is impossible from the beginning but also impossible to give over …[1]

My proposal to undertake a PhD in Creative Writing in 2018 was based on my desire to write a memoir of my experiences as a midwife. At least that's what I said. I told my new supervisors that I wanted to reflect on the development of my identity as a midwife and to explore my relationship with the women for whom I cared. I explained that I was interested in ways that life writing by midwives might contribute towards the construction of ideas about what it means to be a midwife, and the role of such stories in shaping discourses of the mother-midwife relationship.

Those aims were true, but they were only part of the truth, a set of rationale made from small truths that overlaid, even obscured, the aim of what was to me a more profound truth. That deeper, more significant truth, that I hardly dared admit even to myself, was that I wanted to tell the story of what had happened to me many years ago, when I had had a baby daughter I called Penny, who died nine days after she was born. Penny's life and death had many impacts on my life, and this is where the two strands of truth interwove. I am afraid it sounds overly sentimental, unacademic, but I felt that she shone a light, or rather was a light in her own right, a light that continued to illuminate my way long after she took her final breaths. That way, for me, was midwifery.

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[1] James Olney, *Memory and Narrative: The Weave of Life-Writing* (Chicago: University of Chicago Press, 1998), ix-xv (p. xiv-xv).

What I had learned from many things that happened throughout my life, and particularly when I lost my daughter, transformed the way I lived. A new story emerged, writ from the past, becoming not a tale of tragedy, but a story of how I walked with women and families undergoing the rite of passage of pregnancy and birth.[2] My experiences of the sanctity of birth and death motivated me to attempt to ensure that each child's emergence into 'this breathing world' is not only treated with respect but with reverence.[3]

However, in the early days of writing the thesis I struggled to articulate those motives, particularly as they related to my daughter. It wasn't a deliberate deception; it was more that talking about the development of midwifery identity and ideas such as the mother-midwife connection was as near as I could get to a kind of truth at the time. I knew that some of what I wanted to explore would challenge me and my potential reader. Writing a memoir seemed the obvious way to approach this emotional and spiritual work; what was less obvious was whether such personal, subjective ideas and experiences could be encompassed within the scholarly scope of a creative writing research project.

It was not possible for me to look at the past, it was too painful. It was not possible for me to write of things that had been secret, that had been experienced within my body, within others' bodies; these embodied experiences seemed simply untellable. As Julia Kristeva writes in her poetic

[2] This intention inspired me to create and take my version of the 'vow of the midwife,' a concept I first came across in Ina May Gaskin's original and groundbreaking 1970 book, *Spiritual Midwifery*.
[3] 'This breathing world' is, of course, a quotation from the opening soliloquy by Richard in Shakespeare's *Richard III*. A beautiful phrase, spoken by a broken and spiteful character. The speech has personal meaning for me as I learned it by heart when I was an undergraduate at the University of Loughborough.

meditation on motherhood and birth, *Stabat Mater*, words are ‘always too remote, too abstract’.[4] Yet Kristeva makes the attempt, as all writers must.

Words came, written longhand in notebooks before being typed, all those experiences translated into marks on paper, then a screen, then back to paper again. A memoir had been birthed, at times written almost in a fugue state, as Helen Cixous so beautifully describes, as if ‘I was writing on the inside of myself … as if the page was really inside’ and titled as it had been from the first inklings within my mind, *With Woman*.[5]

With Woman forms the creative part of this creative-critical thesis, in which I seek to catch glimpses of what it means to be a midwife, to be with women at this most significant time of their lives, in the light of my experiences of childbirth and the death of my daughter. Writing my thesis was both an artistic endeavour and an enquiry into the potentialities and limitations of memoir as research. My research seeks to understand how *With Woman* offers perspectives on how I identify as a midwife, the meaning of that identity for me in the light of my experiences of birth and death, and my relationships with the clients in my care. More broadly, I ask whether creative practice-based research, specifically memoir and autoethnographic methods, offer perspectives that elude traditional research methods in English and the Health Sciences. Jon Cook writes in a chapter on ‘Creative Writing as Research,’

> …writing as a research method, depends upon the idea that writing is a means of discovery…To conceive of writing as discovery or technique implies the necessity of rewriting, and it also calls for a practice of

---

[4] Julia Kristeva and Arthur Goldhammer, ‘Stabat Mater’, *Poetics Today*, 6.1 (1985), 133–52, (p. 134). <https://tajakramberger.files.wordpress.com/2013/11/kristeva-stabat-mater.pdf> [accessed 28 January 2019].

[5] Helene Cixous and Mireille Calle-Gruber, *Rootprints: Memory and Life Writing* (London and New York: Routledge, 1997), p. 105.

writing informed by extensive reading. If these conditions are met, then I think it is appropriate to call writing a research method.[6]

The critical section consists of an introduction, five chapters, a conclusion and a final purely creative piece. The first chapter, 'Midwifery contexts: end of a thousand years?' explores the social and political contexts of the midwifery practice depicted in *With Woman*. Chapter 2, 'A Methodology of the Heart,' discusses my creative practice-based, autoethnographic methods and makes a case for artistic practices in general and memoir in particular as valid research methods for interdisciplinary or transdisciplinary research. Chapter 3, 'Midwifery Memoir,' defines the subgenre of midwifery memoir within the broader memoir genre. I discuss how *With Woman* is intended as progeny of that lineage, but also aims to expand on the conventions of midwifery memoir. The fourth chapter, 'From confidence to collapse: the portrayal of UK midwifery practice through memoir from the 1950s to the present' examines ways in which midwives are represented or represent themselves in memoir, particularly in terms of their autonomy and how this has changed from the mid-twentieth century to the present. The fifth and final chapter, 'Memory, self and others in memoir' switches focus to analyse a selection of life writing outside the subgenre of midwifery memoir. I examine works by Maggie Nelson, Rachel Zucker and Arielle Greenberg, writers who weave bold confessional content into their tellings of embodied experiences. Using a range of strategies these writers conceptualise self and memory through narrative, and I compare their approaches with mine in *With Woman.*

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[6] Jon Cook, 'Creative Writing as a Research Method', in *Research Methods for English Studies*, ed. by Gabriele Griffin (Edinburgh: Edinburgh University Press, 2013), pp. 200–217 (p. 204) <doi: 10.1515/9780748683444-012>.

These critical contextual chapters are completed with a conclusion that draws together the threads of argument that run through the thesis, plus a meditative piece, ‘St Mary’s Churchyard, 10th October 2021’. This final section bookends the critical with the creative and emphasises that the thesis is intended as a creative-critical whole. I intend to include this piece in the memoir when it is published.

1. Midwifery Contexts: End of a Thousand Years?

With Woman tells stories of midwifery practice as relationship-based mother-midwife interactions, the kind of midwifery where one midwife cares for one woman throughout her pregnancy, birth and the early days of new motherhood.[7] Attendance on women in childbirth by another woman, often accompanied by other female companions, has been known throughout human history in most, if not all, societies. However, the practice of midwifery is subject to a wide variety of cultural and context-specific customs and applications.[8] The appellation for the attendant at birth, of course, reflects the local language and social status of such attendants in that particular time and culture.[9] Despite such variance, midwifery is recognisable as a distinctive activity through the ages and I see resonances between my work and that of midwives in previous eras in England. Readers of *With Woman* may discern commonalities between my occupation and that depicted by Jennifer Worth in her memoir *Call the Midwife*, an account of her experiences as a newly qualified midwife working with nuns in the 1950s in the Dockland area of London's East End.[10] Going back even further in time and stepping outside the

[7] Mavis Kirkham, 'How Can We Relate?', in *The Midwife-Mother Relationship*, ed. by Mavis Kirkham (Basingstoke: Palgrave, 2000), pp. 227–50.
[8] Jean Donnison, *Midwives and Medical Men: A History of the Struggle for Childbirth*, 2nd edn (London: Routledge, 2023); Jean Towler and Joan Bramall, *Midwives in History and Society* (London: Croom Helm, 1986); Julia Allison, *Midwifery from the Tudors to the 21st Century: History, Politics and Safe Practice in England*. (Abingdon, Oxon. and New York: Routledge, 2021). Allison explains that evidence about midwives' practice and rates of births, stillbirths and deaths is mainly gained from Parish Registers which were introduced in 1539. Other sources include wills and court evidence. Scholars also have recourse to plays, poetry and other literary works and letters.
[9] Sara Wickham, 'What's in a Name?' (2018) <https://www.sarawickham.com/articles-2/whats-in-a-name/> [accessed 13 February 2023].
[10] Jennifer Worth, *Call the Midwife : A True Story of the East End in the 1950s* (London: Phoenix, 2008).

memoir genre, I even detect similarities of aspects of practice depicted in *With Woman* with that of seventeenth-century English midwife Jane Sharp. Sharp's *The Midwives Book*, published in 1671, is the first midwifery manual in English by a woman.[11] As text editor Elaine Hobby states, Sharp's writing displays her 'gender conscious perspective and her energetic, colloquial style'.[12] A picture of life as an English midwife in the seventeenth century is given vivid expression by the work of early modernist scholar and author Sara Read, who has drawn on Sharp's writing and other early modern sources to inform her novels *The Gossips' Choice* and *The Midwife's Truth*.

It is pure imaginative speculation, but Sharp's writing and her world as portrayed by Sara Read, lead me to ponder that if there should be a glitch in time meaning that we could somehow meet, Jane and I could swap birth stories, telling tales of large babies and obstinate placentas as midwives have throughout history.[13] The moments of being called out in the middle of the night would be recognisable to each other, though I write of responding to a telephone, while Jane Sharp would receive a knock at the door from a messenger.

And it seems that the world recognises and values traditional midwifery, with all its diversity, as a distinct activity. In 2023, The United Nations Educational, Scientific and Cultural Organization (UNESCO)

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[11] Sara Read, *Maids, Wives, Widows: Exploring Early Modern Women's Lives 1540-1740* (Barnsley: Pen and Sword History, 2015).
[12] Elaine Hobby, 'Introduction', in *The Midwives Book or the Whole Art of Midwifry Discovered*, ed. by Elaine Hobby (Oxford and New York: Oxford University Press, 1999), pp. xi–xxxi, (p. xxvi).
[13] Sara Read, *The Gossips' Choice* (Hull: Wild Pressed Books, 2020); Sara Read, *The Midwife's Truth* (Hull: Wild Pressed Books, 2023).

inscribed midwifery knowledge, skills and practices on the ‘Representative List of the Intangible Cultural Heritage of Humanity:’

> Midwifery is based on evidence-based practices and traditional knowledge, skills and techniques. It varies according to the social, cultural and natural contexts of different communities and countries, and sometimes includes knowledge of traditional medicine and of medicinal plants and herbs. Midwifery also entails specific cultural practices, vocabulary, celebrations and rituals. The related skills and knowledge have been safeguarded, developed and passed on by practising communities for generations, especially within networks of women. [14]

Yet this traditional, intangible, precious knowledge, these skills and practices, are contingent on the midwife being the main carer for one woman and accountable to the woman rather than to an employer such as a hospital or other employer. Such personal, indeed intimate, practices sit uneasily within the contemporary medical setting, where the skills required are very different to those of a traditional home birth midwife. Modern midwives working in hospitals need to gain familiarity with the use of highly complex equipment to conduct sophisticated obstetric surveillance and intervention with hundreds of competencies required to meet the current NMC standards of proficiency for midwives.[15] Such an environment is intended to increase safety, but the huge range of tasks required, including the time-consuming maintenance of digital records, means that it is difficult for midwives to provide the personal care and service that many entered the profession to deliver. Under-resourcing and reduced staffing levels cause high levels of stress and burnout, with

[14] UNESCO, ‘Midwifery: Knowledge, Skills and Practices’, *UNESCO.ORG*, 2023 <https://ich.unesco.org/en/RL/midwifery-knowledge-skills-and-practices-01968> [accessed 14 February 2024].
[15] Nursing and Midwifery Council, ‘Standards of Proficiency for Midwives’ (London, 2019) <https://www.nmc.org.uk/standards/standards-for-midwives/standards-of-proficiency-for-midwives/> [accessed 10 April 2022].

corresponding difficulties in recruitment and retention. A survey of midwives' experiences of work was commissioned by the RCM and conducted in the UK in 2017. Known as the WHELM study, this research reports that '83% of participants were suffering from personal burnout and 67% were experiencing work-related burnout'.[16] These shocking figures were reported prior to the additional stresses of the COVID-19 pandemic. Birthrights is a UK charity dedicated to human rights in childbirth; a statement released by the organisation in October 2023 asserts that 'The Care Quality Commission (CQC) State of Care report 2022/23 shows a maternity system in crisis … staffing shortages, toxic workplaces, leadership, safety and systemic racism remain key themes'.[17]

Midwifery in the traditional sense as inscribed on the UNESCO list is increasingly marginalised within modern systems of maternity care under strain of workforce shortages, a demanding and complex environment and rising levels of medical interventions such as induction of labour and caesarean sections.[18] The drift into hospitals during the twentieth and twenty-first centuries and away from home-based one-to-one care is a global phenomenon; high-income countries have virtually all embraced social policies that

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[16] Billie Hunter and others, 'Midwives in the United Kingdom: Levels of Burnout, Depression, Anxiety and Stress and Associated Predictors', *Midwifery*, 79.102526 (2019) <http://dx.doi.org/10.1016/j.midw.2019.08.008>[accessed 19 November 2022].

[17] Birthrights, 'Latest CQC State of Care Report Shows Maternity System in Crisis', 23 October 2023 <https://www.birthrights.org.uk/2023/10/20/latest-cqc-state-of-care-report-shows-maternity-system-in-crisis/> [accessed 20 October 2023].

[18] M. Scammell and A. Alaszewski, 'Fateful Moments and the Categorisation of Risk: Midwifery Practice and the Ever-Narrowing Window of Normality during Childbirth', *Health, Risk & Society*, 14.2 (2012), 207–21 <https://doi.org/10.1080/13698575.2012.661041>[accessed 19 November 2022]; NMPA Project Team, *National Maternity and Perinatal Audit: Clinical Report 2022. Based on Births in NHS Maternity Services in England and Wales between 1 April 2018 and 31 March 2019* (London, 2022) <https://www.hqip.org.uk/resource/national-maternity-and-perinatal-audit-clinical-report-2022/> [accessed 19 November 2022].

encourage or enforce this tendency, with middle- and low-income countries following the trend at pace.[19] These are complex and sensitive issues globally. As maternity researchers Wrede and others point out in a 2021 book chapter titled 'Birth Systems across the World,'

> maternity care and health care policies treat childbearing as a medical issue and the provision of services is much more focused on a medical model of pregnancy and childbirth than a more social one. When recognition of the social aspects of childbearing are missing, it is not surprising that access to maternity care tends to be structured by similar inequalities as medical care.[20]

However, the move to institutionalised care has not occurred entirely without resistance from midwives and others. For instance, in the United States a response came in 1970 from a group of self-declared hippies led by Steven and Ina May Gaskill who founded a community called The Farm. The Farm has become famous to midwives throughout the world as a centre of traditional and in their case, overtly spiritual midwifery and birth, and Ina May Gaskin well known as a midwife and leader.[21]

The situation in the UK is somewhat different to that in the USA; midwifery and home birth were (and still are) illegal in some states in America, whereas in the UK, midwifery was never eradicated, but since the Midwives' Act of 1902, was instead recognised by the state and

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[19] World Health Organization, 'Institutional Births Data by Country', *Global Health Observatory Data Repository*, 4 June 2020 <https://apps.who.int/gho/data/view.main.SRHIBv> [accessed 15 February 2024].

[20] Sirpa Wrede and others, 'Birth Systems across the World: Variations in Maternity Policy and Services across Countries', in *Pregnancy and Society*, ed. by Jane Sandall (Online: The Alliance for Global Women's Medicine, 2021) <https://www.glowm.com/article/heading/vol-1--pregnancy-and-society--birth-systems-across-the-world-variations-in-maternity-policy-and-services-across-countries/id/415183>[accessed 5 November 2023].

[21] Ina May Gaskin, *Spiritual Midwifery*, 3rd edn (Summertown, TN: The Book Publishing Company, 1990); Ina May Gaskin, *Birth Matters: A Midwife's Manifesta* (New York: Seven Stories Press, 2011).

professionalised.[22] Midwives received formal recognition of their role, albeit to the detriment of traditional, often working class midwives, and this meant that during the twentieth and twenty-first centuries, the majority of births in the UK have been attended by a midwife.[23] Despite these apparent successes for midwifery as a profession, in the second half of the twentieth century, the medicalisation of pregnancy and birth was still perceived by some to be a threat to relationship-based, personal, safe midwifery care. In 1976 in the UK, a group of student midwives established the Association of Radical Midwives or ARM. ARM was, according to one of the early members, midwife Mary Cronk, 'an organization rooted in feminism'.[24] The acronym ARM is both 'a pun on the term "Artificial Rupture of Membranes" which was routinely (over-used) at the time'[25] and a conscious statement of intent about the aims of the group. Within ARM the use of the term radical is not without controversy and the name has never been 'unanimously approved,'[26] no doubt because of potentially negative connotations of some definitions of the term. One Cambridge dictionary definition of 'radical' is 'believing or expressing the belief that there should be great or extreme social or political change'.[27] Cronk's insistence on ARM as a feminist organisation speaks to such

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[22] Tania McIntosh, *A Social History of Maternity and Childbirth* (Abingdon: Routledge, 2014) <https://doi.org/10.4324/9780203124222>.

[23] Nicky Leap and Billie Hunter, *The Midwife's Tale: An Oral History from Handywoman to Professional Midwife* (London: Scarlet Press, 1993).

[24] Mary Cronk, 'Foreword', in *Radical Midwifery: Celebrating 21 Years of ARM*, ed. by Margaret Jowitt and Ishbel Kargar (Ormskirk: Association of Radical Midwives, 1997), pp. 8–11, (p. 8).

[25] 'About Us', *Association of Radical Midwives* <midwifery.org.uk/about-us> [accessed 27 July 2023].

[26] Jenny Spinks, 'A Personal View of the ARM', in *Radical Midwifery: Celebrating 21 Years of ARM*, ed. by Margaret Jowitt and Ishbel Kargar (Ormskirk: Association of Radical Midwives, 1997), pp. 15–16, (p. 15).

[27] 'radical' in *Cambridge Dictionary* online <https://dictionary.cambridge.org/dictionary/english/radical> [accessed 26 October 2021]

meanings, but the aim has always been for inclusivity. As founding member Jenny Spinks explains in her 1976 article in the first issue of the newsletter that became the journal *Midwifery Matters,* 'I think we are a feminist organisation … the active members of our group seem to be that sort of woman. However, our aims and objectives can well be shared by many establishment/more conservative people'.[28] In keeping with the inclusive ideals outlined by the founders, the term radical is promoted in ARM as the website explains:

> Why "Radical"?
> The word 'Radical' is used in its literary meaning of relating to roots and origins, and best expresses the hope of that early group, that midwifery could find its way back to a position where midwives' skills were used to the full, while still taking advantage of the benefits of modern technological advances, where these are seen to be in the best interests of the woman and her child. In other words, the hope that the true meaning of midwife ('with woman') will once more be realised in practice. [29]

Radical midwifery according to this formulation relates to the roots or origins of midwifery; 'radical' meaning rooted, from late Latin radicalis.[30]

I joined ARM in 1997 as a student midwife and was surprised to find myself sitting in cosy living rooms in ARM meetings throughout the country with some of the midwives who wrote the books and articles I was studying. These included Mavis Kirkham, an ARM founder member and one of the first midwifery professors in the UK; historian Julia Allison, who had been General

[28] Spinks, 'A Personal View of the ARM', p. 16.
[29] 'About Us', Association of Radical Midwives, n.d. <midwifery.org.uk/about-us> [accessed 27 July 2023].
[30] The feminist roots of the organisation are maintained by the more overtly activist members. Australian midwife and researcher Professor Hannah Dahlen was a keynote speaker at the 2018 ARM national conference, and she articulates the idea that 'birth (is) not just a feminist issue but perhaps the feminist issue left unaddressed by the feminists of our, and earlier, times.'Hannah Dahlen, 'Midwives Are the Balance ARM Conference Presentation', Association of Radical Midwives Facebook Page, 2018 <https://www.facebook.com/radicalmidwives/videos/2023741201026313> [accessed 13 March 2024].

Secretary of the Royal College of Midwives; Mary Cronk and Jane Evans who had both attended dozens of breech births and facilitated the famous 'Day at the Breech' workshops during the late 90s and 2000s; Caroline Flint, a former RCM president and author of some of the most popular books in midwifery; Kerri-Anne Gifford and Andrea Lee who became independent midwifery partners with me and whom I mention in *With Woman*, and many others, some named within the memoir and more it has not been possible to name. These became members of some of my most important circles of support, a community of women who personify passion for midwifery, intellectual vigour, loving-kindness and courage in the face of the maternity establishment and an often hostile media environment.[31] I was influenced by ARM, and in my roles as Steering Group member, website and journal editor, conference organiser and more, I influenced ARM. The radical midwifery philosophy, friendships and even some of the differences of opinion I found within ARM permeate *With Woman*, though the organisation is not named apart from within the 'Acknowledgments'. In the piece titled 'Pools of Light on a Forest Floor' (page 15), I mention the idea of the book as a quilt; if so, ARM would be one of the threads binding the pieces together. The stitches might not be visible, but there would be no quilt without them.[32]

As a radical midwife, the roots, the history, the meaning of the word midwife are important to me and are inherent within my memoir. I am 'with

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[31] See, for instance Catherine Bennett, 'Relentlessly Pushing the Idea of "natural" Childbirth Is an Affront to Pregnant Women', *The Guardian*, 16 April 2022 <https://www.theguardian.com/commentisfree/2022/apr/16/relentlessly-pushing-natural-childbirth-abuse-pregant-women> [accessed 12 October 2023]; Sirin Kale, '"I Was Told They Didn't Offer C-Sections" - the Dangerous Obsession with "Natural Births"', *The Guardian*, 14 April 2022 <https://www.theguardian.com/lifeandstyle/2022/apr/14/i-was-told-they-didnt-offer-c-sections-the-dangerous-obsession-with-natural-births> [accessed 12 October 2023].
[32] Nicky Grace, 'What Does It Mean to Be Radical? A Lament', in *Women's Choices, Midwife Voices*, ed. by Lynne R. S. Genevieve (Strontian: Garmoran, 2021), pp. 111–23.

woman,' a definition reflecting the etymology of the word 'midwife' in English, according to the current online Oxford English Dictionary: 'Mid-wife (mid-wîf): from Middle English "mid"+"wif," meaning "with woman."'[33] The title *With Woman* reflects the significance of this phrase for me.

1.1 From home to hospital

Stories of midwives of the past, of Jennifer Worth, Jane Sharp, or to go back even further, Shipra and Puah named in Exodus in the Bible,[34] seem relatable to the radical Nicky Grace I depict in *With Woman*. Our shared stories are the narratives of being a midwife, someone who has relationships with women and families, a person who is called to be with a woman during labour and birth.

In recent times, what it means to be a midwife is changing. In Chapters 3 and 4, I discuss the development of midwifery memoir in England and how it appears that memoirs published since 2019 track a loss of autonomy of practice. Memoirs are not to be taken as primary historical sources; still, as Sidonie Smith and Julia Watson discuss in their book *Reading Autobiography: a guide for interpreting life narratives*, there are many ways to read an autobiographical text as it relates to the 'Historical Moment'. Smith and Watson suggest asking 'why might it have been important to narrate to oneself a personal story, or to make it public?'[35] It is clear that in a relatively short number of years there has been a dramatic change in how midwives narrate their personal stories for public readers. The publication in 2019 of Leah

[33] 'Midwife' in *Oxford English Dictionary [online]* (Oxford University Press) [Accessed 27 July 2023].
[34] Exodus 1. 15
[35] Sidonie Smith and Julia Watson, *Reading Autobiography a Guide for Interpreting Life Narratives*, 2nd edn (Minneapolis: University of Minnesota Press, 2010), p. 237.

Hazard's *Hard Pushed* was a watershed moment for UK midwifery memoir. Before this, midwives' self-representation was as essentially happy and satisfied with their work, in spite of the work's demands. Thus Linda Fairley ends *The Midwife's Here!* with a statement that typifies associations with the identity 'midwife' in memoirs before Hazard's:

> Days like that completely validated all of my training, all of my hard work…All of it, every hardship and hurdle I'd endured as a student nurse and pupil midwife, had been worthwhile. I'd made it, and this midwife was here to stay.[36]

Post-2019 books by midwife authors Leah Hazard, Phillipa George and Amity Reed, whose works I explore in greater detail in Chapter 3, do have narrative themes in common with earlier works; tales of midwives accompanying women making arguably the most significant transition of their lives as they give birth to their baby, and these later memoirs do include reference to 'positive' birth stories.[37] What is different about these narratives are their vivid descriptions of nightmarish hospital wards, of anger and trauma experienced by both midwives and clients, blood and vomit in spattered hazes, shouting people, all hellishly layered under the weight of page after page of digital documentation. Where are the quiet, warm, homely rooms, the labour, courage, the comfort, the journey home by the midwife, her eyes washed with the purity of witnessing the sacred moment of birth that are such a feature of earlier narratives?

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[36] Linda Fairley, *The Midwife's Here! The Enchanting True Story of Britain's Longest Serving Midwife* (London: HarperElement, 2012), p. 30.

[37] Leah Hazard, *Hard Pushed : A Midwife's Story,* (London: Hutchinson, 2019); Philippa George, *The Secret Midwife: Life, Death and the Truth about Birth,* (London: John Blake, 2020); Amity Reed, *Overdue: Birth, Burnout and a Blueprint for a Better NHS* (London: Pinter and Martin, 2020).

Why in the last few decades has contemporary midwifery practice as depicted within memoir become almost unrecognisable compared with the autonomous, relationship-based midwifery known to women throughout history? As research statistician Margery Tew points out in *Safer Childbirth: A Critical History of Maternity Care,* first published in 1990:

> In Britain, by the 1980s, society had come to accept that birth, the essential physiological event by which the human race has perpetuated itself, must now take place in a medical institution. The family home was the traditional birthing place right up to the start of the twentieth century and for many years thereafter, yet by the early 1980s hardly 1% of British births took place there.[38]

As Tew discusses, to take birth wholesale into hospitals has had enormous consequences for individuals and society, yet this is what has happened in the UK and all high-income countries during the latter part of the twentieth century.[39] Mavis Kirkham theorises the inexorable movement of birth into hospital as influenced by what she (referencing the work of feminist nurse Celia Davies and the wider feminist movement) calls 'cultural codes of gender'.[40] Kirkham argues that before the late nineteenth and early twentieth century, midwifery was almost exclusively conducted by women within the home using caring skills coded as belonging to females. According to Kirkham, the rise of the hospital as organisation and institution reflects values constructed as male; hospitals 'centralize … medical equipment and expertise

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[38] Marjorie Tew, *Safer Childbirth: A Critical History of Maternity Care*, 2nd edn (London and Washington: Free Association Books, 1998) p. 1.

[39] Galkova and others point out that the Netherlands is an exception, with higher home birth rates of around 16%, though these are falling. G Galkova and others, 'Comparison of Frequency of Home Births in the Members States of the EU Between 2015 and 2019', *Global Pediatric Health*, 9 (2022) <https://doi.org/10.1177/2333794X211070916.>.

[40] Mavis Kirkham, 'The Culture of Midwifery in the National Health Service in England', *Journal of Advanced Nursing*, 30.3 (1999), 732–39, (p. 733) <https://doi.org/https://doi-org.nottingham.idm.oclc.org/10.1046/j.1365-2648.1999.01139.x> referencing Celia Davies, *Gender and the Professional Predicament in Nursing* (Milton Keynes: Open University Press, 1995).

for maximum efficiency'. Midwifery and birth are subsumed into what Kirkham describes as 'a masculine vision of the world; socially coded as separating, controlling, competitive, masterful and hierarchy-oriented'.[41]

In places where resources are scarce – in the absence of investment – there are arguments for such centralisation, at least as a short-term measure.[42] Yet while birth in well-resourced settings is now relatively safe, statistical evidence shows that the move from home to hospital was not the crucial factor in the reduction in maternal and neonatal mortality. In 1975, Marjorie Tew was teaching students in the University of Nottingham Medical School what they could discover about diseases from 'the available official statistics'. To her 'complete surprise' this exercise revealed that statistics 'did not appear to support the widely accepted hypothesis that the increased hospitalization of birth had caused the decline by then achieved in the mortality of mothers and their new babies'.[43] She discovered that the rise in living standards and decline in infectious diseases such as cholera and tuberculosis was largely responsible for the reduction in rates of deaths of mother and babies, and hospitalisation was not key to the reduction in maternal mortality rates that occurred through the twentieth century in the UK. Statistically hospital was not (as had been assumed) safer than home for birth and Tew assumed this knowledge would be welcomed by the medical establishment. Her optimism, however, was misplaced and she was unable to find a medical journal that would publish her

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[41] Mavis Kirkham, 'The Culture of Midwifery in the National Health Service in England', *Journal of Advanced Nursing*, 30.3 (1999) p. 733. <https://doi.org/https://doi-org.nottingham.idm.oclc.org/10.1046/j.1365-2648.1999.01139.x>.

[42] Hannah Dahlen, 'Is It Time to Ask Whether Facility Based Birth Is Safe for Low Risk Women and Their Babies?', *EClinical Medicine:The Lancet*, 14 (2019), 9–10 <https://doi.org/https://doi.org/10.1016/j.eclinm.2019.08.003>.

[43] Tew, *Safer Childbirth*, p. viii.

findings. Tew was ‘dismayed’ at the ‘formidable resistance to discussing openly honest, well-founded criticism of the basis of established policies’. In fact, in *Safer Childbirth* Tew explains how she found her contract at the University of Nottingham as a medical statistician was not renewed and it is only because of her relative economic independence that she was able to publish her book.

Tew’s research led to her concern about the implications of the routine use of medical interventions in birth. These concerns and her response have been part of a movement of women, midwives, doctors and researchers concerned that hospitalisation and medicalisation of birth cause some of the very problems with labour and birth that maternity systems seek to solve. As Dahlen and others point out in a 2013 article on the neonatal epigenome, the rising rates of caesarean section may already be having unintended negative consequences on human health. Dahlen and others found that ‘Studies have linked mode of birth (particularly cesarean section) to increasing rates of asthma, eczema, Type-1 diabetes, infant bronchiolitis, multiple sclerosis and obesity’.[44] These are alarming findings. There is an argument that these sequelae may be justified if every caesarean, every medical intervention, is necessary and life-saving, but that is far from the case and the World Health Organization (WHO) is concerned about caesarean rates, with inequity of provision a major problem within low- and medium- income countries.

According to new research from the World Health Organization (WHO), caesarean section use continues to rise globally, now accounting for

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[44] H.G. Dahlen and others, ‘The EPIIC Hypothesis: Intrapartum Effects on the Neonatal Epigenome and Consequent Health Outcomes’, *Medical Hypotheses*, 80.5 (2013), 656–62, (p. 657). < doi: 10.1016.2013.01.017 >.

more than one in five (21%) of all childbirths. This number is set to continue increasing over the coming decade, with nearly a third (29%) of all births likely to take place by caesarean section by 2030, the research finds. While a caesarean section can be an essential and lifesaving surgery, this major operation can put women and babies at risk not only of short- and long-term health problems, but even raises the chance of death if performed when there is no obstetrical need. The national guideline produced by the National Institute for Health and Care Excellence (NICE) contains an appendix comparing risks between vaginal and caesarean birth. I suspect most women would be surprised to learn that overall the risk of death following caesarean is more than three times that of a vaginal birth. [45] The risk is still very low in England, a high-income country, but women should be informed of these statistics before making decisions about mode of birth.[46]

Another common intervention, indeed one that has become almost ubiquitous in the case of induction of labour and for slower labours, is the use of artificial oxytocin given by intravenous infusion. In the chapter 'Meconium Happens' in *With Woman*, I tell of witnessing the misuse of synthetic oxytocin, and my helplessness to aid my client, Deborah. Thankfully, Deborah did not bleed heavily following the assault to her body. However, researchers including Belghiti and others have commented on the practice common to every NHS maternity unit within the UK, of the use of high levels of artificial

[45] National Intitute for Health and Care Excellence, *NG192 Appendix A*, 2024 <https://www.nice.org.uk/guidance/ng192/resources/appendix-a-benefits-and-risks-of-vaginal-and-caesarean-birth-pdf-9074971693> [accessed 19 March 2024].

[46] 'Caesarean Section Rates Continue to Rise, amid Growing Inequalities to Access', *World Health Organization*, 16 June 2021 <https://www.who.int/news/item/16-06-2021-caesarean-section-rates-continue-to-rise-amid-growing-inequalities-in-access#:~:text=According to new research from,21%25) of all childbirths.> [accessed 28 July 2023].

oxytocin to begin or speed up labour contractions, and the sequelae of this practice including a raised risk of severe postpartum haemorrhage.[47]

Official reports such as the Ockenden report into failings at the Shrewsbury and Telford NHS Trust[48] have highlighted the overuse of artificial oxytocin along with many other problems including serious understaffing. The report makes several ‘Immediate and essential actions to improve care and safety in maternity services across England’. These actions include the recommendation that ‘All trusts must maintain a clear escalation and mitigation policy where maternity staffing falls below the minimum staffing levels for all health professionals’. However, recommendations about safe staffing levels made by national safety reports are almost universally translated by the press into attacks on midwives who supposedly push ‘natural’ birth, even when actual undisturbed physiological births are almost absent in most NHS settings.[49] That is not to say that the authors of these safety reports are pro-continuity of care. On the contrary, Ockenden (for example) states,

> All trusts must review and suspend if necessary the existing provision and further roll-out of midwifery continuity of carer model (MCoC) unless they can demonstrate staffing meets safe minimum requirements on all shifts.[50]

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[47] J. Belghiti and others, ‘Oxytocin during Labour and Risk of Severe Postpartum Haemorrhage: A Population-Based Cohort-Nested Case-Control Study’, *BMJ Open*, 1: e000514 (2011) <https://doi.org/10.1136/bmjopen-2011-00514> [Accessed 8 September 2021]; Linn Shepherd, ‘Induction with Synthetic Oxytocin: Less Is More’, *AIMS Journal*, 31.4 (2019), online <https://www.aims.org.uk/journal/item/unlicensed-oxytocin-doses> [30 July 2020].

[48] Donna Ockenden, *Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospital NHS Trust*, (London: Department of Health and Social Care, 2020), p. 164 <www.gov.uk/official-documents.> [Accessed 8 September 2021].

[49] Barbara Ellen, ‘Natural Birth Cultists Care Little About Leaving Women in Agony’, *The Guardian*, 12 December 2020 <https://www.theguardian.com/commentisfree/2020/dec/12/natural-birth-cultists-care-little-that-women-are-left-in-agony> [accessed 24 September 2021].

[50] Ockenden, *Independent Review of Maternity Services at the Shrewsbury and Telford Hospital NHS Trust*, p. 164.

This is a disappointing conclusion, especially for feminists and those who have seen a sharp rise in the number of women taking matters into their own hands and choosing to birth outside a system that traumatised them. These women have unassisted or freebirths; as Hannah Dahlen asks, 'why would women [who freebirth] take the "risk" of having a baby at home when they have significant risk factors? Do these women love their babies less or do they fear our health system more?'[51]

Jennifer Worth suggests in *Call the Midwife* (discussed in more detail in Chapter 3), 'hospital delivery presents new and totally unexpected risks for mother and baby'. However, her statement that 'people are getting wise to this fact' was over-optimistic in 2002 when the memoir was published.[52]

1.2 Industrialised birth

Though in *With Woman* I write mainly about the home births that defined my work as an independent midwife, I include stories about how I was trained into what Mavis Kirkham describes as the 'hierarchically organized practice' that constitutes the enormous institution that is the National Health Service (NHS).[53] Chapters such as 'How Hard Should I Squeeze' and 'Tea and Toast' aim not to explain or analyse, but instead to describe, to bring the scene to life. Though at times the narrative voice is explicatory or even didactic, in these stories I write to show rather than tell. As Natalie Goldberg, the author of

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[51] Hannah Dahlen, Bashi Kumar-Hazard, and Virginia Schmied, 'Introduction', in *Birthing Outside the System: The Canary in the Coalmine*, ed. by Hannah Dahlen, Bashi Kumar-Hazard, and Virginia Schmied (Abingdon, Oxon. and New York: Routledge, 2020) pp. 4-26 (p. 10).

[52] Jennifer Worth, *Call the Midwife : A True Story of the East End in the 1950s* (London: Phoenix, 2008 [2002]), p. 81.

[53] Mavis Kirkham, 'How Can We Relate?', in *The Midwife-Mother Relationship*, ed. by Mavis Kirkham (Basingstoke: Palgrave, 2000), pp. 227–50, (p. 231).

influential writing guide *Writing Down the Bones* says, ‘Don’t tell readers what to feel. Show them the situation, and that feeling will awaken in them’. Goldberg even discusses a birth:

> When you are present at the birth of a child you may find yourself weeping and singing. Describe what you see: the mother’s face, the rush of energy when the baby finally enters the world after many attempts, the husband breathing with his wife, applying a wet washcloth to her forehead. The reader will understand without your ever having to discuss the nature of life. [54]

Neither memoirs nor novels simply describe scenes one after the other; there are shifts in narrative pace to take forward the story or home in on a particular scene. Memoir also traditionally includes what Judith Barrington describes as ‘the presence of the retrospective voice’ that ‘muses,’ reflects on the earlier self from the vantage point of age and offers a relatively detached view upon the events described.[55] I discuss my approach in more detail in Chapter 5, exploring how I use form as well as narrative voice in order to convey the retrospective vantage point. Some pieces in *With Woman* are written from the perspective of the self who acted at the time; the intention is to do what poet and artist Rachel Zucker calls ‘storify’.[56] The narrative of the retrospective voice is punctuated with stories that tell how a student midwife is exposed to and moulded (albeit imperfectly) into hierarchies and attitudes of the modern birthing system, a system that Odent and other commentators and activists characterise as ‘industrialized’.[57] Telling these moments of institutionalisation

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[54] Natalie Goldberg, *Writing down the Bones: Freeing the Writer Within* (Boston: Shambhala, 2016), p. 116.
[55] Judith Barrington, *Writing the Memoir: From Truth to Art*, 2nd edn (Portland: The Eighth Mountain Press, 2002), pp. 86-87.
[56] Rachel Zucker, *MOTHERs* (Denver: Counterpath, 2014), p. 8.
[57] Michel Odent, ‘The Industrialization of Farming and Childbirth’, *Positive Health*, 86, 2003 <http://www.positivehealth.com/article/women-s-health/the-industrialization-of-farming-and-childbirth> [accessed 30 January 2021].

and construction of identity as stories leaves space for interpretive acts on the part of the reader, who brings to the text their own experiences of interaction with the NHS or other health systems whether as patient or staff member. Such storification, as with 'Tea and Toast,' allows for nuance and humour rather than polemic, with humanity and tenderness woven alongside threads of political awareness.

It is hard to get the balance right between appreciation for the help that we hope is there when we need it from the NHS maternity services, and respect for the staff who dedicate their lives to helping others within the institution, and critique of aspects of a system that anthropologist Sheila Kitzinger describes in shocking terms as 'Medical control of women's bodies (that) turns into "iatrogenic rape"'[58] Storytelling has long been cherished by midwives as a way of passing on knowledge; as research by midwifery lecturers Ros Weston and Alys Einion finds, storytelling can be a valuable feature of student midwives' learning.[59] Telling stories in the form of my memoir helps me to discuss these complex issues with nuance and uncertainty – stances that may elude more traditional forms of research. I tell stories that show ways in which independent midwifery may have helped me to avoid some of the restrictions

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[58] Sheila Kitzinger, *Birth Crisis* (Abingdon, Oxon.: Routledge, 2006), p. 56.

[59] Ros Weston, 'Midwifery Students' Significant Birth Stories: Telling the Drama, Part 1', *British Journal of Midwifery*, Volume 19 (2011), 786–93 <https://doi.org/10.12968/bjom.2011.19.12.786>; Ros Weston, 'Telling Stories, Hearing Stories: The Value to Midwifery Students, Part 2', *British Journal of Midwifery*, 20 (2012), 41–49 <https://doi.org/10.12968/bjom.2012.20.1.41>; Alys Einion, 'Resilience, Midwifery and Professional Identity: Changing the Script of Midwifery Culture Through Narrative. Part 1' | *The Practising Midwife* 19:9 (2016), <https://www-all4maternity-com.nottingham.idm.oclc.org/resilience-midwifery-professional-identity-changing-script-midwifery-culture-narrative-part-1/> [accessed 16 November 2021]; Alys Einion, 'Resilience, Midwifery and Professional Identity: Changing the Script of Midwifery Culture Through Narrative. Part 2', *The Practising Midwife*, 19:10 (2016) <https://www.all4maternity.com/resilience-midwifery-professional-identity-changing-script-midwifery-culture-narrative-part-2/> [Accessed 16 November 2021].

of the hierarchical NHS hospital system, while at other times my practice was still very much subject to the control of others as depicted in ‘Meconium’. But even if story in the form of memoir enables me to tell with subtlety rather than make reductive claims about these complex issues, *With Woman* leaves out far more of my life than it includes. In ‘Shadows’ I tell of leaving the NHS in order to work as an independent midwife with my friends and colleagues Kerri-Anne and Andrea, but there is barely a hint of the struggles independent midwives have faced and still face. When I worked as an IM as told in *With Woman*, between 2006 and 2015 there were around 150 of us and we attended around 10 % of all home births in the UK. Some of these were the most complex and challenging home births (because the clients had medical or obstetric risk factors or were deeply traumatised) that the NHS was not able to accommodate. IMs faced difficulties with indemnity from 2014 onwards following a change in the law, which resulted in members of Independent Midwives UK setting up our own mutual indemnity product to try to remain in practice. Rather than working with us or trying to help, the NMC ruled that our insurance was inadequate, forcing the majority of IMs out of independent practice in 2016. After this, I was one of around twenty-five IMs left in the UK, but these were unable to legally attend births. Our skills are dwindling and many of the typical clients for whom we previously cared began having unattended freebirths. During the time I have written the thesis, a few insurance providers have come and gone and a small number of IMs keep going. Current insurance provider Zest claims around thirty-five midwives in March 2024, and this number is growing. There is an alternative private provider of midwives (Private Midwives) with more midwives on their books,

but this is close to an employed model, albeit with a great track record of continuity of care and home births. The story of independent midwifery in the UK would in itself make another book – it is a hidden history, part of women's history, and the role that independent midwives have played and their struggles is known only to a few.[60]

The story of my part in the struggle for independent midwifery has not been told apart from obliquely in 'Freebirth' in *With Woman*, nor is there any reference to my Master's degree in research methods and the work that ran alongside my homebirth caseload as a clinical researcher with the National Institute for Health Research (NIHR). In the role of research midwife, I helped design and conduct clinical maternity research, the kind of evidence-based medicine that underpins the workings of the modern industrial birth complex.

In this insider role I gained insight into what interpretivist theorists Norman Denzin and Yvonne Lincoln describe (in a pejorative sense) as 'scientism' as philosophy and practice. The concept of scientism is related to 'positivism,' though the ideologies are not completely interchangeable. Jorge Lorrain in *The Concept of Ideology*, says that 'one of the features of positivism is precisely its postulate that scientific knowledge is the paradigm of valid knowledge'.[61] Broadly, Denzin and Lincoln equate scientism with scientific imperialism. Thus, scientism as epistemology privileges knowledge gained through the work of what is understood to be 'science' over all other forms of knowledge or ways of knowing. Scientism and/or positivism in clinical

[60] See IMUK, 'Help Us Save Independent Midwifery!', Go Fund Me Website, 2017 <https://www.gofundme.com/f/independent-midwifery-fighting-fund?fbclid=IwAR0fxyeYEEU6Swd6giVWxHc_3TwPpIoCR5FScOsqJRGFk-y2NNoDsbD0_uU> [accessed 11 March 2024].

[61] Jorge A. Larrain, *The Concept of Ideology* (Aldershot: Gregg Revivals, 1992), p. 197.

practice and research may be theorised as in opposition to qualitative, interpretivist approaches. Positivist epistemological and ontological positions are usually associated in contemporary qualitative research theory with oppressive societal attitudes and structures, and used to justify discourses that are ultimately oppressive of discriminated against or marginalised people.[62] Yet it may be over-simplistic to claim that scientism and/or positivism are inevitably in opposition to qualitative, interpretivist approaches.

My MA dissertation into pain in labour in different birth settings reflects the interests and political leanings as radical midwife that drew me to qualitative, interpretive research. Yet even though I had attempted to 'reject' positivism and the reductionism of the quantitative, in spite of myself during the course of the MA in research methods, I had gained skills that fit me for a role as a research midwife. Following graduation, I joined a research team and gained satisfaction from recruiting participants to studies designed using conventional quantitative methods; in fact I loved working on the randomised controlled trials that I had scorned when I had conducted my own interpretive qualitative dissertation project. As a research midwife I learned more respect for the methods and motivations associated with science and positivism than I had demonstrated in my 2011 master's dissertation. Then, I had (perhaps arrogantly) identified myself with qualitative researchers who 'reject' the 'positivist paradigm which is associated ontologically with naïve realism and

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[62] Norman K. Denzin and Yvonna S. Lincoln, 'Introduction: The Discipline and Practice of Qualitative Research', in *The SAGE Handbook of Qualitative Research: Fifth Edition*, ed. by Norman K. Denzin and Yvonna S. Lincoln, (Thousand Oaks, California: SAGE Publications, 2018) pp. 1-26; Jonathan Beale, 'Scientism and Scientific Imperialism', *International Journal of Philosophical Studies*, 27.1 (2019), 73–102 <https://doi.org/10.1080/09672559.2019.1565316>.

with a dualistic/objective epistemology which sees validity and reliability as producing universal truths'.[63]

Obstetricians and neonatologists generously welcomed me into their work conducting trials and reviews in the field of maternity research. My immediate boss, who was then director of maternity research at Nottingham, Professor Jim Thornton, was as supportive as any manager could be, happy for me to be on call for home births and even saying memorably that if I were jailed for practising without insurance (which felt possible at one time) he would stand with a placard in support of me! The doctors I had seen as 'other' if not the enemy, were at least as kind and collaborative as any midwives. I learned that most were motivated by a sincere wish to help parents avoid the misery and trauma of morbidity and mortality and poor outcomes such as the injury or death of a baby or mother.

I was touched by their sincerity; it was not so easy to reject research conducted within positivist, scientist epistemological theoretical frameworks when it appeared to have the potential to make a difference to clinical outcomes. I too wanted to help save babies' and mothers' lives, to avoid the waste of all that potential when a young life is lost, and to spare families from anguish. My motivation was high during those years of walking the corridors of the Queens Medical Centre as a research midwife, always reminded of the times I had paced those same stretches of floor before in grief after Penny's death, but now I was recruiting participants to trials to try to help people avoid ever having to deal with such traumatic memories. I learned much from

[63] Nicky J Grace, 'A Qualitative Exploration of How Women Experience the Pain of Labour in Different Birth Settings' (unpublished MA dissertation, University of Nottingham, 2011), p. 36.

working on research studies such as the WOMAN trial into tranexamic acid for postpartum haemorrhage, and the CORD trial of delayed cord clamping for preterm babies.[64] Doing real world research taught me to have sympathy with the aims and respect for the methods of evidence-based medicine; but what happens when evidence, intended to help women make informed choices, is employed to coerce rather than inform?

Back on the labour ward it seemed to me I could see patriarchy in action as I observed the ways in which midwives and doctors alike navigated the risk-based surveillance culture of the NHS maternity system. In a 2016 report of an ethnographic investigation of how midwives practice within a culture of 'organisational risk management,' medical anthropologist and midwife researcher Mandie Scammell concludes:

> it is possible to observe how, through midwifery talk and practice, the uncertainties of childbirth are amplified and translated into risk. This ontological step confines the way midwifery practice and childbirth can legitimately be imagined. Importantly, by attending to the scary and ubiquitous nature of risk, midwives are in danger of obscuring opportunities where childbirth can be understood as an essentially safe and normal physiological process.[65]

My experiences as radical midwife inside the NHS setting provided a view of how evidence-based medicine as interpreted by these midwives and doctors impeded women's ability to give birth physiologically. Sometimes midwives and occasionally doctors attempted to use research evidence to aid women's decision-making and informed choice, but overwhelmingly the

[64] University of Nottingham, 'Obstetrics and Gynaecology Perinatal Trials' <https://www.nottingham.ac.uk/research/groups/obstetricsgynaecology/perinatal-trials.aspx> [accessed 19 August 2023].

[65] Mandie Scamell, 'The Fear Factor of Risk – Clinical Governance and Midwifery Talk and Practice in the UK', *Midwifery*, 38 (2016), pp. 14–20, (p. 4) <https://doi.org/10.1016/J.MIDW.2016.02.010> .

discourse of risk was presented to women as if medical intervention was inevitable. Such interventions are depicted as if in order to mitigate the 'first-order risks' of childbirth, but as Scammell points out, those risks are 'amplified'. Scammel argues that the underpinning though often unspoken fear relates to risks to the organisation or to professionals working within the organisation, arguably a not unreasonable fear given that the maternity services account for the majority of the NHS litigation burden. Maternity litigation accounts for 50% of claims, and the indemnity cost for every baby born is £1100 and rising.[66]

1.3 The end of being with woman

The widespread use of interventions such as induction of labour across populations, rather than as tools to be applied when there is a demonstrable risk for the individual, is a sign that the personal, the relational and the cultural are not understood to be fundamental for the human act of giving birth. Notions of risk and safety are couched in medical terms as something conferred on women by science. Radical midwives believe that the safest births are those where physiological, personal and cultural aspects are respected, and obstetric interventions are used judiciously, on an individual basis, rather than being universally imposed by staff following organisational and national 'guidelines'. Contemporary research such as the Birthplace national cohort study in 2016 and a 2019 meta-analysis by Hutton and others of fourteen studies on home birth in well-resourced countries affirm the safety

[66] Scammell, 'The Fear Factor of Risk', p. 4; Christopher Wai Hung Yau and others, 'Clinical Negligence Costs: Taking Action to Safeguard NHS Sustainability', *BMJ*, 368 (2020) <https://doi.org/10.1136/BMJ.M552>.

of birth in out-of-hospital settings, yet still birth mainly takes place in hospitals where the neurohormonal and what midwife Mollie O'Brien describes as the 'biomechanical' aspects of birth are downplayed or derided.[67] As midwife researchers Claire Feeley and Gill Thomson point out:

> multiple factors … limit women's access to a homebirth or birth centre, including local funding sources, staffing levels, organizational structures that prioritise hospital staffing over community, on-call demands, lack of confidence by midwives, lack of support by their wider team (ie Management) and, in some cases, negative attitudes by the obstetric team.[68]

Feeley and Thomson argue that 'coercion can involve steering women towards decisions that comply with maternity professionals'. Culturally embedded associations of home birth or even so-called 'natural' birth with danger mean that women are funnelled, even without their being aware of it, away from home birth and physiological birth and towards births where their bodies are likely to be interfered with and controlled – a form of abuse. This abuse, unrecognised as such and often relatively subtle, takes many forms and is widely accepted by women and staff alike, but includes routine controlling actions such as being confined to a bed; being subjected to routine intrusive

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[67] P. Brocklehurt and others, 'Perinatal and Maternal Outcomes by Planned Place of Birth for Healthy Women with Low Risk Pregnancies: The Birthplace in England National Prospective Cohort Study', *British Medical Journal*, 243 (2011) < https://doi-org.nottingham.idm.oclc.org/10.1136/bmj.d7400>; E. Hutton, A. Reitsma, J. Simioni, G. Brunton, and K. Kaufman, 'Perinatal or Neonatal Mortality among Women Who Intend at the Onset of Labour to Give Birth at Home Compared to Women of Low Obstetrical Risk Who Intend to Give Birth in Hospital: A Systematic Review and Meta-Analyses', *EClinical Medicine: The Lancet*, 14 (2019), pp. 59–70 <https://doi.org/https://doi.org/10.1016/j.eclinm.2019.07.005>; Molly O'Brien, 'Teaching midwives about physiology-based care: going beyond the core curriculum', *AIMS Journal,* 35: 1 (2023) <https://aims.org.uk/journal/item/teaching-midwives-biomechanics> [Accessed 11 November 2023]. The kind of derision I mention is demonstrated by the narrator of the 2018 memoir *This is Going to Hurt* which presents the cynicism of doctors about women's birth plans as benign paternalism. Adam Kay, *This Is Going to Hurt* (London: Picador, 2018).

[68] Claire Feeley and Gill Thomson, 'Understanding Women's Motivations to, and Experiences of, Freebirthing in the UK.', in *Birthing Outside the System: The Canary in the Coalmine*, ed. by Hannah Dahlen, Bashi Kumar-Hazard, and Virginia Schmied (Abingdon, Oxon.: Routledge, 2020), pp. 80-98 (p. 83).

vaginal examinations; surveillance practices such as being strapped to monitors; the use of drugs to alter the course of labour, or alter the mind and mood of the woman giving birth. I witnessed such coercion many times, and often unwillingly colluded.

Medical and obstetric interventions of course are sometimes justified and very much needed, and it should go without saying that if a woman wishes to have pharmacological pain relief or any other intervention, that should be absolutely her choice and supported unconditionally by her midwife and all staff involved. But given that the transformation from home to hospital has only occurred during the last seventy years, it is hard to see how within such a scant period of time in the history of human evolution, a third or even more of all babies need to be induced, and nearly as many delivered by caesarean section.[69]

1.4 Elegy: end of a thousand and more years

Memoirs published between 2002 and 2019 that centre midwifery practice in the United Kingdom (UK) from the 1950s onwards might be – indeed are – critical of individuals or specific hospitals, but their focus is the story of being a midwife and the rewards of that role. As I discuss in Chapter 4, more recent midwifery memoirs contain explicitly political passages and calls for improvements to maternity services. Leah Hazard, author of *Hard Pushed* published in 2019, states ‘I appreciate that I'm incredibly lucky to practice in a hospital with clean bedsheets, sterile instruments and a virtually endless supply

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[69] *NHS Maternity Statistics England 2020-21* (London, 25 November 2021) <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-maternity-statistics/2020-21#> [accessed 2 December 2021].

of sophisticated medication … (knowledge of my privilege) won't silence my call for improvements'.[70] The author of *The Secret Midwife* published in 2020, suggests, 'we could start by cutting the number of managers in half in order to put the money back into health professionals;' Amity Reed says her memoir *Overdue* also published in 2020, 'is a love letter to midwifery, and an urgent call to action for our unions, the public, and the government'.[71] Anna Kent is a friend of mine; the story of the birth of her second daughter appears in *With Woman* in the piece 'Gifts'. I have not analysed Kent's 2022 memoir *Frontline Midwife* in detail in Chapter 4 as it focusses on her work as a humanitarian worker, but her memoir has something common with the other recently published midwifery memoirs in that she says the book is written 'in the hope that it might be able to do some good'.[72] *With Woman* is rather different to either the earlier or the next generation of midwifery memoirs. It tells the story of my daughter's birth and death, and how those events are interwoven with my work as a midwife. The critical section of this thesis is politically informed, but I view the memoir as much elegy as manifesto for physiological birth and a kind of midwifery that is in the process of being vanquished by what social scientist and prominent birth and midwifery analyst, Barbara Katz Rothman, describes as dominant bio-medical forces.[73]

I am reminded of Laurie Lee's *Cider with Rosie*, the lyrical autobiographical account of life in a Gloucestershire village in the middle of

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[70] Leah Hazard, *Hard Pushed: A Midwife's Story*, (London: Hutchinson, 2019), p. 327.
[71] George, *The Secret Midwife*, p. 303; Amity Reed, *Overdue,* p. 8.
[72] Kent, *Frontline Midwife*, p. 301.
[73] Barbara Katz Rothman, *Recreating Motherhood: Ideology and Technology in a Patriachal Society* (New York: W. W. Norton and Company, 1989); Barbara Katz Rothman, *In Labor: Women and Power in the Birthplace* (New York: W. W. Norton and Company, 1982); Barbara Katz Rothman, *The Biomedical Empire: Lessons Learned from the COVID-19 Pandemic* (Stanford: Stanford University Press, 2021).

the twentieth century. In the final chapter, Lee states ‘I belonged to that generation which saw, by chance, the end of a thousand years’ of life’. *Cider with Rosie* is tinged throughout with melancholy at the loss, but Lee at least partly embraces the change of pace brought about by the internal combustion engine that opened the ‘prison’ of the village of Slad.[74] I can deny, bargain, rage and grieve all I like but in the end I may have to accept that the era of midwifery as depicted in *With Woman* is passing.[75] By chance I lived through, and had the opportunity to tell the story, of what it was like to be an independent midwife attending home births on my own, without huge levels of governance and without medical indemnity. Whether these are the last days of thousands of years of midwifery or whether there will be a revival in autonomous, one-to-one care will only be known by future readers.

[74] Laurie Lee, *Cider with Rosie* (London: Vintage, 2014 [1959]) p. 198.
[75] Denial, bargaining, rage, depression and acceptance are the five stages of grief outlined by Elizabeth Kubler-Ross, *On Death and Dying: What the Dying Have to Teach Doctors, Nurses, Clergy and Their Own Families*, (London: Macmillan, 1969).

2. ‘A Methodology of the Heart’

Clinical midwives and midwifery scholars alike claim that midwifery is an art as well as a science, but what is meant by ‘art’ in the midwifery context is a diffuse concept. Lauren Hunter draws on the work of a range of midwife scholars to suggest that the ‘art’ of midwifery relies on ‘intuition, personal knowing, embodied knowing and contextual knowing that midwives utilise while caring for women’.[76] Jenny Hall asked midwives what they considered to be the ‘art’ of midwifery in a creative-based study for her PhD thesis, ‘The Essence of the Art of a Midwife: Holistic, Multidimensional Meanings and Experiences Explored through Creative Inquiry’ and it seems that for the midwives in the study, the ‘art’ of midwifery relates to ‘normal’ birth; again, what constitutes ‘normal’ birth is not a clearly defined concept within midwifery. However, for the midwives in Hall’s study, there was an acknowledgement that the skills used in ‘normal’ birth could potentially be transferred to situations other than straightforward physiological births: ‘midwives demonstrated recognition that a ‘new art’ is developing in midwifery, where midwives are adapting their skills to meet an increasing technology in hospital environments’.[77] While in midwifery the term ‘art’ usually refers to intangible communication-based skills, rather than explicitly ‘artistic’ creative practice, there is some interesting work drawing on the creative arts to explore these less ‘scientific’ aspects of midwifery and birth.

[76] Lauren P. Hunter, ‘A Hermeneutic Phenomenological Analysis of Midwives’ Ways of Knowing during Childbirth’, *Midwifery*, 24.4 (2008), 405–15 (p. 406) <https://doi.org/https://doi-org.nottingham.idm.oclc.org/10.1016/j.midw.2007.06.001>, p. 406.
[77] Jenny Hall, ‘The Essence of the Art of a Midwife: Holistic, Multidimensional Meanings and Experiences Explored through Creative Inquiry.’ (Unpublished doctoral thesis, University of the West of England, 2012) <https://uwe-repository.worktribe.com/output/949092>, p. 197 [accessed 22 December 2022].

These include the work of midwife academic Laura Abbot, and artist and midwife Laura Godfrey-Isaacs whose book and project *Maternal Journal* has successfully utilised arts-based journal groups for perinatal users of the maternity services, while several arts-based pedagogical projects were identified in a 2023 integrative review by Ruth Sanders and others.[78]

Notwithstanding the interest that these examples demonstrate, a general acknowledgement of midwifery as 'creative' or an 'art,' and the idea that creativity might help to explore these abstruse aspects of midwifery, arts-based research has been very much the exception rather than the rule for midwives who conduct research.[79] As outlined in the 'Introduction,' part of my aim has been to explore whether the attempt to 'tell the untellable' as a form of creative practice-based research offers insights that cannot be addressed by more traditional methods.

In Chapter 1, I outline my perspective that maternity research in clinical settings is dominated by the sciences and positivist epistemologies.[80] Countervailing tendencies (to borrow a Marxist term) to the pull towards the positivist, at least within academic fields of enquiry, include but are not limited to the social sciences, and there is increasing interest in inter- or transdisciplinary arts-based approaches for the medical and health sciences. Humanities scholar Spencer Jordan discusses the value of storytelling within

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[78] Laura Godrey-Isaacs and Samantha McGowan, *Maternal Journal: A Creative Guide to Journalling Through Pregnancy, Birth and Beyond* (London: Pinter and Martin, 2021); Ruth A Sanders and others, 'Examining Arts-Based Practice in Midwifery Education: An Integrative Review', *Nurse Education in Practice*, 72 (2023), 103745 <https://doi.org/https://doi.org/10.1016/j.nepr.2023.103745>.
[79] Jenny Hall, 'The Essence of the Art of a Midwife'; Alison Power, 'Contemporary Midwifery Practice: Art, Science or Both?', *British Journal of Midwifery*, 23.9 (2015), 654–57 <https://doi.org/10.12968/bjom.2015.23.9.654> .
[80] Elizabeth Newnham and Barbara Katz Rothman, 'The Quantification of Midwifery Research: Limiting Midwifery Knowledge', *Birth*, 49.2 (2022), 175–78 <https://onlinelibrary.wiley.com/doi/full/10.1111/birt.12615>.

the health sciences, particularly in the field of mental health and for clinicians' reflective practice, and there has been some research into the value of storytelling in midwifery, particularly in universities.[81] Mavis Kirkham asserts the importance of storytelling in childbirth from the perspectives of both mothers and midwives, contending that 'stories reveal important aspects of midwives' work and their careful examination may open up new dimensions in which we can usefully be with women'.[82] The importance of creativity and of story is acknowledged, even if such examinations remain a fringe area of research for the medical establishment. What research there is tends to focus on the research participants making art or telling their stories, with the researcher in the role of interviewer or perhaps ethnographer in the sense of facilitating arts practice or collecting stories.[83] There are few examples of maternity research with a researcher employing creative practice-based methods to create an artefact, the creation of which is itself a form of reflection, reflexivity and research. Jenny Hall's innovative creation of a quilt as part of her PhD research meets this criterion, but no midwife has produced a

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[81] Spencer Jordan, *Postdigital Storytelling: Poetics, Praxis, Research* (Abingdon: Routledge, 2020); Rosemary Weston, 'Midwifery Students' Significant Birth Stories: Telling the Drama, Part 1'<https://www.magonlinelibrary.com/doi/abs/10.12968/bjom.2011.19.12.786>; Rosemary Weston, 'Telling Stories, Hearing Stories: The Value to Midwifery Students, Part 2' <https://www.magonlinelibrary.com/doi/abs/10.12968/bjom.2012.20.1.41>; Alys Einion, 'Resilience, Midwifery and Professional Identity: Changing the Script of Midwifery Culture Through Narrative. Part 1.', *The Practising Midwife*, 10.6 (2016), 30–32 <https://pubmed.ncbi.nlm.nih.gov/27451490/> [Accessed 12 December 2022]; Alys Einion, 'Resilience, Midwifery and Professional Identity: Changing the Script of Midwifery Culture Through Narrative. Part 2.'< https://www.all4maternity.com/resilience-midwifery-professional-identity-changing-script-midwifery-culture-narrative-part-2/> [Accessed 12 December 2022] .

[82] Mavis J. Kirkham, 'Stories and Childbirth', in *Reflections on Midwifery*, ed. by Mavis J. Kirkham and Elizabeth R. Perkins (London: Bailliere Tindall, 1997), pp. 183–201 (p. 183).

[83] Susanne Darra, 'We All Think with the Same Brain': Midwives' Stories of Normal Birth in a Community of Practice', *Evidence Based Midwifery*, 2016, 101–6 <http://nottingham.idm.oclc.org/login?url=https://www.proquest.com/scholarly-journals/we-all-think-with-same-brain-midwives-stories/docview/2001315419/se-2?accountid=8018> [accessed 8 March 2024]; *Therapeutic Arts in Pregnancy, Birth and New Parenthood*, ed. by Susan Hogan (Abingdon, Oxon. and New York: Routledge, 2021).

memoir as part of a creative practice-based enquiry; it has therefore felt groundbreaking for me to undertake this research. The work has enabled me to explore what it means to be a midwife in the light of my experiences of birth and loss; the exploration has physical, psychological, emotional and spiritual dimensions.[84] The project crosses academic disciplinary boundaries that include creative-writing, life-writing studies, health sciences and midwifery. I began the work thinking of it as interdisciplinary as this was the term with which I was familiar, but I have come to understand it as transdisciplinary, drawing on the definition by Bernard Choi and Anita Pak, who argue that 'Transdisciplinarity integrates the natural, social and health sciences in a humanities context, and transcends their traditional boundaries'.[85] This view of transdisciplinarity accords with Jordan's perspective, drawing on the work of Rosemary Ross Johnston, that 'translation of knowledge is not simply made across and between academic disciplines, but involves a far-more complex interaction of academic and non-academic domains'.[86]

I had little idea of breaking new methodological ground for midwifery research when I commenced my project. As explained in the 'Introduction', my original motivations for writing *With Woman* were a mix of personal and professional. Moving from the field of health sciences back into English academic studies took me into unfamiliar territory, and at times I questioned

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[84] Sara Wickham, 'Journeying With Women: Holistic Midwives and Relationship', *Birthspirit Midwifery Journal*, 6 (2010), 15–21 <https://www.sarawickham.com/articles-2/journeying-with-women-holistic-midwives-and-relationship/> [Accessed 10 December 2022].
[85] Bernard C K Choi and Anita W P Pak, 'Multidisciplinarity, Interdisciplinarity and Transdisciplinarity in Health Research, Services, Education and Policy: 1. Definitions, Objectives, and Evidence of Effectiveness', *Clinical and Investigative Medicine* (OTTAWA: OTTAWA: Canadian Soc Clinical Investigation, 2006), pp. 351–64 (p. 351) <https://www.proquest.com/docview/196425990?accountid=8018&pq-origsite=primo&sourcetype=Scholarly Journals#> [accessed 8 March 2024].
[86] Spencer Jordan, *Postdigital Storytelling*, p. 236.

why I had not undertaken a PhD within a relatively conventional health sciences format. However, having escaped my disciplinary silo I found it exciting and liberating to encounter the freedom of creative writing as a way to reflect the multiple dimensions not only of writing my memoir, but of my 'self' with identities that include that of midwife. Creative practice-based research refuses either or oppositions such as science versus arts, positivist versus interpretivist, obstetrics versus midwifery, midwife versus woman. Poet and critic Kim Lasky argues the idea of 'reflection on the knowledge integral to the composition of a piece of creative writing' is in the tradition of Aristotle and the ideals of poetics; for Lasky, separation of creative and critical is a 'kind of disconnection'.[87]

Production of my memoir and the thesis involved writing and rewriting, reading and reflection upon my own and others' writing. As Lasky enumerates, these are some of the practices that may contribute to a poetics, a practice-based approach involving a variety of reflective and reflexive exercises that include writing, editing, keeping a journal and reading widely works by other writers both within and outside the genre under consideration. *With Woman* is consciously situated not only within a tradition of midwifery memoir, but as part of a broader genre of experimental life writing of peak experiences of birth and death and connects reflexively with the political and cultural conditions within which it was created. My aim is that the memoir can stand alone and the reader may or may not understand the work as a piece of

[87] Kim Lasky, 'Poetics and Creative Writing Research', in *Research Methods in Creative Writing*, ed. by Jeri Kroll and Graeme Harper (Basingstoke: Palgrave Macmillan, 2013), pp. 14–33, (p. 15).

research; but particularly if read with the critical section or exegesis, the whole forms a creative practice-based research project.

Journalist Damien Barr explores ideas around what constitutes practice-based research in his creative-critical PhD thesis centred on his memoir *Maggie and Me*. Barr cites Lyle Skains, who in the article 'Creative Practice as Research: Discourse on Methodology,' states that 'the creative artifact [*sic*] is the basis of the contribution to knowledge,' claiming that as practice-based research, the 'creative artifact [*sic*]' can only be understood fully in the context of the accompanying critical work or exegesis. Skains' discussion relates to the way that artists reflect upon their creative work; in transdisciplinary mode, I push the boundary of practice-based reflection on and reflexivity related to my artistic work, applying the approach not only to my artistic practice as a writer, but to midwifery practice too. I anticipate that both memoir and critical commentary have relevance not only for me and the wider community of creative writers, but for an audience that could include midwives and others interested in maternity research and birth.[88]

Skains makes a convincing case for ethnomethodology and autoethnography as integral aspects of practice-based research for many artists. Given the interconnectedness of practice-based research and autoethnography, though the writing of *With Woman* transgresses traditional disciplinary boundaries, autoethnography feels like a natural progression given that ethnographic methods have been established for decades within maternity research. Anthropologists such as Robbie Davies-Floyd, Brigitte Jordan and

[88] Lyle Skains, *Creative Practice as Research: Discourse on Methodology* (Online: The Disrupted Journal of Media Practice, 2016) <https://scalar.usc.edu/works/creative-practice-research/index?path=index> [Accessed 27 February 2024].

the well-known British birth activist Sheila Kitzinger have all made important contributions to maternity research.[89] However, though the principles of ethnography are well known, autoethnography as method has made little impact in midwifery research with only a handful of articles on the subject.[90]

For myself as a radical midwife, trained in social sciences and clinical methodologies for research, yet experiencing a pull to explore a personal and creative approach, creative practice-based research and autoethnography have appeal both philosophically and methodologically. Yet it is important to distinguish between memoir and autoethnography; not all memoirs are autoethnographic and not all autoethnographies are memoirs. Pioneers and self-described 'elders' of autoethnography, Tony Adams, Stacy Holman Jones and Carolyn Ellis, define the method as follows:

> "Autoethnography" consists of three characteristics or activities: the "auto" or self; the "ethno," or culture; and the "graphy," or representation/writing/story. Projects defined as autoethnography engage all three characteristics. If a project only foregrounds one or two characteristics – for example, a work that offers a narrative account or an author's personal experience without situation and questioning the role of the author in creating and forming the account – the work may be better characterized as a memoir or an anthropological narrative, rather than autoethnography.[91]

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[89] Betty-Anne Daviss and Robbie Davis-Floyd, *Birthing Models on the Human Rights Frontier : Speaking Truth to Power*. (London : Routledge, 2021); Brigitte Jordan, 'Authoritative Knowledge and Its Construction', in *Childbirth and Authoritative Knowledge: Cross-Cultural Perspectives*, ed. by R. Davis-Floyd and C. Sargent (Berkley, 1997), pp. 55–79; Kitzinger, *Birth Crisis*.

[90] Kai Hodgkin, 'An Autoethnographic Presentation on Autoethnography: Sharing in Midwifery', *Women and Birth*, 28.Supplement 1 (2015), S47–48 <https://doi.org/nottingham.idm.oclc.org/10.1016/j.wombi.2015.07.152>; Kayleah Logan, 'Save Lives, Protect the NHS: An Autoethnography of a Community Midwife during the COVID 19 Pandemic', *Interdisciplinary Perspectives on Equality and Diversity*, 7.1 (2021), Online <https://journals.hw.ac.uk/IPED/article/view/90> [Accessed 10 February 2022].

[91] Tony E. Adams, Stacy Holman Jones, and Carolyn Adams Ellis,'Making Sense and Taking Action: Creating a Caring Community of Autoethnographers', in *Handbook of Autoethnography*, 2nd edn, ed. by Tony E. Adama, Stacy Holman Jones, and Carolyn Adams Ellis, (New York: Routledge, 2022), pp. 1–19 (p. 3).

This definition emphasises for me that though the memoir was produced using practice-based autoethnographic methods, it is when read together with this critical commentary that it forms a creative-critical whole, bringing together the personal, the political and the critical. While the memoir is not a manifesto, for me as an activist the research has hopeful, progressive aspirations. As Jess Moriarty argues:

> Autoethnographers seek to create works that encourage an enlightened reading and are more democratic and inclusive, promoting civil and spiritual freedom and a resistance to dominant oppressive structures that are sometimes seen as synonymous with traditional academic work.[92]

I hope *With Woman* illuminates aspects of midwifery identity and the mother-midwife relationship beyond what Jordan calls 'praxical knowledge that is limited to the creator'; Jordan argues that to be considered research, creativity 'must lead to some kind of change in wider understanding and impact, wider in the sense of reaching beyond those involved in the research activity itself'.[93]

With these aims in mind, I hope to disseminate the research in several ways in addition to publishing *With Woman*, though publication of the memoir is my overarching ambition. One article based on the prose pieces 'Palpation' and 'Mother/baby Palpation' has been published in a peer-reviewed journal and I will continue to produce articles based on my thesis. I will submit papers and posters at academic and non-academic conferences in fields that may

[92] Jess Moriarty, 'Introduction', in *Autoethnographies From the Neoliberal Academy: Rewilding, Writing and Resistance in Higher Education* ed. by Jess Moriarty, (Abingdon, Oxon.: Routledge, 2020), pp. 1–7 (p. 3).
[93] Jordan, *Postdigital Storytelling*, p. 76.

include life writing, creative writing and narrative studies, and midwifery.[94] I aspire for the project to contribute to a small but growing body of inter-/transdisciplinary work produced by midwives who are artists. I would particularly seek to work more collaboratively with my former clients and the wider community of those involved in childbirth, including independent midwives and doctors. My commitment to collaboration is demonstrated by the step I have taken of naming, or offering to name, at least some of those whose stories I have told in *With Woman*, a key aspect of my project I discuss in more detail in Chapter 5.

This collaborative impulse could be the beginning of even more radical creative activities, means of escaping academic and professional silos. Creative modalities could reflect on how midwives serve mothers, babies and families; have the potential to bring to life the vision of radical feminists that 'the personal is political'. This is of particular significance for those whose histories may be hidden, such as women choosing to have 'freebirths' in order to escape the strictures (as they see it) of the mainstream maternity system, or independent midwives who have been so nearly driven out of existence. Books such as the recent collection of freebirth stories edited by Mavis Kirkham and Nadine Edwards provide much needed illumination on marginalised activities that critique the dominant health infrastructure, and further research and action is needed.[95]

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[94] Nicola Grace, 'Palpation', *Performing Ethos: International Journal of Ethics in Theatre & Performance*, 13.1 (2023), 21–30 <https://doi.org/10.1386/peet_00051_1>.
[95] Carol Hanisch, 'The Personal Is Political', in *Notes from the Second Year: Women's Liberation Major Writings of the Radical Feminists*, ed. by Shulamith Firestone and Anne Koedt (Radical Feminism, 1970); Mavis Kirkham and Nadine Edwards, *Freebirth Stories* (Sheffield: Birth Practice and Politics Forum, 2023).

With Woman began as a vision; as I wrote, memories of my former self took shape and I found my current self reshaped by the memories as they arose. My aim is that stories I tell in my memoir, and the critical contextual part of the thesis, combine in what Norman Denzin, Yvonna Lincoln, and Michael Giardina describe as a 'methodology of the heart, a prophetic, feminist postpragmatism that embraces an ethics of truth grounded in love, care, hope and forgiveness'.[96]

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[96] Norman K. Denzin, Yvonna S. Lincoln, and Michael D. Giardina, 'Disciplining Qualitative Research', *International Journal of Qualitative Studies in Education*, 19.6 (2006), 769–82, (p. 769).

3. Midwifery Memoir

In the previous chapter I outlined ways in which *With Woman* was written as both memoir and autoethnography, rejecting an either/or opposition. As a child of the seventies I loved those lenticular pictures that change when the card tilts, the view appearing different from one angle (a girl) to the other (a mermaid). As with those textured pictorial wonders, *With Woman* can be angled in the mind of the reader to be read purely as memoir in one plane, autoethnography (in the light of the thesis as a whole) in another. The picture that emerges depends on the position of the viewer. [97] Chapter 2 focusses on the practice-based, autoethnographic view, while this chapter discusses the memoir perspective.

Until now there has been little research into the impact of midwifery memoir on professional midwives and the public in the UK or globally; in one of the few articles that foregrounds the midwife in literature, literary scholar Veronica Barnsley notes that 'despite their importance, midwives often remain on the margins of both global health research and literary analysis'.[98] Although a small area of the life writing market with around twenty books published between 2002 and 2023 in the UK (see Appendix 3), the success of *Call the Midwife* as multi-million selling book and popular BBC TV series has catapulted this niche into recognition by public and midwives alike. There is little research into the impact of *Call the Midwife* on midwives, though in 2022 the Arts and Research Council funded a twenty-four episode podcast led by

[97] Kim Timby, *3D and Animated Lenticular Photography: Between Utopia and Entertainment* (Berlin/Boston: De Gruyter, 2015) <https://doi.org/10.1515/9783110448061>.
[98] Veronica Barnsley, 'Midwifery Narratives and Development Discourses ', *Journal of African Cultural Studies* , 34:3 (2022), 278-293 (p. 279) <https://doi.org/DOI: 10.1080/13696815.2022.2075835 >.

geography researcher Alice Watson to 'celebrate the programme and its storytelling'.[99] Huge sales of the books and BBC viewing figures suggest that *Call the Midwife* may be having an impact on how midwives are perceived by the public and could play a role in midwives' perceptions of themselves and their profession. *Call the Midwife* (2002) and memoirs published subsequently such as *Twelve Babies on a Bike* (first published 2009) by Dot May Dunn, *Catching Babies* (2011) by Sheena Byrom and *The Midwife's Here* (2012) by Linda Fairley (all Sunday Times bestsellers) are popular, I suggest, because of their nostalgic depiction of relational and emotional as well as the physical skills that are part of role of the midwife.[100] These multifaceted portrayals set in the past may give midwives a sense of their history and a feeling of pride and worth in the job they do, even when their current work is poles apart from that portrayed on page or screen.

However, some of the memoirs published since 2019 seem to me to be doing something different. These books are almost all overtly political in the way that they are critical not only of individuals or specific institutions, but also of systems. I analyse these in more depth in Chapter 4, and discuss how these later publications are also more personally revealing, more confessional in tone, than earlier works. The appeal of memoir has always been related to the notion of truth, but for the earlier memoirs by midwives, 'truth' was mainly confined to insight into a job that usually took place behind closed doors rather

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[99] University of Oxford, 'Oxford Researcher Launches "Tales from Call the Midwife" Podcast with the BBC', School of Geography and the Environment Website, 18 October 2022 <https://www.geog.ox.ac.uk/news/2022/221018-midwife-podcast.html> [accessed 4 February 2024].

[100] Jennifer Worth, *Call the Midwife: A True Story of the East End in the 1950s,* (London: Phoenix, 2008 [2002]); Dot May Dunn, *Twelve Babies on a Bike: Diary of a Pupil Midwife*, (London: Orion, 2010 [2009]); Sheena Byrom, *Catching Babies: The true story of a dedicated midwife*, (London: Headline, 2011); Linda Fairley, *The Midwife's Here! The Enchanting True Story of Britain's Longest Serving Midwife*, (London: HarperElement, 2012).

than in the later generation of memoirs, more frank exposure of the narrator's frailties, mistakes and even mental and emotional breakdowns.

Before moving to a discussion of what might constitute a midwifery memoir in this ever-shifting literary, social and cultural landscape, I will first consider the genre of memoir itself. There is considerable overlap between genres variously defined as 'life writing', 'autobiography', 'memoir' and 'life narratives'. Such texts are usually considered to be differentiated from fiction, yet in reality there is a blurring of genre boundaries between non-fiction and fiction, even if the term 'autofiction' is not used. As Gerald Couser suggests, the memoir and novel genres are 'intertwined … memoirs often incorporate invented or enhanced material, and they often use novelistic techniques'.[101] In *Memoir: A History* Ben Yagoda uses the terms 'memoir', 'autobiography' and more rarely 'memoirs' to indicate 'a book understood … to be a factual account of the author's life,' while acknowledging difficulties in use of the word 'factual' to discuss a constructed, partially remembered and certainly subjective account.[102]

In the UK, the popularity of midwifery memoirs can be seen as part of what Couser, Yagoda and others call the memoir 'boom,' yet with unique features relating to midwifery and midwives that I elaborate further in section 3.1. In order to undertake this research, and inform my writing, I conducted a narrative literature review that aims to encompass midwifery memoirs published by midwives in the United Kingdom (UK) since the publication of Jennifer Worth's *Call the Midwife* in 2002 to the present. My aim with the

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[101] G. Thomas Couser, *Memoir: An Introduction* (Abindgon: Oxford University Press, 2011), p. 15.
[102] Ben Yagoda, *Memoir: A History* (New York: Riverhead Books, 2009).

review was to identify patterns, tropes and developments of ways in which midwives had written memoirs; as the review proceeded it became apparent that these texts also tracked developments in midwifery practice itself, developments I discuss further in Chapter 4.

In addition to my review of midwifery memoirs, I read memoirs where childbirth is a theme by writers other than midwives. I undertook this wider research in order to explore how women who are not midwives write about what it means to give birth, and to contextualise midwifery memoirs within the broad memoir genre. There are some startling differences between the ways in which midwives construct themselves within memoir and the ways in which they write so positively about birth, and how those who are not midwives reflect on their birthing experiences.

In midwives' memoirs, we learn about what it means to the author to be a midwife, about the years of training she undergoes, about the many hours she spends in devoted duty and how much the women in her care mean to her. In memoirs by women where birth features, midwives are notable mainly by their absence, though there are, of course, exceptions to this. In *Making Babies*, Anne Enright's narrator conveys nuanced observations of her midwives and in *HOME/BIRTHs*, Greenberg and Zucker portray midwives with respect, though as birth doulas themselves, it seems for them the relationship with the doula is more significant.[103] But it is rare to find depictions of the relationship between mother and midwife, so important to the midwife narrators of memoirs. However, as the review progressed, I came to see that it was difficult to make

[103] Anne Enright, *Making Babies: Stumbling into Motherhood*, (London: Jonathan Cape, 2004).

comparisons or what felt like a 'fair' critical analysis when midwifery memoirs were mainly not written by professional writers, and indeed were nearly always ghost-written. This was in contrast to literary memoirs and autobiographical essays whose authors push genre boundaries, such as those by Maggie Nelson, Rachel Zucker, Anne Enright, Rachel Cusk, Sinead Gleeson and Jenn Ashworth among many others.[104]

The following sections of this chapter make a case for a definition of 'midwifery memoir,' and discuss the role of the ghostwriter in the development of the subgenre.

3.1 Defining midwifery memoir

I see *With Woman* as a midwifery memoir, but the term 'midwifery memoir' does not encompass the entirety of the themes I explore. I could feasibly argue for *With Woman* as a 'grief memoir,' even perhaps part of what Amy-Katerini Prodromou calls a subgenre of grief memoir written by women who do not aim to tell stories of ultimate healing, but who tell of 'the ambiguity they show towards the relationship between writing and healing'.[105] I could present *With Woman* as confessional memoir, or even conversion narrative. However, while I see elements of grief and conversion narrative and of the confessional within my memoir, I return to the term 'midwifery memoir' as a way to claim a heritage, a tradition within which I seek to situate my work. In attempting a

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[104] Maggie Nelson, *The Argonauts* (London: Melville House, 2015); Rachel Zucker *MOTHERs* (Denver: Counterpath, 2014); Arielle Greenberg and Rachel Zucker, *HOME/BIRTH*, (Illinois: Illinois State University, 2017; Rachel Cusk, *A Life's Work* (London: Fourth Estate, 2002); Sinead Gleeson, *Constellations: Reflections from Life* (London: Picador, 2019); Jenn Ashworth, *Notes Made While Falling* (London: Goldsmiths Press, 2019).
[105] Amy-Katerini Prodromou, *Navigating Loss in Women's Contemporary Memoir* (London: Palgrave Macmillan, 2015), p. 3.

definition of ‘midwifery memoir’ and in placing my memoir within that tradition, I aim to begin to identify the shape and meaning of a subgenre that seems to me strangely absent from mention within the academic fields of autobiography, life writing and memoir studies. Midwifery memoir is not discussed by Sidonie Smith and Julia Watson in the sixty genres of life narrative they collect in their comprehensive *Reading Autobiography: A guide for interpreting life narratives* and nor is the subgenre mentioned in Ben Yagoda’s *Memoir: A History.* This seems an odd omission even for American-focused reference works given the hugely successful status of *Call the Midwife*.[106]

There are obvious overlaps with other forms of memoir including nursing and medical memoirs and perhaps midwives’ memoirs are considered to be part of these larger (sub)genres. Barnsley argues that it is important that midwives are moved from their current position on the ‘margins’ of health research and literary analysis to a more central place. She says:

> Making midwives the centre of attention allows us to encounter the range of biomedical processes and practices that punctuate pregnancy and birth, the cultural imagery that shapes their meaning, and the sociopolitical structures that indicate what is possible in reframing maternal and infant health in decolonial terms.[107]

Barnsley’s analysis places midwives and their role in the spotlight; she argues that midwives are not only at the forefront of health initiatives to improve maternal and infant health, but are key agents in playing a part in – and critiquing – the ‘global development discourse’.[108] Midwives, for

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[106] Graeme Neill, ‘Call the Midwife Author Worth Dies’, *The Bookseller*, 2011 <https://www.thebookseller.com/news/call-midwife-author-worth-dies> [accessed 31 May 2022].
[107] Barnsley, ‘Midwifery Narratives and Development Discourses’, p. 278.
[108] Barnsley, ‘Midwifery Narratives and Development Discourses’, p. 279.

Barnsley, play a crucial role in feminist work to decolonise 'heteropatriarchal structures' that control women's rights and undermine their autonomy. My analysis of memoir focusses on the midwife within literature of the United Kingdom, but I contend that to name and promote the subgenre of midwifery memoir is to play a small part in centering the role of the midwife within the global as well as the local setting. Couser argues that 'Genre does matter'.[109] Currently the subgenre of midwifery memoir is subsumed within nursing or medical memoir, or simply absent from critical analysis, regardless of the popularity or sales figures of the books. Insistence on visibility by the act of defining midwifery memoir contributes to ensuring that the midwife's role and heritage can be seen, claimed, explored, discussed and debated. This seems important for me, a white feminist midwife living in a rich country. How much more important is it that indigenous midwives globally are acknowledged and treasured, rather than, as discussed by Barnsley, being relegated to the relatively lowly status of 'Traditional Birth Attendant'?

For me, there are two key distinguishing features to differentiate between midwifery and medical or nursing memoirs. The first is that the author/narrator is a midwife, whether retired or currently practising. The second is that birth narratives are an essential component. It is the combination of the two that creates a distinctive subgenre I call midwifery memoir. All life writing, all memoirs, are in a sense biographical as well as autobiographical. As Couser writes, 'it is generally admitted that one cannot write about oneself with representing others as well'.[110] In a midwifery memoir, the distinctive

[109] Couser, *Memoir: An Introduction*, p. 33.
[110] Couser, *Memoir: An Introduction*, p. 34.

aspect is that at least some of those represented must be women whom the narrator has assisted in the act of giving birth; the book must tell birth stories. In midwifery memoirs, narrator employs the personal voice to describe how these episodes, limited dramatic extracts from another person's life narrative, thread with and impact upon her own. It is this focus on births, as well as the fact that the author is a midwife, that I argue makes midwifery memoir a unique subgenre. To put it succinctly, a midwifery memoir is a midwife's self life narrative, that tells stories of the births attended by that midwife.

In memoir, each element of the narrative contributes to threads that weave together to form a sense of the development of the themes in the study of the self that are being explored by the narrator. James Olney says,

> Weaving, as a characteristic metaphor for the operation of memory, will have a long history in the tradition of life-writing that springs from Augustine's Confessions.[111]

Olney discusses how Augustine, Rousseau and Becket meditate on the enigmatic and inherently flawed nature of memory and the challenge of narrative, and braid these meditations into their life narratives; such works produced by what Olney calls the 'colossi of their age,' exemplify the metaphor of weaving by a master weaver.[112] Midwives who tell their stories through memoir do not see themselves as and are not seen as 'colossi,' but will still usually attempt to weave chronologies rather than narrating a chronologically straightforward telling of a life from birth to death. Indeed, a non-chronological approach to memory and self is recommended by writing advice books such as *Writing the Memoir: from truth to art* by Judith

[111] Olney, *Memory and Narrative*, p. 20.
[112] Olney, *Memory and Narrative*, p. 20.

Barrington, who says, ‘one of the hardest things to do elegantly … is to move around in time without confusing your reader’.[113] Usually midwifery memoirs are not written by professional writers and manage this moving around in time, this braiding of memory and self, with various degrees of success and with help from a series of editors and ghostwriters.

3.2 Midwives and ghosts

The use of ghostwriters is, of course, a well-established practice in the production of memoirs, and probably helps to explain the dearth of literary criticism relating to popular memoir. Critic Julie Rak suggests that ‘memoir (is) ... a form of life writing associated with what I term non-professional or non-literary textual production,’ and argues this explains why memoir as genre was often treated as ‘marginal to autobiography studies’.[114] However, recent years have seen a boom in literary memoir, and works by authors such as Maggie Nelson and Rachel Zucker, discussed in more detail in Chapter 5, ensure that memoir as genre now inspires an abundance of literary criticism and academic study.

In his history of memoir, Yagoda catalogues memoirs by people including celebrities, sports people and politicians who use ghostwriters, and explores the blurred distinctions between editors, ghostwriters and interviewers. All may produce books which claim to be ‘memoirs’ of the person whose name is on the cover as author, but who has had varying degrees

[113] Judith Barrington, *Writing the Memoir: From Truth to Art*, 2nd edn (Portland: The Eighth Mountain Press, 2002), p. 95.
[114] J. Rak, ‘Are Memoirs Autobiography? A Consideration of Genre and Public Identity’, *Genre*, 37.3–4, 483–504 (p. 306) <DOI:10.1215/00166928-37-3-4-483>.

of involvement with the actual writing process. Midwives since Jennifer Worth who have produced memoirs published by publishing houses (rather than being self- or 'vanity-'published) are usually ghostwritten, though it is difficult to be sure if a book has had a ghostwriter unless there is an acknowledgement. Midwife Terri Coates, who later became the long-term midwifery advisor for the BBC TV series, revealed in an interview that she comprehensively edited the midwifery portions of *Call the Midwife*.[115] However, in the acknowledgments within the book, Jennifer Worth only mentions 'Terri Coates, who fired my memories' rather than explaining her more extensive involvement.

So it appears that the distinctive voice of 'Jenny Lee' in *Call the Midwife* (2002), apparently Jennifer Worth's own, may be at least partly rendered (in the written text) by an editor if not a ghostwriter. *The Midwife's Here* (2012) by Linda Fairley was ghostwritten by Rachel Murphy ('my ghostwriter, who is like one of my family now and who writes from inside my head').[116] Charlotte Ward is a popular midwifery ghostwriter, who helps Sheena Byrom with *Catching Babies* (2011), Maria Anderson with *Tales of a Midwife* (2012) and Virginia Howes with *The Baby's Coming* (2014).[117] While the narrator of each of these memoirs has a distinctive personal voice, there is perhaps a certain heterogeneity of mood across all the books: a good-natured, cheerful tone exemplified by phrases such as 'it was very special and exciting'

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[115] Royal College of Midwives (RCM), 'One-to-One with Terri Coates', RCM website, 7 March 2018 <https://www.rcm.org.uk/news-views/news/one-to-one-with-terri-coates/> [accessed 25 November 2021].
[116] Fairley, *The Midwife's Here*, p. 308.
[117] Virginia Howes, *The Baby's Coming: A story of dedication by an independent midwife*, (London: Headline, 2014).

(about the birth of quads in *Tales of a Midwife*).[118] Such phrases depict a version of the patter of the professional midwife; whatever problems arise, they will be met with calm competence. Of course, this attitude may be welcome in clinical practice and is, perhaps, not inauthentic to the professional face. Where the jolly professional tone, applied heavily by ghostwriters and editors, arguably becomes inadequate is in the attempt to convey or reflect on more intimate or revealing aspects of birth, midwifery and the self.

Ben Yagoda elucidates that ghostwriters are employed by publishers who evidently see the investment as worthwhile, and for the midwives involved (according to the acknowledgements), this is a positive experience. I can see why talking with a ghostwriter could be a liberatory or nurturing encounter. I can still hear Virginia Howes telling me a few years ago in her distinctive Kent accent, that she wrote the whole thing, the ghostwriter just helped to get it all in the right order. I did not question it at the time, but it must have stuck with me, a snag in my psyche. I didn't know then, because I hadn't yet written a book, that getting it all in the right order is one of the ways in which meanings evolve within the narrative, or to return to the weaving metaphor, the order of scenes and how the narrative flows make up the pattern of the woven text. Why would it feel like a travesty for me to have a ghost to help with the weaving, assist me to tell my story? For those who do not have the ambition to learn the craft of writing, perhaps the ghostwriter is akin to a translator or even a midwife. In which case I ask, am I my own ghostwriter, returning to the life that other woman, my younger self, could not articulate or integrate, and helping her to do that?

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[118] Maria Anderson, *Tales of a Midwife* (London: Headline, 2012), p. 169.

I see no need to exclude ghostwritten memoir from my analysis; part of my project is to foreground the midwife as being among those whose 'histories remain marginal, invalidated, invisible,'[119] but it is important to draw attention to the ghostwriter as a phenomenon. And while ghostwriting is more popular than ever for the production of books that contribute to the latest popular memoir boom, some midwives writing in the last few years have taken the step of weaving their own narratives. Of the latest five published midwifery memoirs in the UK, only *The Secret Midwife* (2020) and Anna Kent's *Frontline Midwife* (2022) acknowledge a ghostwriter and co-writer respectively, while *Hard Pushed* (2019) by Leah Hazard, *Overdue* (2020) by Amity Reed and Sophie Martin's *The Infertile Midwife* (2023) are professionally published and edited but not, apparently, ghostwritten.

Whether self-authored or written with the help of a ghostwriter, midwifery memoir as sub-genre tracks enormous changes in the culture of birth and maternity services which I discuss in the following chapter.[120]

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[119] Smith and Watson, *Reading Autobiography: A Guide for Interpreting Life Narratives,* p. 3.
[120] Leah Hazard, *The Father's Home Birth Handbook* (London: Pinter and Martin, 2011); Amity Reed, 'About Amity Reed' n.d. <https://www.amityreed.com/about> [accessed 11 November 2023].

4. From confidence to collapse: the portrayal of UK midwifery practice through memoir from the 1950s to the present.

Midwifery memoirs, as I argue in the previous chapter, are those in which the narrator, a midwife, employs the personal voice to tell stories of the intimate act of giving birth. This is a simplified definition of course, that sidesteps some of what autobiography scholar Timothy Dow Adams construes as the 'bewildering variety of ways' in which the concept of truth is addressed in autobiographical writing. According to Dow, these ways include '(the relation of truth) to fiction, nonfiction, fact, fraud, figure, memory, identity, error and myth'.[121] Whether ghostwritten or solely authored by a midwife, and almost regardless of the level of fictionalisation, memoir contributes to the storytelling tradition in midwifery. While there is much research still to be done in this field, some scholars have noted storytelling as fundamental to the passing on of midwifery knowledge, experience and skills.[122] While telling stories, midwifery memoirs track enormous cultural and social changes relating to birth, the maternity services and how midwifery is practised. Memoirs, of course, are not research papers and nor should they be regarded as primary data sources. Even given these provisos, the narratives appear to show that throughout the 1950s until the last few years, in spite of many challenges, midwife narrators in these texts are depicted as having relatively high levels of autonomy and confidence in their work. More recent memoirs

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[121] Timothy Dow Adams, *Telling Lies in Modern American Autobiography* (Chapel Hill: University of North Carolina Press, 1990).
[122] Jo Gould, 'Storytelling in Midwifery: Is It Time to Value Our Oral Tradition?', *British Journal of Midwifery*, 25.1 (2017), 41–45 <https://doi.org/10.12968/BJOM.2017.25.1.41> [Accessed 24 November 2021].

by midwives convey a loss of this autonomy and confidence, to the extent that several memoirs written by midwives in the UK relating to work in the UK since 2019 (*Hard Pushed*, *The Secret Midwife* and *Overdue*) all discuss serious work-related mental health breakdowns, a phenomenon that does not appear in memoirs written prior to this period.[123]

4.1 Origins of the UK midwifery memoir boom

It might appear that there is a plethora of midwifery memoirs on the market, but the existence of such publications in the United Kingdom is a relatively recent phenomenon. In 1998, a midwife called Terri Coates had a short article published in the first edition of *Midwives* journal, which is the main membership publication of the Royal College of Midwives (RCM). The article was based on her MA dissertation, a review of midwives in literature. Coates decries the lack of representation of midwives generally, and outlines the offensive and misogynistic nature of such portrayals where they do exist. The prime example is Dickens' portrait of Sairey Gamp in *Martin Chuzzlewit* as a drunken slattern, a stereotype that has been used ever since to denigrate midwives.[124] In a 2018 interview with the RCM, Coates explains following the

[123] Leah Hazard, *Hard Pushed : A Midwife's Story* (London: Hutchinson, 2019); Philippa George, *The Secret Midwife: Life, Death and the Truth about Birth*, (London: John Blake, 2020); Amity Reed, *Overdue: Birth, Burnout and a Blueprint for a Better NHS*, (London: Pinter and Martin, 2020); Anna Kent, *Frontline Midwife* (London: Bloomsbury, 2022) is a memoir that has been published more recently but relates to work overseas. In fact Kent's memoir as it pertains to her midwifery work in the UK adheres to the pattern of the memoirs discussed in this chapter in that she also suffers loss of autonomy, overwork and breakdown. However these are interwoven with stories of her humanitaria work and so I have not included her memoir in this analysis..

[124] Heather Stanley, 'Sairey Gamps, Feminine Nurses and Greedy Monopolists: Discourses of Gender and Professional Identity in the Lancet and the British Medical Journal, 1886–1902', *Canadian Bulletin of Medical History = Bulletin Canadien d'histoire de La Médecine*, 29 (2012), 49–68 <https://doi.org/10.3138/cbmh.29.1.49>.

publication of her article, Jennifer Worth wrote to her as the article inspired the manuscript that became *Call the Midwife.* Given that this article, based on a master's dissertation, appears to have been responsible for inspiring a memoir that has gone on to become a national institution, it is worth quoting Terri Coates at some length:

> As Chekov portrayed his own (medical) profession favourably in The Party, perhaps midwives need a literary colleague to be a professional advocate. Maybe there is a midwife somewhere who can do for midwifery what James Herriot did for veterinary practice … Midwifery and childbirth have all the ingredients required of a blockbusting novel; sex, love, anticipation, excitement, pain, exhilaration of the arrival of a new life, (or the anguish of a lost baby) and the uncertainty of new relationships. Is it time for midwives to gain control of their profession by portraying it in a literary genre? There is room on the bookshelves for a novel perhaps, somewhere between fact and fiction that would give the general public an insight into the work of the midwife. This may raise the midwife's profile within society, improve the literary image of the midwife and possibly make the midwife as familiar as the doctor or nurse (or vet). The midwife in literature is almost invisible and it is unlikely that impressions of midwifery are gained to any great extent from literary sources. However, if anyone reading this article knows of any descriptions in fictional literature of labour, delivery or the work of the midwife please get in touch.[125]

Jennifer Worth must have still been a member of the Royal College of Midwives to receive the RCM magazine all those years after her retirement from midwifery and nursing. As discussed in Chapter 3, in the RCM interview Coates explains that she edited the midwifery parts of the book, and went on to become the clinical editor and an instrumental member of the *Call the Midwife* team for the TV series.[126]

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[125] Terri Coates, 'Impressions of the Midwife in Literature', *Midwives*, 1.1 (1998), 21–22 <https://www.truthaboutnursing.org/research/lit/orig/coates.pdf> [Acccessed 10 April 2022].
[126] Jennifer Worth, *Call the Midwife: A True Story of the East End in the 1950s*, (London: Orion, 2008), (Acknowledgements, no page number).

Call the Midwife was the first popular example in the UK that preceded and may have inspired many more autobiographical works by midwives.[127] I focus on a range of these books that depict practice between the 1950s to the present, to show that incremental developments amount to enormous shifts in maternity systems and midwifery practice within only a few decades.
The texts provide insight into how midwives construct their perceptions of themselves and their identities within and often against the dominance of an increasingly medicalised obstetric maternity infrastructure.

Call the Midwife describes work in the community rather than the hospital setting during the 1950s, while *The Midwife's Here* and sequel *Bundles of Joy* by Linda Fairley tell of NHS midwifery both inside hospitals and in the community from the 1960s through to the early 2000s. Sheena Byrom (1970s – 2010) and Maria Anderson (1980s – 2009) also write about both hospital and community work, while Virgina Howes' *The Baby's Coming* (1990s – 2013) is 'a story of dedication by an independent midwife' and after her training period in a hospital, mainly relates home birth stories.[128] The more recent publications in my analysis, *Hard Pushed* (2019) by Leah Hazard, *The Secret Midwife* (2020) by Phillipa George, and *Overdue* (2020) by Amity Reed, are all exclusively set in NHS hospitals, and describe not only
a system but individuals pushed to the point of collapse. In their light, the style of midwifery narrated in *Call the Midwife* and the other memoirs that tell of

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[127] I found one out-of-print memoir by a midwife published in the UK prior to the publication of *Call the Midwife*. That was Eirwen Elizabeth Howells, *Loose Chippings: From the Pathway of a District Midwife on Her Journeyings Through Life - with a Capital 'L'* (Out of Print), (1999). Archive-based research may produce further examples.

[128] Jennifer Worth, *Call the Midwife;* Linda Fairley, *The Midwife's Here! The Enchanting True Story of Britain's Longest Serving Midwife*, (London: HarperElement, 2012); Sheena Byrom, *Catching Babies: The true story of a dedicated midwife*, (London: Headline, 2011); Maria Anderson, *Tales of a Midwife*, (London: Headline, 2012); Virginia Howes, *The Baby's Coming: A story of dedication by an independent midwife*, (London: Headline, 2014).

midwifery up until the earlier part of the twenty-first century, seems little more than anachronism.[129]

What implications, if any, do these stories by midwives have for UK and international midwifery practice and for the care experienced by mothers and babies? Must we accept that midwifery autonomy has irrevocably collapsed? Or is it possible to acknowledge the enormous challenges while aiming to create a new narrative of midwifery identity – one that leads to a vision of midwifery and birth autonomy fit for the future?

4.2 Midwifery autonomy

Professional autonomy was a familiar concept for a midwife who trained, as I did, in the late 1990s, but is a relatively modern notion, absent from my treasured second edition, mentioned in *With Woman* in 'Palpation,' of Margaret Myles' *Textbook for Midwives* dated 1956.[130] Between the 1950s and the 1990s the concept of autonomy gradually seeps into both childbirth and midwifery practice. The idea of professional midwifery autonomy could be seen to be problematic if autonomy is taken to mean complete freedom to act and I suggest that within midwifery practice, the term 'autonomy' is used more often to denote a freedom which is analogous to personal agency and a sense of the self as subject able to act in the world. Such autonomy does not have to mean freedom at the expense of others. On the contrary, professional

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[129] Sheena Byrom, *Catching Babies: The True Story of a Dedicated Midwife* (London: Headline, 2011); Hazard, *Hard Pushed*; Reed, *Overdue*; Fairley, *The Midwife's Here*; Worth, *Call the Midwife*; Virginia. Howes, *A Story of Dedication by an Independent Midwife.* (London: Headline, 2014).
[130] Margaret F. Myles, *Textbook for Midwives*, 2nd edn (Edinburgh: E and S Livingstone, 1956).

autonomy for midwives often means the freedom to act to uphold the autonomy, agency and choices of the women and families for whom the midwife is caring, as much as the freedom to act oneself. So, freedom is a key concept in autonomy, but in midwifery needs to be a boundaried type of freedom where the rights and freedoms of others are respected. A 2020 article in the *British Journal of Midwifery* by Zolkefli and others describes how a review of research literature demonstrates that autonomy is a key concept for modern midwifery as follows:

> ● The notion of autonomy has long been embedded in midwifery professional regulatory documents and organisational rules
> ● A midwife should acquire specific personal qualities, be knowledgeable and have critical thinking skills, facilitating her confidence in making decisions which control her practice
> ● An autonomous midwife is capable of making choices and clinical decisions independently with women
> ● Qualities of an autonomous midwife include being knowledgeable, competent and confident in the scope of midwifery practice. They should also be a passionate individual and have a sense of responsibility in providing the best care to their clients and can deal with challenges effectively within the working environment.[131]

The concept of autonomy is highlighted several times as important within the (current at the time of writing) Nursing and Midwifery Council Standards which regulate midwives' education and practice in the United Kingdom, albeit with the rather insipid definition, 'Autonomous: to have the knowledge and confidence to exercise professional judgement'.[132] What is important in my analysis of midwifery memoir is that autonomy describes and contributes to a sense of confidence, and that lack of autonomy is associated

[131] Zulafaa Humairaa Haji Zolkefli, Khadizah Haji Abdul Mumin, and Deeni Rudita Idris, 'Autonomy and Its Impact on Midwifery Practice', *British Journal of Midwifery*, 28.2 (2020), 120–29 <https://doi.org/10.12968/bjom.2020.28.2.120>.
[132] Nursing and Midwifery Council, *Standards of Proficiency for Midwives* (London, 2019), (p. 54). <https://www.nmc.org.uk/standards/standards-for-midwives/standards-of-proficiency-for-midwives/> [Accessed 10 April 2022]

with collapse not only of confidence but even of a sense of the self with agency.

4.3 Call the Midwife

The *Call the Midwife* series of memoirs are memories of and reflections on Jennifer Worth's experiences as a midwife and nurse in the 1950s Docklands, an area of the East End of London. I focus on the first in the series as the later books (of three) *Shadows of the Workhouse* (2005) and *Farewell to the East End* (2009) relate only tangentially to midwifery and mainly discuss Worth's nursing work.[133] The memoir is written in the personal voice of the older Jennifer Worth who reflects on the past, while the subject of the narrative is Jenny Lee, a young woman who begins her midwifery career with a placement at Nonnatus House, a convent where nuns serve the population in both nursing and midwifery, in and around Poplar which is where the Docklands are situated.

Jenny and the other midwives work hard for very long hours. The midwives are 'on duty' – either working or available to work – all the time except for a few hours or days a week off – hence the duty roster was called the 'off-duty'. In fact, the duty roster is still called the off-duty to this day in NHS Trusts, even though the hours off now considerably out-weigh the hours at work.

> Why did I ever start this? I must have been mad! … Two-thirty in the morning! I struggle, half asleep, into my uniform. Only three hours sleep after a seventeen-hour working day. Who would do such a job?[134]

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[133] Jennifer Worth, *Shadows of the Workhouse*, (Phoenix, 2009 (2005)); Jennifer Worth, *Farewell to the East End*, (Phoenix, 2009).
[134] Worth, *Call the Midwife*, p. 9.

The long hours and hard work are mitigated by the supportive community and satisfaction Jenny gains from the role. Throughout the text, the narrator learns from the nuns' midwifery and nursing skills, but also crucially for the development of the character, she gains insight into relationships, people, love, death and the religious and spiritual life.

Jenny works alongside and is mentored by the nuns of Nonnatus House such as Sister Evangelina and Sister Bernadette. Jenny is humble about her own level of skill in comparison to theirs but, though sometimes depicted as nervous, after a period of supervision she manages home births entirely alone even though she is a newly qualified midwife. Birth is not portrayed as risk-free and Jenny is anxious particularly about the third stage of labour when she perceives a catastrophic haemorrhage may occur. She is also nervous about other aspects of birth such as breech presentations. However, beneath her nerves runs a high level of confidence in her training, and appreciation of the way that midwives (often nuns) attend home births in this area of London as they have done for generations. The people of Poplar are depicted as valuing their home births with midwives above the newly implemented hospital services now on offer, and even where complications arise, usually prefer to stay at home with their traditional attendants. Following the discovery that a baby is breech, Sister Bernadette (who is the primary midwife while Jenny plays a supporting role) says to the mother, Betty, 'Perhaps you should consider a hospital delivery'.

> Betty's reaction was immediate and dogmatic. "No. No hospital. I'll be OK with you Sister. All me babies have been delivered by the Nonnatuns and born in this room, and I don't want nothing else."[135]

The midwives depicted in *Call the Midwife* have autonomy of practice and confidence in their skills, although they probably would not have been aware of the term 'autonomy'. The mothers and families also have more autonomy than might be expected in situations of what are described as grinding poverty. One example is when 'Conchita' gives birth to a very premature baby at twenty-eight weeks gestation. Jenny Lee in the narrative until this point has mainly been supervised by experienced midwives but for reasons that are not entirely explained in the text, when the desperate father telephones Nonnatus House, instead of accompanying her to this preterm birth with complications, Sister Julienne stays behind to pray. Jenny cycles to Conchita's home through a thick London 'peasouper' fog, accompanied by policemen who hold lights before and behind as they make their way. Not only is the birth premature, but it has been precipitated by a fall and serious head injury to the mother, and Conchita is dangerously ill. Hospital is advised for both and especially for the baby, and in this case probably the mother would have been transported if the ambulance had arrived. However, the ambulance is delayed because of the smog. In those days, if there was an emergency at home, a 'flying squad' was sent, rather than just an ambulance,[136] and hospital doctors and a nurse arrive shortly after the birth of the baby which is initially thought to be dead. The baby revives and is laid on the mother's chest; doctors advise that the baby will die if it isn't transferred to hospital.

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[135] Worth. *Call the Midwife*, p. 100.

[136] In recent years we may not even get an ambulance and have to make alternative emergency transfer plans in case there are no ambulances available.

The mother has been delirious with signs of concussion and possibly infection, but she revives sufficiently to let her husband Len know that she wants to keep the baby with her, resting on her chest between her breasts. Once he realises this, the father, who had previously said the doctors could take the baby, says:

> This is all my fault, an' I must apologise. I said the baby could go to hospital without consultin' my wife. I shouldn't 'ave the last word, she must. An' she don't agree to it. You can see she don't. An' so the baby's not goin' nowhere. He'll stop 'ere with us, and he'll be christened, an' if he dies, he'll have a Christian burial. But he's not goin' nowhere without 'is mother's consent … And that was that. The doctors knew they were defeated, and started to pack up their equipment.[137]

The baby survives and develops into a bonny infant with the care and devotion of the parents and midwives.

While it must be emphasised that this is likely to be a fictionalised account, it is believable within the world of the text that the wishes of the woman are sacrosanct regarding birth and her baby within the narrative. However, the autonomy of mothers is not absolute and in some ways is quite limited. For instance, practices are depicted that in more modern settings might be considered demeaning or maybe coercive on the part of the midwives, such as the women always being in bed for the birth. This would almost never happen at a home birth today, as mothers are given the option to move about and take up any position in which they feel comfortable, indeed often in an inflatable birth pool as described on several occasions in *With Woman*. The midwives of Poplar are depicted as routinely administering sedatives such as chloral hydrate, without there being any indication of

[137] Worth, *Call the Midwife*, pp. 298-299.

informed consent. Every birth is 'conducted' by the midwife with the woman on the bed in a semi-recumbent or left lateral position. Nevertheless, there is no sense in this text that women are traumatised by these directive practices. On the contrary, the women and every family member expect and wish the midwives to come and act in that role and the people of Poplar evidently have a proprietorial attitude towards the midwives. The midwives are highly respected and even deferred to, but there is a sense within the pages of *Call the Midwife* that the owners of birth - and even in some sense of the midwives themselves - are the people of East London rather than employers or the state.

The expectations of all concerned are quite harmonious within the text about the practices that happen around birth. The midwives are able to act with autonomy to support a relatively high level of autonomy of the women in spite of hardships and material deprivation. Women have the kind of births they want, in the setting of their choice, with the midwives of their choice, and surrounded by their loved ones and the midwives are confident in their practice and their skills.

4.4 Midwifery memoirs between the 1950s and 2010s

Midwifery memoirs that follow *Call the Midwife* and depict the period between the 1960s and the early part of the twenty-first century describe how practice changed. Scientific and medical advances alter the way that midwifery is done, and how women experience labour and birth. For instance, in *Call the Midwife*, the midwives boil urine to check for protein (for pre-eclampsia) in the 1950s, a practice that is replaced by urinalysis dipsticks some time in the 1970s. Epidural anaesthesia, now so common, is mentioned by Sheena Byrom

in *Catching Babies* as an innovation; the first epidural she experiences in 1979 is as a labouring woman herself, when as a favour to her (because she is giving birth in the maternity unit where she works as a midwife), she is offered the new procedure by a doctor who evidently has little idea of how it is performed and who 'prodded and poked', making two unsuccessful attempts before finally succeeding, thankfully without injury to Sheena's spine.[138]

Autonomy is limited for the individual midwives as they pass through the hierarchical National Health Service (NHS) training throughout the 1960s, 70s, 80s and 90s as depicted by Linda Fairley, Sheena Byrom, Maria Anderson and Virginia Howes respectively. The students and all members of staff are bound by rules and a rigid rank system. For instance, in *The Midwife's Here,* Linda Fairley describes being ordered by the senior midwife, and jumping to comply.

> "Lawton, attend to Mrs Roche in bed thirteen," Sister Bridie ordered. I hated the way she addressed us by our surnames, as if we were in the Army. I leapt to attention, nevertheless.[139]

Individuals gain autonomy as they move upwards through the ranks, until in all cases for these four memoirs, the midwives either achieve higher ranks themselves, gain the status of working in the community or in Virginia Howes' case, leave the NHS altogether. But even while in the hospital, when subjected to the dominion of those with superior ranking such as the dreaded 'Sister' or even worse, the God-like 'Consultant', the professions of midwifery, nursing and obstetrics appear self-governing rather than at the mercy of faceless external forces. Sheena Byrom describes a night shift when

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[138] Byrom, *Catching Babies*, p. 108.
[139] Fairley, *The Midwife's Here!*, p. 41.

she was a student nurse in charge on a ward. She mistakenly hooks up the oxygen instead of the suction pipe to a patient's drain, causing it to shatter. Sheena says that 'unsurprisingly, I found explaining myself to the sister very difficult, and equally unsurprisingly I was in a lot of trouble'[140] However, that is the extent of the matter. There is no question of being reported to the English National Board (the equivalent at that time of the NMC) or the University or any external bodies. And once the midwives in these narratives get through their training and join the more senior ranks, they make a point of being kind to those they mentor. By the time they reach their chosen positions as midwives in hospital and birth centre settings, and or attending home births, like Jenny Lee they find a sense of confidence in the role that reflects the autonomy of being part of a self-governing profession, and the individual autonomy to make decisions.

Memoirs depicting midwifery during the 1950s until the 2010s suggest that it is a hard job, it's not easy running a ward or being on call, the midwives face many challenges, birth is unpredictable and sometimes frightening. However, even given the difficulties, there are substantial rewards and the midwives have a sense of agency and confidence in their practice. In other words, they have at least a degree of autonomy, with accompanying job satisfaction. Depictions of autonomy within the texts change dramatically within memoirs published more recently.

[140] Byrom, *Catching Babies*, p. 48.

4.5 Contemporary midwifery memoirs

The narrator of *Hard Pushed* writes within the traditions that have been established within the sub-genre of midwifery memoir - that is, a life story and character development of the narrator, told around and partly through the stories of the births that she attends. However, something has changed. Most memoirs tell of struggle; but in *Hard Pushed*, the struggle appears overwhelming and there is little sense by the end of the narrative that progress or resolution is possible.

The chapter called 'Leaving My Post' is emotional and difficult for me to read. The narrator, Leah, tells of a hospital shift on a triage ward that is the last straw for her. She and one other midwife are caring for a ward full of women and babies. They have lost the ability to recall the names of any of their 'patients' and each is referred to by a bed number. They have people in labour on the ward (even though this is supposed to not be a labour ward) but labour ward is full, so women are giving birth in unsafe circumstances. The midwives have a big backlog of tasks such as paperwork and computer inputting they simply cannot complete, and they don't have time to discharge the women who are well enough to be discharged. Women are distressed, sick, in labour, and the partners are understandably angry and upset too. 'The next few hours flew by in a kind of psychedelic blur; screaming faces and splashes of blood pass in front of my eyes in endless rotation'.[141]

These are human beings on the other end of this lack of care and narrator Leah experiences guilt, remorse, panic, overwhelm and complete lack of autonomy - her agency has been removed by the situation. She says 'The

[141] Hazard, *Hard Pushed*, p. 301.

nausea became a slow tide of acid, climbing up my throat. Now my heart was racing, and I had a vague awareness of pins and needles in my hands'.[142]

Leah cannot carry on and she leaves that ward, sick, before the shift ends. She feels dreadful about leaving her colleagues in an even worse situation but simply cannot continue. This sort of scenario - the overwork, the trauma of not being able to fulfil the duties of the midwife, of witnessing these dreadful scenes - is repeated in three of the latest midwifery memoirs (*Hard Pushed*, *The Secret Midwife* and *Overdue*) that have been published in the UK. The most optimistic and positive thing that can be said is that all three memoirs end with a cry for action, a strong sense that this is not right and that change simply has to happen.

The authors of these three contemporary memoirs are relatively newly qualified. For them, I don't get the impression that autonomy is something they have known. Narrators of these memoirs are upset, angry, overwhelmed and eventually each of them has significant mental and emotional breakdowns connected with work. None of the three has a sense of autonomy and confidence in midwifery practice that is expressed by earlier authors of midwifery memoir, or that I depict in certain scenes such as the birth in 'The Woman Roars' or 'Wanting Something Different to What Went Before' in *With Woman.*

It is salutary to recognise that within British memoir, for midwives, practice is depicted as better in all times from the 1950s onwards than it is currently within the NHS. While things were not perfect at any stage, at least midwives working in the UK previously operated within a system that worked,

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[142] Hazard, *Hard Pushed*, p. 305

and that was run by people rather than faceless managers who never actually appear. There was also the alternative of working outside the NHS in independent practice, an option that is now very limited because of changes in the law relating to indemnity requirements.

In the past, there might have been a strict hierarchy, but orders and even tellings off that come from a human being, however terrifying, are better than what Marxist-feminist midwife Anna Ziggy Melamed describes as the 'factory-line of maternity care'.[143] On the factory line, no one is really in charge and the general expectation is of imminent disaster. Even Virginia Howes' bossy, bullying 'bison' of a sister-in-charge might be preferable to NHS managers who do not work clinically but who oversee a collapsing system. At least the bisons ensured the ward was efficiently run, even if it was sometimes at the cost of humane, woman-centred care. The 'band 7s' who have taken the place of the bisons as senior staff on the wards tend to be less strict and more humane, but are depicted as powerless to prevent the chaos and overwhelm experienced by narrators Leah, Pippa and Amity.

The authors of these memoirs see themselves as activists, and view their memoirs as calls for action for reform of the NHS maternity services and for better resourcing. These should be seen in the context of the NHS England *Maternity Transformation Programme*, a government-sponsored investigation and report led by Baroness Julia Cumberledge, who led the maternity transformation consultation that resulted in the social policy document *Better*

[143] Anna Ziggy Melamed, 'The Politics of Birthing Bodies', FILIA, 16 December 2021 <https://bit.ly/3J7oXV9> [Accessed 23 July 2022].

Births.[144] The programme was intended to help the struggling maternity services in many ways, partly by implementing continuity of care which is safer and more rewarding for all concerned. The *Better Births* report also recommends a model of funding using 'NHS Personal Care Budgets'. Each woman would have a budget to spend on her maternity care and could choose an accredited provider which would be either an NHS Trust or an independent midwifery practice. This could have been an ideal solution from both fiscal and clinical perspectives, allowing women true choice of provider and a form of independent midwifery free at the point of care under the NHS umbrella. The proposed system would have been similar to that provided by GP practices under contract to the NHS. Most GPs are small private providers who are commissioned to provide NHS care (see Annex C of *Better Births* for details). But this crucial part of *Better Births* has been lost. For already overstretched traditionally-organised and under-funded NHS maternity systems, the demands of continuity of care and on-calls put unbearable stress on other parts of the service, while the COVID-19 pandemic has pushed this failing infrastructure even deeper into crisis.

Mothers continue to have babies so giving up is simply not an option. Midwives are more necessary than ever. *With Woman* is not a manifesto, but as a contribution to the literature depicting midwifery practice, its stories may have significance to those who have never been able to witness or experience physiological birth. It may also inspire midwives who know in their body and being that it is possible to be 'with woman' even if their midwifery is practised

[144] NHS England, *Better Births: Improving Outcomes of Maternity Services in England – A Five Year Forward View for Maternity Care* (London: NHS England, 2017) <https://www.england.nhs.uk/publication/better-births-improving-outcomes-of-maternity-services-in-england-a-five-year-forward-view-for-maternity-care/> [Accessed 11 March 2024].

under conditions not of their choosing. I wrote *The Roar* (page 234) in 1986, shortly after my first child, Joe, was born. The poem was my attempt to convey a completely unanticipated mystical experience of connection with every other woman throughout time: 'suddenly there is communion, a million-billionfold sisterhood'. Good birth for mother, baby and family has inspired the saying 'peace on earth begins with birth;' good birth reminds us of our human interconnectedness.

These interpersonal connections ripple beneath the constraints and tyrannies of oppressive industrialised capitalist systems. At this present moment in time, my writing in *With Woman* about being present with women at births feels like history or even fiction, as anachronistic and idealistic as Jennifer Worth's version of midwifery in the East End of London. Ever-increasing authoritarianism over body and mind, accelerated beyond anything I could have imagined, is in the ascendant. I admit to melancholy, even, at times, despair. All I can I hope is that a way forward becomes clear so that women are free to have autonomous, joyous and confident births with the attendants of their choice.

5. Memory, Self and Others in Memoir

With Woman is both midwifery memoir and, I hope, something a little different. Its aims were certainly different; as discussed in the 'Introduction,' my memoir began life as a way to give voice to aspects of my past, particularly the birth and death of my daughter Penny. As I read, researched and wrote, the memoir and thesis grew, taking shape as transdisciplinary, practice-based, autoethnographic research. *With Woman* is the result, honouring the storytelling traditions of midwives and women, expanding the subgenre of midwifery memoir, and embracing the vulnerability of the autoethnographic researcher.

As a professional, registered midwife, it is a political, transgressive act to write reflexively of the embodied, flawed self as I have done in *With Woman.* Tami Spry says, 'it is autoethnography that activates the foundational sociocultural personally political reflexivity of that body/self'.[145] I am not the only midwife author to transgress the professional borders drawn by the first generation of midwifery memoirs that followed in the wake of *Call the Midwife*. As discussed in Chapters 3 and 4, Leah Hazard's *Hard Pushed* (2019), Philipa George's *The Secret Midwife* (2020), Amity Reed's, *Overdue*, (2020) and *Frontline Midwife* by Anna Kent (2022) depict more rounded versions of the midwife as human. In their efforts to convey the difficulties experienced by midwives working within the modern maternity system (or in Kent's case, undertaking foreign humanitarian work), they go beyond the

[145] Tami Spry, 'Autoethnography and the Other: Performative Embodiment and a Bid for Utopia', in *The SAGE Handbook of Qualitative Research*, 5th edn, ed. by Norman K. Denzin and Yvonna S. Lincoln, (Thousand Oaks, California: SAGE, 2018), pp. 627-649, (p. 630).

boundaries of memoirs that preceded them. I see their work and mine as part of the relatively recent ancestral line of midwifery memoir, as well as being descendants of the much more ancient tradition of storytelling in midwifery, stretching or breaching the boundaries of what has gone before.

For this final chapter, I therefore turn to a discussion of *With Woman* in the light of works by three contemporary authors who are not midwives, but who explore themes that resonate with those of *With Woman*. My main analysis of how memory and narrative interweave relates to *The Argonauts* by Maggie Nelson (2015) and *MOTHERs* by Rachel Zucker (2014).[146] I refer to *HOME/BIRTH: a poemic* (2017) by Arielle Greenberg and Rachel Zucker mainly in the second section of this chapter, when exploring the possibilities of collaboration in shared narrative spaces.[147]

The Argonauts is a 'genre-bending memoir' according to the inside cover blurb. Narrative threads include the stories of the love affair between Maggie Nelson and Harry Dodge; Harry's transition; Maggie's pregnancy with their child Iggy and Iggy's birth; and the death of Harry's mother. Nelson qualifies the claim of the publisher that the text is a memoir, saying she is a memoirist, 'in drag'.[148] This could be seen as rejection of the idea of the 'autobiographical pact' as proposed by Philippe Lejeune,[149] which defines autobiography as a contract between author and reader in which the author is confirmed as having the same name, in fact being the same person, as the

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[146] Maggie Nelson, *The Argonauts* (London: Melville House, 2015); Rachel Zucker, *MOTHERs* (Denver: Counterpath, 2014).
[147] Arielle Greenberg and Rachel Zucker, *HOME/BIRTH: a poemic*, 2nd edn (Illinois: Illinois State University Press, 2017)
[148] Maggie Nelson, *The Argonauts* (London: Melville House, 2015), p. 142.
[149] Philippe Lejeune, *Le Pacte Autobiographique* (Paris: Sueil, 1975). Cited in Leigh Gilmore, *Autobiographics: A Feminist Theory of Women's Self-Representation* (New York: Cornell University Press, 1994), p. 76.

narrator. The memoirist 'in drag' performs the association between author and narrator rather than making any guarantee that they are the one and the same. However, this does not mean freedom from all formal convention whether of genre or gender and nor does it mean an outright rejection of truth or reality. Nelson writes of her doctoral thesis, *The Performance of Intimacy*,

> I didn't mean the word *performance* in opposition to "the real"; I've never been interested in any sort of con. Of course there exist people who perform intimacy in ways that are fraudulent or narcissistic or dangerous or steamrolling or creepy, but that's not the kind of performance that I meant.[150]

Rather than a 'con' or 'fraudulent' performance, then, *The Argonauts* performs intimacy of memory, thoughts, emotions and the body, a rejection perhaps of what feminist critic Sarah Leggot construes as a 'masculinist' formulation of the construct of an autobiographical 'I' that privileges mind over body.[151] Embodied memory and non-conventional narrative techniques are, according to Leggott, an important way of forging self-identity for those previously excluded from an overwhelmingly male public autobiographical sphere.

MOTHERs by Rachel Zucker is equally equivocal about its status as memoir. This is the story of Zucker's difficult relationship with her birth mother, renowned New York storyteller Diane Wolkstein; her thoughts and feelings about several other 'mothers' in her life; and the struggle to find her authentic voice. The back cover blurb describes the book as 'non-fiction/poetry/memoir,' while Zucker says that:

> This is not a poem and not a story. Perhaps, according to the most basic definition of the form, it is an essay in that j'essai—from essayer—I

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[150] Nelson, *The Argonauts*, p. 75.
[151] Sarah Leggott, *Re-Membering Self and Nation: Memory and Life-Writing in Works by Josefina Aldecoa*, *Source: Confluencia*, 2004, XIX, p. 17.

> try. Fragmented prose is popular in the esoteric circles in which I write. I didn't invent it but neither do I know its accepted name. I think of it as a "rumination" or, perhaps, a "public notebook." Part memoir, part lyric—self-conscious in its own making.

In *HOME/BIRTH: a poemic,* Zucker and her close friend and colleague Arielle Greenberg collaborate to co-create a work that demonstrates their commitment to a community of women working together for a common purpose; in this case, a commitment to home births. The language of *HOME/BIRTH* is often poetic and abstract, and the authors hold what could be called a polemical though nuanced standpoint through their autobiographical conversations about birth, justifying the book's subtitle – 'a poemic'. Each paragraph appears to be written in turn by a different author, and sometimes it is possible to discern if the narrator is (as characterised within the text) Rachel or Arielle. At other times, there is less certainty about who is the narrator, and this helps develop the impression of collective endeavour. A visual cue to the text's inspiration and historical antecedents is provided with the photograph on the front cover as the book's title is depicted in embroidery, hinting at communal women's needlework and a stitched-together aesthetic. *HOME/BIRTH*, *The Argonauts*, and *MOTHERs* all employ what Zucker calls 'fragmented prose;' short paragraphs, some only a sentence long, giving the text a visual appearance associated with prose poetry.

In this final chapter of the thesis, I compare the approaches of these authors with my own to explore how they conceptualise memory and self through narrative, while recognising what feminist artists and curators Sarah Jury, Helen Kaplinsky and Lucy A. Sames describe as 'the importance of

reflecting multiple viewpoints and subtleties'.[152] By means of a range of literary devices and formal approaches, Nelson, Greenbert and Zucker create texts that illuminate differing, even contradictory memories and accounts within their self life narratives. These texts offer a further level of context for the writing of *With Woman* and the thesis.

5.1 The weave of memory and narrative

In *With Woman* accounts of births sit alongside stories about, and meditations on, death and baby loss. Yet my work, like that of Nelson, Zucker and Goldberg, acknowledges that memories of even the most intense experiences are not reliable; differing versions told by the self and others are not only possible but inevitable. In his influential text *Memory and Narrative: The Weave of Life-Writing*, James Olney analyses interactions between memory and narrative, presenting two models of memory based on analysis of *The Confessions* of St Augustine (written around 397 AD): the 'archaeological,' and the 'processual'. For Olney, the archaeological model implies that memory is 'fixed and static, a site where the archaeologist of memories can dig down through layer after layer of deposits to recover what he [*sic*] seeks'.[153] The processual model views memory as a continual unending process, weaving 'ever different memorial configurations and an ever newly shaped self'.[154]

[152] Sarah Jury, Helen Kaplinsky, and Lucy A. Sames, 'Liquid Transmutations', in *Alembic*, ed. by Sarah Jury, Helen Kaplinksy, and Lucy A. Sames, 1st edn (London: Res., 2018), p. 14.
[153] James Olney, *Memory and Narrative: The Weave of Life-Writing* (Chicago: University of Chicago Press, 1998), p. 19.
[154] James Olney, *Memory and Narrative: The Weave of Life-Writing*, (Chicago: University of Chicago Press), p. 20.

Olney's processual model of memory can be seen as analogous with the poststructuralist (and paradoxical) concept and title of *The Argonauts*. Nelson quotes from *Roland Barthes* by Roland Barthes, 'in which Barthes describes how the subject who utters the phrase "I love you" is like "the Argonaut renewing his ship during its voyage without changing its name."'[155] The different parts of the Argo are in constant flux, yet the ship in continually remade form is a reliable vessel and continues to sail forward on its quest. In a similar way, the narrative of *The Argonauts* performs both decomposition and composition of memories, fragmentation and coherence of life events, musings, texts the narrator has read, and remarks by friends and acquaintances.

Models of memory can be proposed according to psychological as well as philosophical formulations. In *MOTHERs*, Zucker refers to the work of psychologist Daniel Schacter, noting the 'seven sins of memory: transience, absent-mindedness, misattribution, suggestibility, bias and persistence'.[156] Stating early in the narrative that 'there is so much I forget or misremember,'[157] Zucker goes on to distinguish between memory and memories, returns time and again to the imperfections of memory and the impermanence of memories, and explores 'misattributions'[158] of memory alongside miscommunications and misunderstandings between the narrator and others. A conversation with her mother exposes the vagaries of remembering and forgetting:

> "I've been very distracted," said my mother, yesterday, on the phone. "No, no," she said, "that's not what I mean at all—another D word … determined, dedicated … diligent!" My mother can remember every

[155] Nelson, *The Argonauts*, p. 5.
[156] Zucker, *MOTHERs,* p. 6.
[157] Zucker, *MOTHERs,* p. 2.
[158] Zucker, *MOTHERs*, p. 22.

> word of a two-hour story but often forgets people's names. Slips from "distracted" to "diligent."[159]

Yet a little further along in the narrative, this recollection of error, this slippage, is shown to be itself a mistake, another slippage:

> Transience, absent-mindedness, and blocking are types of forgetting. How ironic. I realize now, reading over the first part of this—what is this?—that I misremembered the word my mother had trouble remembering. My mother was talking about her commitment to learning Chinese. She said, "I've been very deciduous." Then she laughed and said, "No, no, that's not it." I tried to help, "determined, dedicated?" But the word she was looking for and finally found was diligent. Slippage. We both.[160]

In foregrounding such slippages, the text deconstructs even as it constructs itself; Zucker's poetic feels fragile, perhaps even more fragile, less reliable than the vessel metaphor of Nelson's Argo, yet in a similar way, something reliable remains.

In acknowledgement of this unreliability, rather than attempting a fruitless quest for unbiased truth, my values as feminist, radical midwife and autoethnographic, reflexive researcher are enacted in *With Woman* as, like Nelson and Zucker, I foreground the fragmentary, shifting qualities of memory in relation to self and Other. I juxtapose different writing forms – stories of varying lengths, poetry, journal extracts, footnotes and even section titles – to indicate the multi-layered and at times fragmented nature of self, memory and identity.

In addition to depicting processual memory construction, deconstruction and reconstruction, different writing modes are apposed to

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[159] Zucker, *MOTHERs*, p. 3.
[160] Zucker, *MOTHERs*, p. 6.

suggest ongoing differing or contradictory moods or reflections. Hence, loss sits alongside birth, death accompanies life, pain and joy co-exist, without resolution. Amy-Katerini Prodromou argues for narratives that perform 'the tension between self as either fragmented and discontinuous or whole and continuous,' calling this (in the context of grief narratives) 'textured recovery'.[161] Nelson in *The Argonauts* enacts the textures of fragmentation, continuity and recovery in a range of ways, conveying shifting notions of authorship and readership, the potentialities and limitations of language, and the idea that all these are debatable or contradictory. Yet even where ideas appear to be in direct opposition, they are not necessarily incompatible.

In *With Woman*, juxtapositions are one form of texture, such as the placement of an optimistic, youthful poem such as 'The Roar' alongside the story 'When Swans Fly Past, Notice' which tells of the time just after my baby died. Further textural richness is created as stories and poems are interposed with edited journal extracts that tell of visits to the churchyard where Penny's body lies, reminders that the fact of her death sits alongside every other story, a memory that lies below the surface and perhaps influences everything that happens. The notion of the repetition of memories, sometimes of traumatic but also of everyday occurrences, at times slightly differently rendered, also occurs within the text. An instance of this is when the memories of childhood experiences of playing at the lido at Sandford Park in Cheltenham are repeated three times; in the journal piece 'The Lido,' a prose piece also called 'The Lido,' and a poem, 'Footprints'. These repetitions and the variety of forms

[161] Amy-Katerini Prodromou, *Navigating Loss in Women's Contemporary Memoir* (London: Palgrave Macmillan, 2015), p. 60.

foreground the mutable qualities and constructed, processual nature of memories.

In *MOTHERs*, relationships, people, memories, the narrator herself, are subject to slippages and endless redefinition, yet life does have meaning. Zucker emphasises the crucial role of story for human meaning-making, saying ‘stories are how we make our lives make sense. We storify’.[162] Storification of our lives provides not only sense and meaning but also threads of continuity. But every story has complications and limitations. As Zucker goes on to muse, ‘The storyifying (of labour and birth) helps put the self back together but does not accurately describe the experience’.[163]

This is a similar conundrum to that at the heart of *The Argonauts*. Nelson introduces at an early stage in the narrative the key revelation that until meeting Harry, her life been dedicated to the idea (from Wittgenstein) that words are sufficent to express the inexpressible, that ‘words are good enough’. Yet she grapples with the knowledge that Harry had ‘spent a lifetime equally devoted to the conviction that words are *not* good enough. Not only not good enough, but corrosive to all that is good, all that is real’.[164]

The enigma of the possibility or impossibility of expression with words is a theme for *With Woman* and the thesis as a whole. How can I express the emotions and embodied sensations I experience when undertaking even the most mundane of tasks such as making a tray of tea and toast, let alone when looking at my hands lit up by sunlight through clear but green-tinted rippling water, or when a baby is born, or dies? Storification is one way to tackle this

[162] Zucker, *MOTHERs*, p. 8.
[163] Zucker, *MOTHERs*, p. 69.
[164] Nelson, *MOTHERs*, p. 4.

‘impossible’ endeavour, and in *With Woman* the longer prose pieces telling of my own and other’s birth stories are narrative threads that weave throughout the text, providing a sense of continuity and connection. Story is key, but it is not the only way of suggesting what cannot be expressed by language. Perhaps, as Zucker says, it is by the ’self-conscious’ drawing of attention to the inadequacy of language, by making space for the reader to bring their understandings; by ensuring that the act of writing is visible we ‘express the inexpressible’ or I have phrased it, ‘tell the untellable’.

5.2 Shared narrative spaces

Interwoven narratives relating to the birth of Iggy and the death of Harry’s mother form a *denouement* close to the end of *The Argonauts*. These two events, birth and death, are poetically rendered by having Harry (apparently) narrate the events of his mother’s death; ‘Harry’s’ paragraphs are attributed to him by virtue of his name in the margin, the technique used to refer to other moments of intertextuality throughout the text. However, for these extremes of human experience, birth and death, the text moves beyond intertextuality into something more akin to shared authorship. Harry’s narrative voice (or what is presented as Harry’s voice) describing his mother’s death, is given a prominence equivalent to that of the autobiographical ‘I’ who recounts the birth of Iggy.

This generosity of spirit, the sharing of narrative space, displays (performs) some of the ideals and paradoxes of queer relationship at the heart of the text. Similar generosity is offered by Rachel Zucker and co-author Arielle Greenberg in *HOME/BIRTH*. Zucker and Greenberg collaborate to co-

create a work that depicts their commitment to a community of women working together for common purpose – in this case, a commitment to home births.

As I wrote, I wondered if my commitment to being 'with' woman, in a relationship model of midwifery care rather than a systems-based approach, could translate even loosely into a similar experimental sharing of narrative space? The writing collective known as 'JKSB' describes historical and emerging modes of collaborative genres, including collaborative autoethnography which aims to be a 'more fluid, open-ended process, more akin to nomadic inquiry'. While JKSB are/is enthusiastic for the possibilities and promise of these innovative collaborative experimental approaches, they ask pertinent ethical questions including what they describe as 'the first question to be established is, *who will count as author*?' [165]

Bearing this question in mind, a number of possibilities for narrative experimentation offered themselves as I wrote. One was to tell my version or a version of each of the stories I wished to include, and offer the women the opportunity to tell their own story too, in their own words. This approach might echo the sharing of space within *The Argonauts* by Nelson and Dodge, and also the way in which Zucker and Greenberg alternate voices within *HOME/BIRTH*.

However, such an approach, allowing different perspectives on the same story, is not quite what Nelson does with Dodge's part of the story. She

[165] JKSB is a collective of qualitative researchers who style themselves as 'JKSB' to indicate their collaborative identity as writers. They are Jonathan Wyatt, Ken Gale, Susanne Gannon and Bronwyn Davies. See Wyatt and others, 'Creating a Space in Between: Collaborative Inquiries', in the SAGE Handbook of Qualitative Research, 5th edn, ed. by Norman K. Denzin and Yvonna S. Lincoln, (Thousand Oaks, California: SAGE, 2018), p. 738.

weaves Harry's words (or what are presented as Harry's words) with her own in order to illuminate some themes of her memoir. I considered something slightly different – alternative tellings of the same story. Alternative tellings presented within the same text may be a way to foreground what feminist Leigh Gilmore construes as re-presentation and construction of past actions, yet leaves the thorny question of authorship to be addressed.[166]

While collaborative work as a midwife is crucial to me, and I wanted my memoir to reflect this, I concluded that the main narrative thread of *With Woman* is the story of a young woman who is, as Debra Levy suggests in her memoir *The Cost of Living*, 'an *I* that is close to myself and yet is not myself'.[167] The memoir tells 'my' story, the story of this version of me and the births of my/her children and the death of my/her daughter. Those are the key drivers, the core narrative impulses and other themes spring from these story germs. I found I wanted to claim, in a feminist tradition, my voice. I honour other's voices, but ultimately this was a text about (a version of) me and my experiences, including my perspective on the births I had attended. Shared authorship was not quite what I wanted, at least for this particular project. Nelson writes in *The Argonauts* that she too considered shared authorship:

> We used to talk about writing a book together … Eventually, however, I realized that just the idea of such a merging was causing me too much anxiety. I wasn't ready to lose sight of *my own me* yet.[168]

Another way to collaborate that would not require shared authorship was suggested by a former midwifery client, Jane, whose story is told as

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[166] Leigh Gilmore, *Autobiographics: A Feminist Theory of Women's Self-Representation* (New York: Cornell University Press, 1994).
[167] Deborah Levy, *The Cost of Living.* (London: Hamish Hamilton, 2018), p. 45.
[168] Nelson, *The Argonauts*, p. 58.

‘Wanting Something Different to What Came Before’. At a fairly early stage of writing, Jane let me know that if her story was used, she would wish to be named as herself within the text. While not, perhaps, a collaboration, to name a client in the text would still be a radical act for a midwifery memoir. The default position for a discussion of the details of a woman’s birth story in any public forum would be to preserve her confidentiality. This is partly because registered midwives in the UK must abide by the regulations set down by the Nursing and Midwifery Council (NMC) in a document called *The Code*. *The Code* states that ‘As a nurse, midwife or nursing associate, you owe a duty of confidentiality to all those who are receiving care’.[169] In midwifery memoirs this means that clients will be anonymised and circumstances changed to protect client’s confidentiality. This convention is highlighted by an announcement such as that within *Hard Pushed* by Leah Hazard:

> The events described in this book are based on my life, experiences and recollections. To preserve patient confidentiality and the privacy of colleagues, names, places and all identifying features have been changed. The stories told are not based on any one specific patient or individual; rather, they are a selection of composite characters drawing from my various experiences. Any similarities are purely coincidental.[170]

It is usual for clients to retain complete confidentiality, and for identifiable details to be changed as Hazard states. I was struck, however, by Jane’s appeal for her name to be used. It is a principle of mine to respect my client’s choices. As American midwife Elizabeth Davis suggests in her famous textbook *Heart and Hands*, ‘above all else, midwives advocate informed choice’ so if a client

[169] Nursing and Midwifery Council (NMC), *The Code*, (London: NMC, 2018), p. 9.
[170] Hazard, *Hard Pushed*, (no page number).

wished to be named within the text I wanted to offer this.[171] I had mixed feelings as I did not want to use any client's willingness to be named as an attempt to promote the lurid truth claims that Ben Yagoda suggests publishers would like to make in that '… autobiography was supposed to be a testament, containing an account that shined [*sic*] a light on suffering, exposed wrongdoing, or, more broadly, advanced a cause'.[172]

Nevertheless, something about naming does respect the fact that I am not telling fiction, not attempting to tell *the* truth, but *truths* that relate to living, breathing people with whom I had shared an embodied experience that was not about only words; it was sounds, smells, touch sensations, bodily feelings. To name a person within the text is to acknowledge their existence in a fundamental way. The words are mine, but those words relate to the lives of others.

It is unprecedented as far as I am aware for a midwife to name participants within a piece of midwifery research, let alone to reveal with a memoir the real names of former clients and others whose births I had attended. I therefore decided to make an application to the Ethics Committee for permission to approach them (see Appendix 1) and was successful. The women for whom I cared as a midwife, and my friends Siân and Anna, had generously shared some of the most significant times of their lives with me. Now I would see if some of these women wished to allow their name to be presented within the text, instead of remaining anonymous as was their right.

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[171] Elizabeth Davis, *Heart and Hands*, 5th edn (Berkeley, California: Ten Speed Press, 2019), p.7.
[172] Yagoda, *Memoir: A History*, p. 243; nowhere is this more pertinent than the debate over truth in memoir surrounding the publication of *Spare* by Prince Harry, Duke of Sussex in 2023.

See Appendix II for a list of the birth stories which relate to those who have agreed to be named. All other birth stories within the text should be regarded as composite characters who reflect real experiences, but the names and other details have been changed to protect their confidentiality.

To name others as I have done in this limited way, even if not a complete collaboration, may move toward what some scholars see as an ideal of autoethnography. As Spry argues, 'at its core, autoethnography is about bodies interacting in socio/cultural space and time'.[173] The sharing of narrative space within *With Woman* is a powerful enactment of the 'methodology of the heart' that has been the project's foundation.

5.3 Midwifery identity: beyond the professional

The title I gave to my thesis encapsulated what I wished to know, and what I thought would be of value to midwives and wider society: can memoir can be a way to gain insights into midwifery identity and aspects of the mother-midwife relationship?

During these years of reading, researching and writing, I have come to understand that there can be no pat answer to this question. Identity and relationships are some of the main themes of *With Woman*, yet they are not always explicitly referred to as such within the text. A reader will gain some perspectives on a character, a self as portrayed within the memoir and this is certain to be very different to the knowledge gained from a textbook, or research conducted along more conventional qualitative lines. Such research as there is into midwifery identity tends to focus on the development of

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[173] Tami Spry, 'Autoethnography and the Other: Performative Embodiment and a Bid for Utopia', in *The SAGE Handbook of Qualitative Research*, 5th edn, ed. by Norman K. Denzin and Yvonna S. Lincoln, (Thousand Oaks, California: SAGE, 2018), pp. 627-649, (p. 636).

professional identity, especially among student midwives.[174] My writing and research do something new; I write about what it means for me, what it feels like, to be a midwife doing the work of a midwife. The narrator of *With Woman* is not only a midwife; she has experiences of love, disappointment, births and griefs. I hope her character within the narrative depicts a rounded person with flaws and strengths, as well as traits that have a bearing on professional identity. I hope that it is clear that midwifery means more to her than anything that is inscribed within a state sanctioned code of conduct.

I have aimed to represent a nuanced and at times contradictory relationship with midwifery. I have depicted some of the strains and guilt of working long hours, at times to what felt like the detriment of my children and family, in order to help other families. While not dwelling on these strains, they appear throughout the memoir. A story such as 'A Christmas Birth' consciously echoes the chapters 'A Christmas Baby' and 'A Breech Delivery' in Jennifer Worth's *Call the Midwife*. This birth was one of many high points of my midwifery career, moving and meaningful. Yet my awareness of the privilege of being present for the birth of a child does not obviate the 'unhappiness' on my son Jack's face when I explain to him that 'babies do not know about special days and that they and their mums still need a midwife, even on Christmas day.' Jack is given no choice but to accept this; my memoir, in autoethnographic fashion, does not reconcile these uplifting and painful elements, but recognises them. The storification of pain sometimes caused to

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[174] Nadine Lana Simon and others, 'Long-Term Effects of an Interprofessional Training on Identity Formation in Midwifery', *European Journal of Midwifery*, 7.Supplement 1 (2023) <https://doi.org/10.18332/ejm/172125>; Michele J. Barry and others, 'Newly-Graduated Midwives Transcending Barriers: Mechanisms for Putting Plans into Actions', *Midwifery*, 30.8 (2014), 962–67 <https://doi.org/10.1016/j.midw.2014.01.003>.

my children, and my regrets over this, offers deep insight into the demands of this most rewarding of jobs.

Many midwifery memoirs reflect the sacrifices and dedication of the narrator, indeed this is a trope of the subgenre. It is perhaps the case that rather than offering something entirely new, my honest depiction of the effects on my children's lives is an extension of the trope. My departure from the conventions of the subgenre, as discussed above, is related not so much to the confessional content as to the range of formal modes which include journal extracts, poems and prose pieces. This formal experimentation exceeds the formal boundaries of midwifery memoir thus far, enacting the mutable nature not only of midwifery identity, but of memory and even the self.

Yet while the self can be seen as fragmentary, fragile, subject to endless and sometimes catastrophic change, something coherent, reliable, even hopeful, remains in *With Woman*. For Nelson in *The Argonauts*, as discussed within this chapter, cohesion or reliability is depicted paradoxically with reference to the unstable concept of the Argo; for Zucker in *MOTHERs* if there is reliability, it is through the strength of the threads of story, the idea of storification, that run throughout the narrative and life. For Zucker and Greenberg in *HOME/BIRTH*, collaboration and relationship are embedded within the prose, making for a narrative which foregrounds the collective rather than the individual; here community is a form of strength, of cohesion. In *With Woman*, the relationships of mother and midwife depicted within the birth stories, along with the collaboratory motive behind my invitation for women to be named within the text, derive from a similar impulse to that

behind *HOME/BIRTH* and perform a meaningful sense of community in the memoir.

Furthermore, two ideas run symbolically through *With Woman*, providing a sense of continuity and, perhaps, cohesion where at times fragmentation threatens to overwhelm, in the form of water and blood. Water is the mysterious substance that makes up between 55% and 60% of bodily composition in humans; water is essential for all life.[175] Each of us humans began life as an aquatic animal, swimming within the water of our mother's womb. Immersion in water, particularly cold outdoor and wild water, but sometimes warm bath water, carries the narrator, that version of my 'self,' along with the reader, through the best and worst of times. Water runs throughout the memoir, but the related pieces 'The Lido,' prose piece, 'The Lido' journal extract and poem 'Footprints' have particular significance, set as they are between the most painful parts of the story of Penny's birth and death. In addition to emphasising the repetitive qualities of memory as discussed above, these childhood memories have been positioned alongside the peak narrative moments of the story, to give the narrator and reader alike the ability to float, to be carried gently, to let the pain and grief drift away in that vast pool of childhood.

The other symbol, related to water, is blood. Blood, like water, runs through the narrative from early on. In 'Pools of Light on a Forest Floor,' in which the authorial self is linked with the 'I' narrator, the claim is that 'The words flowed easily, like blood pouring, but clotted with errors and

[175] Constantin Munteanu and others, 'Water Intake Meets the Water from inside the Human Body – Physiological, Cultural, and Health Perspectives-Synthetic and Systematic Literature Review', *Balneo and PRM Research Journal (Online. English Ed.)*, 12.3 (2021), 196–209 <https://doi.org/10.12680/balneo.2021.439>.

inaccuracies.' Thus the abstract symbolism of meanings behind words is linked with the perils and perhaps 'realities' of being human. If we lose our blood then all questions about and exploration of self is over; this is very 'real' for me as human and indeed as a midwife, and this 'reality' is set against the self-consciously constructed and fragile nature of the narrative and self that is presented. There are many references to blood throughout the memoir, but I address this explicitly within the piece 'Blood,' when I ask, 'Is it still a construct when it's lying in dark puddles under someone's bum?'

Water, blood, trees, soil, nature, love, community, story, friendship, care; these elements are set alongside pain, fear, discomfort, death and grief within the narrative. Fragmentation and loss, renewal and continuity. My memoir tells how those elements are part of being a woman who is 'with woman,' learning about herself and relationships through being and writing.

Conclusion: Endings and Beginnings

This project at least partly represents the courage to give voice to aspects of myself that might normally be silent, to think about what matters and to question the culture in which I live and work. I began the thesis scared to look at the past – my past – but with an increasing sense that this impossible task had to be attempted.

Writing the memoir allowed me to reflect, even occasionally to feel as if I was reliving, times that were long gone. Memories arose, 'surged up,' as I write in the piece 'Pools of Light on a Forest Floor,' some of which, particularly those relating to the death of my daughter but a few from childhood, I had not allowed myself previously to recall. I learnt a great deal about the human capacity not only for remembering but as Rachel Zucker writes in *MOTHERs*, forgetting. I had not set out to write for catharsis; it simply seemed to me that a story needed to be told and if I did not do it, then that story or rather those stories, would be lost. The poster I have in my writing shed – one of many spaces I have accessed in my ongoing quest for a room of my own, to misquote Virginia Woolf – is a Toni Morrison quotation: 'If there is a book that you want to read, but it hasn't been written yet, you must be the one to write it.'[176]

I wrote the book I wanted to read, and the fact that I have written it is a great satisfaction to me. I could have written a book that I wanted or needed to write, without it being part of a PhD or making a claim to research and the

[176] Toni Morrison, 'Toni Morrison's Most Notable Quotes about Life, Race and Storytelling', *USA Today Entertainment*, 7 August 2019 <https://eu.usatoday.com/story/entertainment/books/2019/08/07/toni-morrison-nobel-prize-winning-writer-most-notable-quotes/1941628001/> [accessed 20 November 2023].

expansion of knowledge. However, as a clinical researcher, it seemed logical that if I was to undertake the work, I wanted to see if I could do this as a form of research; to not only look at my past and the meaning of that past for me as an individual, but to write in the scholarly context of reviewing other literature, reading and thinking about other works, to produce work that might be relevant to an academic and public audience. During the writing of *With Woman*, as I discuss in Chapter 3 and hope is evident throughout this exegesis, I read and wrote reflexively and reflectively, coming to understand my work as creative practice-based, autoethnographic research. As Kim Lasky argues,

> crucially, the concept of poetics is integrated during the compositional process as an integral part of that process, which makes for a critical perspective that is ongoing, rather than something to be addressed afterwards, as an afterthought.[177]

By Lasky's criterion, the reading, writing and thinking I conducted while engaged in this praxical endeavour was at least partly what made the work a poetic, rather than a purely creative artefact. Autoethnography as part of this creative-critical practice is the aspect of the work that seeks to situate *With Woman* and my midwifery identity within the culture of midwifery and maternity systems. In seeking to expose the underpinnings of the radical practice of home birth midwifery I espouse within the memoir, I articulated in Chapter 1 of this thesis a succinct analysis of some of the factors that led to home birth being wrongly labelled as dangerous, with the midwives who attend home births marginalised and, in the case of independent midwives, virtually outlawed. This analysis would warrant further research, as I have only

[177] Kim Lasky, 'Poetics and Creative Writing Research', in *Research Methods in Creative Writing*, ed. by Jeri Kroll and Graeme Harper (Basingstoke: Palgrave Macmillan, 2013), pp. 14–33, (p. 15).

been able to touch upon the history of independent midwifery and the role independent midwives have played in society. As I wrote, I realised that there are barely any extant sources for this recent history; as I played a part, my memories are part of the knowledge. It is important to record, archive and disseminate this hidden history, perhaps by mixed methods research conducted using interviews and creative practice-based work with independent midwives.

As discussed in Chapter 2, Jordan argues that if a creative work is to be regarded as research within an academic setting, 'praxical knowledge of process' is insufficient; the work should also have the potential to add to 'new knowledge.' My 'praxical process' led to the examination and analysis of several areas in addition to that of my autoethnographic exploration of midwifery practice. I reviewed literature and defined a relatively new subgenre of memoir, midwifery memoir, as discussed in Chapter 3. My review led to further analysis as outlined in Chapter 4 of the concept of midwifery autonomy as depicted through memoir, and how UK memoir appears to reflect a decline in midwifery autonomy in recent times. And in Chapter 5, I analyse works by authors writing outside the midwifery memoir subgenre, comparing my writing with that of literary memoirists/essayists. These comparisons shed light on the weaving of time and memory in narrative, and ideas of fragmentation and coherence of memory and identity, the self and others.

Research and knowledge exchange should ideally go hand in hand. I aim to disseminate these original, transdisciplinary findings within as wide a range of networks as I can and further expand on some of the issues raised within this thesis. I hope to raise the visibility of the midwife in literature further, following in the footsteps of Terri Coates (see Chapters 3 and 4),

Jennifer Worth, Sheen Byrom and others, for the benefit of midwives and the families they serve.

There was, at times, a melancholic aspect to this research, not only related to the narrative thread of grief around the death of a child that is woven through the memoir. There is sadness, too, at the loss of midwifery skills and identity, not only or even predominantly for the midwifery of which I write in *With Woman*, but the indigenous knowledge and practices that have been so shamefully devalued on a global scale. It is ironic that even as this precious heritage is recognised by the United Nations as outlined in Chapter 1, it is being subsumed into and irrevocably altered by the industrial birthing complexes that now dominate maternity services on a worldwide scale. Childbirth in high-income countries is a very safe activity; humankind has benefited not only from advances in living standards, but from the wonders of technology, from advanced research strategies encompassing complex interventions, and from modern drugs and equipment. However, the inequities are shocking; women in low- and middle-income countries can be at more risk of dying in childbirth now than women in England during Tudor times. It is objectionable that medical advances widen gaps between privileged and disadvantaged people, and come at the cost of traditional, relationship-based and indigenous midwifery globally. It is part of the work of the creative practice-based researcher to observe, or to use the term I use in *With Woman*, to notice what is happening. There may be value in the noticing, in the process of trying to understand, attempting to express, telling things that seem to be, or are, untellable. Perhaps the new understandings that emerge from the practice of writing *With Woman* will not bring about immediate political change, but

may help us to realise that, as with Laurie Lee's *Cider With Rosie*, the writer can play a part in society's mourning of its losses even while we envision and attempt to shape the future.

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Some unexpected things happened during the writing of this thesis. The first, and in some ways most powerful, was that returning in memory to those times when I had surgery to enable Penny to be born, then the days of intense love, loss and grief – telling those things was hard, but not as hard as the previous years of not telling had been. I had reflected on what it means for pain to soften, to diminish with time, in the first piece set in the graveyard of St Mary's church. Even though it had not been my intention, I had found as Deborah Levy describes, that writing about the past has an effect. Levy quotes artist Louise Bourgois on how the artist can 'repair' the past, saying 'We either die of the past or we become an artist.' My practical midwife mind immediately counters that there are many who do not die of the past and who don't become artists; Levy found that Proust 'came up with something that better suited this phase in my life. Ideas come to us as the successors to griefs, and griefs, at the moment when they change into ideas, lose some part of their power to injure the heart.'[178]

I came close to dying but did not die. I became a midwife, an artist of communication and empathy, a facilitator of the creative acts of others. My writing bubbled along in endless journals and editing jobs until I wrote *With Woman*. I am not sure if grief did lose its power, but writing meant I was better

[178] Levy, *The Cost of Living*, p. 40.

able to expose and accept the injuries to my heart. Even more unexpected was the way in which I began to see my work, the relationships I had forged, in a new light. I'd always known that midwifery mattered and that my clients appreciated me but this appreciation had sometimes aroused contradictory emotions. Though always grateful for memories of exquisitely tender moments and for our close relationships, I often felt inadequate to receive the affection the women so generously gave and could all too easily fall into dwelling on my mistakes and shortcomings and things that I wished unsaid. Writing the memoir enabled me to grasp something that had previously eluded me. Telling my clients' stories allowed me to glimpse a different perspective, and I could see myself through kinder eyes. If not the eyes of the women themselves, the eyes of the characters who represented them. As I, or my narrator, was with those women, they were with me. And I realised that I was not only with my clients throughout my memoir; my focus on the past and memory led me to understand that I was with another woman too; that woman was my younger self. I found a little compassion for her, even some admiration for her energy and her feistiness. Can she sense it, I wonder? That someone cares about her as she struggles and suffers and has moments of clarity and wonder? That she is not as alone as she thinks; that I am with her, reaching back in time to her, not trying to make everything better or take away her pain, but making the commitment to tell her story and however hard it is, to not forsake her, to be with her until the end, whatever that is?

St Mary's Churchyard, 10th October 2021

Every time I come here, the bench is in a different place. So it seems to me, though it can’t have been moved, surely? It sits on a concrete platform, at one end of the church at the side of the porch, so it is doubtful it ever was anywhere else. Yet my memory sites it much nearer to Penny’s headstone.

People came just after I arrived, two women, one older and one younger. They took both watering cans – both! – before I had chance to fill the vase that is set into the plinth of Penny’s headstone, or wash the stone itself. I only ever use one watering can, in fact I wonder if they brought one with them as I don’t recall there being two.

The bench is now black. If I had not written that it was painted brown in one of my previous journal entries, would I doubt my recall?

They’re gone! Thank goodness. With other people present, there is something performative – more performative – about what I am doing here. I imagine they might be curious about the solitary woman, who briefly looked up and greeted them as they entered through the lychgate, but after that kept her head down, evidently not wanting to make eye contact. Dressed all in black, a little eccentric looking with trousers tucked into socks. Perhaps she rode a bicycle at some point today and forgot to untuck them, but they can see she arrived in a car as it is parked just by the gate.

If they had stayed after the woman had gone, perhaps they would have made their way to the gravestone she was so carefully tending, and they might read that a nine day old baby lies there, and they might think, what a devoted mother, to come here after all this time.

The autumn sun is lower now, visible through the thin branches of tall trees, so broad strips of light fall on the mown grass, on the lichen-splotched

headstones, and on the array of purple autumn crocuses that have sprung up, glowing against black mulch.

An ice-cream van pulls up on the road on the far side of the churchyard, surely an odd place to stop as we are nearly out of the village here. A jangling snatch of music blasts into the peaceful Sunday afternoon.

I can find this unbearably irritating and intrusive, or I can smile at its tacky, incongruous jollity. I hover between the two states, but the van quickly moves away and I can hear the crows cawing again. The familiar aural backdrop settles me and I breathe in the scent of leafmould and sun on grass.

The creamy sandstone blocks of the ancient church are spattered with lichens of peach, grey and brown. Dark green ivy spreads up along crevices.

I am doing more thinking than feeling. Every time I come here in recent years I wish the current groundskeeper was a little less keen, a little more relaxed, would allow the gentle tempering of stone with the overgrowth and untidiness proper to an English country churchyard. Some of the yews – and there are quite a few – have been pruned and shaped, a thing I hate to see. But thankfully my yew, Penny's yew, the children's yew – spreads naturally, kindly, above where she, where they all, lie.

I spoke with Joe earlier today, on a video call. I had had an idea that I would like to see my grandchildren, his and Ruth's children, Aaya and Yahya, running about, finding conkers if there are any, bringing their vitality and childish happiness to this quiet place. For the last few years while I wrote my memoir, it has felt right to visit alone with my journal. But now it is nearly finished, I fancy a change, I want to see little ones running about as first Joe, then Leo and Jack did in the past.

It couldn't be done today - too far to come given other things they had planned. Perhaps at Christmas, or some other time, my grandchildren will come here and begin to make their own memories of this ancient yet ever-changing place.

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Appendices

Appendix 1

ETHICS DOCUMENTS

Participant Information Sheet

Date:

Title of Study: Being with woman: a creative-critical exploration of midwifery identity and aspects of the mother/midwife relationship.

Name of Researcher:

Nicola Grace, PhD Student in Creative Writing, School of English, University of Nottingham.

Supervised by:

Lila Matsumoto, PhD Supervisor, School of English, University of Nottingham.

Lila.matsumoto@nottingham.ac.uk

Thomas Legendre, PhD Supervisor, School of English, University of Nottingham.

Thomas.legendre@nottingham.ac.uk

Phoebe Palotti, PhD Supervisor, Division of Midwifery, University of Nottingham.

Phobe.palotti@nottingham.ac.uk

I would like to invite you to take part in my research project. Before you decide I would like you to understand why the research is being done and what it would involve for you. I will go through the information sheet with you and answer any questions you have. Talk to others about the project if you wish. Ask me or one of my supervisors if there is anything that is not clear.

What is the purpose of the project?

The project is a creative/critical PhD thesis. The creative part of the thesis is a memoir written by Nicky Grace, who was your midwife for at least one of your babies or who was present in a non-midwifery role for the birth of your baby. Nicky's memoir is the story of her life which includes her experiences of birthing her babies, and of being a midwife. The memoir explores Nicky's motivations for becoming a midwife and aspects of the meaning of midwifery. Both the creative and the critical aspects of the thesis wish to examine in a subjective, personal way Nicky's experiences of caring for women at a significant time of their lives.

Why have I been invited?

You are being invited to be involved because Nicky was present at the birth of at least one of your babies. I am inviting several participants like you to take part.

Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason.

What will happen to me if I take part?

The creative/critical thesis is based purely on Nicky's memories of her life and interactions with clients and other people so there will be no formal interviews.

Nicky will write an account of an aspect of her interaction with you. She is not intending to tell your story, but to tell some part of her own story as it intersects with yours. This will inevitably mean that only a small part of your pregnancy, birth or parenting story will be recounted.

You will have the opportunity to read this story as it pertains to you and to comment. As Nicky was a Registered Midwife until April 2021, the identity and confidentiality of former clients are protected by the regulations of the Nursing and Midwifery Council (NMC) which are legal requirements. Whether you are a former client or are known to Nicky in another capacity, you have a right to anonymity and confidentiality and the default position as Nicky writes this thesis is that all individuals included within the story are anonymised and their details changed in order to protect their identity. There will be opportunity to talk with Nicky (telephone or video link) about your memories of having Nicky present during your labour and birth experience(s) and for you to make suggestions for changes or additions to the text. If you decide that you would prefer any part of the text to be excluded from the memoir your wishes will be honoured. And if you particularly wish for any aspect (s) of your story to be told then Nicky will do her best to include this though it cannot be guaranteed.

Nicky would like to give you the opportunity to be named within the text to the extent that you wish and as long as this does not mean that anyone else's right of confidentiality is breached.

Expenses and payments

Participants will not be paid an allowance to participate in the study.

What are the possible disadvantages and risks of taking part?

There are two main risks to involvement. It may be that if your birth experience had traumatic aspects, memories are triggered by reading the part of Nicky's memoir that tells parts of your story.

You should be aware that your story is part of a longer narrative that contains descriptions of both joyful and upsetting life events for Nicky and some of her former clients, friends or family members. Unfortunately, it will not be possible for you to read the entire thesis before publication as part of this research.

What are the possible benefits of taking part?

We cannot promise the research will help you, but it is anticipated that this narrative will make a contribution to understanding in society of the mother/midwife relationship.

What if there is a problem?

If you have a concern about any aspect of this study, you should ask to speak to Nicky who will do her best to answer your questions. If you remain unhappy and wish to complain formally, you can do this by contacting the School Research Ethics Officer. All contact details are given at the end of this information sheet.

Will my taking part in the study be kept confidential?

We will follow ethical and legal practice and all information about you will be handled in confidence.

If you decide to participate, the creative and critical narratives that comprise the research will be looked at by authorised persons from the University of Nottingham who are organising the research. They may also be looked at by authorised people to check that the research is being carried out correctly. All will have a duty of confidentiality to you as a research participant and we will do our best to meet this duty.

All information which is collected about you during the course of the research will be kept strictly confidential, stored in a secure and locked cabinet, and on a password protected database. Any information about you which leaves the University will have your name and address removed (anonymised) and a unique code will be used so that you cannot be recognised from it. Anonymised data may also be stored in data archives for future researchers interested in this area.

Your personal data (address, email address, telephone number) will be kept for 7 years after the end of the study so that we are able to contact you about the findings of the study and possible follow-up studies (unless you advise us that you do not wish to be contacted). All research data will be kept securely for 7 years. After this time your data pertaining to the study will be disposed of securely. During this time all precautions will be taken by all those involved to maintain your confidentiality, only members of the research team will have access to your personal data. Your medical/midwifery records are not research data and will be stored and accessed as per NMC regulations.

Although what you say in any conversation(s) is confidential, should you disclose anything to us which we feel puts you or anyone else at any risk, we may feel it necessary to report this to the appropriate persons.

What will happen if I don't want to carry on with the study?

Your participation is voluntary and you are free to withdraw at any time, without giving any reason, and without your legal rights being affected. If you withdraw, then any identifying features will be removed from the narrative. However, after finalisation of the text of the thesis it will not be possible to alter the text. You will be notified in advance before finalisation of the text so that you can make a decision about whether to withdraw your story from the thesis.

What will happen to the results of the research study?

The research will be published as a PhD thesis. If the thesis meets the University requirements, this will mean that the researcher (Nicky Grace) will be awarded the qualification of Doctor of Philosophy in Creative Writing. The completed thesis will be uploaded to a database of theses which is available to the public. It is also anticipated that the creative part of the thesis, the memoir, will be published as a book and placed on sale to the general public. The critical parts of the thesis may be published in literary or other research journals. There may be other outputs and publicity about the memoir and thesis including but not limited to social media, television, radio, podcasts, theatre and newspapers.

If the book is accepted for publication by a publishing house, the legal team of that publishing house may wish to approach you again for further permissions if you have chosen to waive your right to anonymity for purposes of the research. You should also be aware that for legal or artistic reasons it may be decided by the author and/or editors that parts of the story as they pertain to you may not be included in the thesis and/or the published book. If this were the case it would not be a reflection on the value of your story.

As a research participant you will receive a complimentary signed copy of the memoir and may be invited to take part in further activities such as interviews in social media and radio.

Who is organising and funding the research?

This research is being organised by the University of Nottingham and is self-funded by Nicky Grace.

Who has reviewed the study?

All research in the University of Nottingham is looked at by a group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and approved by the School of Sociology and Social Policy Research Ethics Committee.

Further information and contact details

Researcher: Nicky Grace, nicola.grace@nottingham.ac.uk

Supervisor/PI: Lila Matsumoto, lila.matsumoto@nottingham.ac.uk

Research Ethics Officer: Dominic Thompson, dominic.thompson@nottingham.ac.uk

Participant Consent Form

Title of Study: Being with woman: a creative-critical exploration of midwifery identity and aspects of the mother/midwife relationship.

Name of Researcher: Nicola Grace, PhD Student in Creative Writing, School of English, University of Nottingham.

Part One

☐ **Yes**	☐ **No**	I confirm that the purpose of the study has been explained and that I have understood it.

☐ **Yes**	☐ **No**	I have had the opportunity to ask questions and they have been successfully answered.
☐ **Yes**	☐ **No**	I understand that my participation in this study is voluntary and that I am free to withdraw from the study at any time, without giving a reason and without consequence until finalisation of the text. I will be contacted at the time of finalisation of the text, and understand that after this time it will not be possible to withdraw.
☐ **Yes**	☐ **No**	I understand that there are no known risks or hazards associated with participating in this study.
☐ **Yes**	☐ **No**	I confirm that I have read and understood the above information and that I agree to participate in this study.
☐ **Yes**	☐ **No**	I confirm that I am over 16 years of age.

Part Two

The following options relate to the study 'With Woman Creative/Critical PhD study' by Nicky Grace as outlined in the 'Information Sheet' dated 16th July 2021. Please tick ONE of the following options and sign and date the consent form and return it in the stamped addressed envelope.

☐	I consent to parts of my story to be included anonymously and wish to be referred to anonymously in written forms of dissemination

☐	I consent to parts of my story to be referenced in the study and to be identified by name in written forms of dissemination, waiving my right to anonymity
☐	I do not consent to any part of my story being used and I do not consent to waive my right to anonymity

Participant Name (capitals) ________________________________

Signature ________________________________ Date ____________________________

Researcher Name ________________________________

Researcher Signature ________________________________ Date ____________________________

Full Privacy Notice for Research Participants

How the University of Nottingham processes your personal data

The University of Nottingham, University Park, Nottingham, NG7 2RD (0115 951 5151), is committed to protecting your personal data and informing you of your rights in relation to that data.

The University of Nottingham is registered as a Data Controller under the Data Protection act 1998 (registration No. **Z5654762 –** https://ico.org.uk/ESDWebPages/Entry/Z5654762).

One of our responsibilities as a data controller is to be transparent in our processing of your personal data and to tell you about the different ways in which we collect and use your personal data. The University will process your personal data in accordance with the General Data

Protection Regulation (GDPR) and the Data Protection Act 2018 and this privacy notice is issued in accordance with the GDPR Articles 13 and 14.

We may update our Privacy Notices at any time. The current version of all of our Privacy Notices can be found at https://www.nottingham.ac.uk/utilities/privacy.aspx and we encourage you to check back regularly to review any changes.

The Data Protection Officer

The University has appointed a Data Protection Officer. Their postal address is:

Data Protection Officer,

Legal services

A5, Trent Building,

University of Nottingham,

University Park,

Nottingham

Ng7 2RD

They can be emailed at dpo@nottingham.ac.uk.

Your personal data and its processing

We define personal data as information relating to a living, identifiable individual. It can also include "special categories of data", which is information about your racial or ethnic origin, religious or other beliefs, and physical or mental health, the processing of which is subject to strict requirements. Similarly information about criminal convictions and offences is also subject to strict requirements. “Processing” means any

operation which we carry out using your personal data e.g. obtaining, storing, transferring and deleting.

We only process data for specified purposes and if it is justified in accordance with data protection law. Detail of each processing purpose and its legal basis is given in each privacy notice listed below, please select the one most relevant to your relationship to the University.

Why we collect your personal data

We collect personal data under the terms of the University's Royal Charter in our capacity as a teaching and research body to advance education and learning. Specific purposes for data collection on this occasion are for the purposes of contacting you with regard to the research project called, 'With Woman Creative/Critical PhD study' by Nicky Grace in the School of English, University of Nottingham.

Legal basis for processing your personal data under GDPR

The legal basis for processing your personal data on this occasion is Article 6(1a) consent of the data subject.

How long we keep your data

The University may store your data for up to 25 years and for a period of no less than 7 years after the research project finishes. The researchers who gathered or processed the data may also store the data indefinitely and reuse it in future research. Measures to safeguard your stored data include the following:

All information which is collected about you during the course of the research (your personal contact details including your name, email address, postal address and telephone number) will be kept **strictly confidential**, stored in a secure and locked cabinet, and on a password protected database. Any information about you which leaves the University will have your name and address removed (anonymised) and a unique code will be used so that you cannot be recognised from it.

Anonymised data may also be stored in data archives for future researchers interested in this area.

Your personal data (name, address, email address, telephone number) will be kept for 7 years after the end of the study so that we are able to contact you about the findings of the study *and possible follow-up studies* (unless you advise us that you do not wish to be contacted). All research data will be kept securely for 7 years. After this time your data pertaining to the study will be disposed of securely. During this time all precautions will be taken by all those involved to maintain your confidentiality, only members of the research team will have access to your personal data. Your medical/midwifery records are not research data and will be stored and accessed as per NMC regulations.

Who we share your data with.

Extracts of the research which include only your name (if you wish to waive your right to anonymity) but not your contact details, may be disclosed in published works that are posted online for use by the scientific community and the public. Limited data (your name if you have waived your right to anonymity) may also be stored indefinitely on external data repositories (e.g., the UK Data Archive) and be further processed for archiving purposes in the public interest, or for historical, scientific or statistical purposes. It may also move with the researcher who collected your data to another institution in the future.

Your rights as a data subject

You have the following rights in relation to your personal data processed by us:

Right to be informed

The University will ensure you have sufficient information to ensure that you're happy about how and why we're handling your personal data, and that you know how to enforce your rights.

The University provides information in the form of privacy notices. Our Privacy Notices pages can be found at https://www.nottingham.ac.uk/utilities/privacy/privacy.aspx.

Right of access / right to data portability

You have a right to see all the information the University holds about you. Where data is held electronically in a structured form, such as in a database, you have a right to receive that data in a common electronic format that allows you to supply that data to a third party - this is called "data portability".

To make a request for your own information please see the link here: https://www.nottingham.ac.uk/governance/records-and-information-management/data-protection/data-protection.aspx

To receive your information in a portable form, send an email your request to data-protection@nottingham.ac.uk

Right of rectification

If we're holding data about you that is incorrect, you have the right to have it corrected.

Please email any related request to data-protection@nottingham.ac.uk.

Right to erasure

You can ask that we delete your data and where this is appropriate we will take reasonable steps to do so.

Please email any related request to data-protection@nottingham.ac.uk.

Right to restrict processing

If you think there's a problem with the accuracy of the data we hold about you, or we're using data about you unlawfully, you can request that any current processing is suspended until a resolution is agreed.

Please email any related request to data-protection@nottingham.ac.uk.

Right to object

You have a right to opt out of direct marketing.

You have a right to object to how we use your data if we do so on the basis of "legitimate interests" or "in the performance of a task in the public interest" or "exercise of official authority" (a privacy notice will clearly state to you if this is the case). Unless we can show a compelling case why our use of data is justified, we have to stop using your data in the way that you've objected to.

For direct marketing, there will be an opt-out provided at the point of receipt. To object to how we use your data, email your request to data-protection@nottingham.ac.uk.

Rights related to automated decision making including profiling

We may use a computer program, system or neural network to make decisions about you (for example, everyone that is on a particular course gets sent a particular letter) or to profile you. You have the right to ask for a human being to intervene on your behalf or to check a decision.

Please email any related request to data-protection@nottingham.ac.uk.

Withdrawing consent

If we are relying on your consent to process your data, you may withdraw your consent at any time.

Exercising your rights, queries and complaints

For more information on your rights, if you wish to exercise any right, for any queries you may have or if you wish to make a complaint, please contact our Data Protection Officer.

Complaint to the Information Commissioner

You have a right to complain to the Information Commissioner's Office (ICO) about the way in which we process your personal data. You can make a complaint on the ICO's website.

Privacy notices

Please consult the privacy notice that best fits your relationship with the University.

Appendix 2

Birth stories using real names with consent and with Ethics Committee approval. These stories may be edited again prior to publication of the memoir.

Title	Name
The woman roars	Becky
Sian gives birth to James	Sian
Shadows Clare Gives Birth to Ollie Shepherding and the flame that means something	Clare
Wanting something different to what went before	Jane
The Teepee is even bigger on the inside	Kara
Gifts	Anna*

*Anna Kent has written a publicly available account in her memoir *Frontline Midwife* of the birth of her second child that mentions my involvement. I have not requested that she sign the ethics form but Anna has given permission for her story to be included.

Appendix 3

UK midwifery memoirs originally published between 2002 – 2023

Author	Title	Original Publication Year
Jennifer Worth	*Call the Midwife: a true story of the East End in the 1950s*	2002
Jennifer Worth	*Shadows of the Workhouse*	2005
Helen Joyce	*The Green Lady: Memoirs of a Glasgow Midwife*	2008
Dot May Dunn	*Twelve Babies on a Bike: Diary of a Pupil Midwife*	2008
Jennifer Worth	*Farewell to the East End*	2009
Sheena Byrom	*Catching Babies: The true story of a dedicated midwife*	2011
Agnes Light	*Midwife on Call: Tales of Tiny Miracles*	2011
Linda Fairley	*The Midwife's Here! The enchanting true story of Britain's longest serving midwife*	2012
Linda Fairley	*Bundles of Joy: Two thousand miracles. One unstoppable Manchester midwife.*	2012
Maria Anderson	*Tales of a Midwife*	2012
Jane Yeadon	*It Shouldn't Happen to a Midwife: More Nursing Tales from the Swinging Sixties*	2012
Virginia Howes	*The Baby's Coming: A story of dedication by an independent midwife*	2014
Anne Reavill	*An Unlikely Nurse and Midwife*	2014
Carol Duncombe	*A Midwife's Memoir*	2018
Leah Hazard	*Hard Pushed*	2019
Phillipa George	*The Secret Midwife: Life, Death and the Truth about Birth*	2020
Amity Reed	*Overdue: Birth, Burnout and a Blueprint for a Better NHS*	2020
Sylia Baddeley	*Push! Close Encounters of the Midwife Kind*	
Gloria Hanley	*Everybody's Midwife*	2022
Carol Duncombe	*More Memoirs of a Midwife*	2022
Anna Kent	*Frontline Midwife: My Story of Survival and Keeping Others Safe*	2022
Sophie Martin	*The Infertile Midwife: In Search of Motherhood, a Memoir*	2023
Sylvia Baddeley	*One More Push! Close Encounters of The Midwife Kind*	2023