

THE MORAL LANDSCAPE OF MODERN MOTHERHOOD: IDEOLOGY,
IDENTITY, AND THE MAKING OF MOTHERS

by

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DEDICATION

This dissertation is dedicated to my daughter, Emerson, who has inspired my work and this project in so many ways.

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ABSTRACT

THE MORAL LANDSCAPE OF MODERN MOTHERHOOD: IDEOLOGY, IDENTITY, AND THE MAKING OF MOTHERS

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This qualitative interview -based study explores how women experience the transition to motherhood with an eye toward how self-identity is constructed within a broader, socially mediated moral landscape in which ideas about good motherhood are embedded.

Drawing on 39 in-depth interviews with new and expecting mothers, I describe women's expectations for pregnancy, childbirth, and motherhood and how those expectations take shape; how the support new mothers receive, or do not receive, from others affects their experiences with motherhood; and how mothers' self-identities change and take shape over time. Throughout, I examine how ideologies around parenting shape new mothers' expectations and experiences with motherhood, how factors like education and income influence how women think about motherhood, and the role of cultural and scientific authority in late modernity. Finally, I make some tentative recommendations about how a more nuanced cultural analysis of motherhood might inform the work of health

researchers, public health experts, doctors, midwives, and other health practitioners. I suggest that a deeper understanding of how women experience the transition to motherhood, one that acknowledges diffused authority around pregnancy, childbirth, and parenting, will help researchers and practitioners better understand new mothers' expectations, needs, and experiences and ensure their and their families' well-being.

CHAPTER ONE: INTRODUCTION

“Are you mom enough?” *Time Magazine* asked its readers that very question on the front cover of its May 21st, 2012 issue (Pickert 2012). On the cover, mother Jamie Lynne Grummet stares directly at the viewer, her left breast bared as she nurses her three-year-old son. Her son, boyishly dressed in a gray shirt and camouflage pants, is standing on a small chair and staring directly at the viewer as well. The cover itself ignited a spirited, if not indecorous debate about motherhood and parenting practices, although the article itself was a relatively innocuous report on attachment parenting and its most vocal proponent, Dr. William Sears. Grummet’s matter-of-fact, if not defiant pose and the controversial nature of extended breastfeeding, along with an arguably accusatory question, put mothers across the ideological spectrum on the defense. For weeks it was impossible to escape the moral judgments women heaped on one another about the parenting decisions they’ve made.

Given how busy modern American families are balancing work and home life, and given the enduring assumption that women are natural mothers, one could easily assume that mothers simply go about their daily business without reflecting on their parenting style or the decisions they’ve made. In reality, however, and in addition to the actual practical work of mothering, women frequently think about motherhood and the expectations placed on mothers. In fact, research shows that, in one way or another,

women do reflect on their roles as mothers. They do this when performing more banal tasks like preparing meals for their families (DeVault 1991), when engendering a sense of identity in their children (Collins 2007), and when building communities around families (Naples 1998b; Collins 2007). In this dissertation I explore how women's ideas about motherhood take shape and change, and how the actual daily work of mothering diverges from the expectations women have about motherhood before their children are even born. In doing so, I outline the moral landscape of modern motherhood and describe how women evaluate whether they are indeed, "mom enough."

This project acknowledges multiple imaginings of motherhood as well as the anxiety women often feel about becoming mothers. Women's ideas about what constitutes a good mother emerge from competing frames of motherhood, which set up fallacious categories of mothering. Some ideological frames give rise to expectations for women to breastfeed exclusively for a year, co-sleep, or stay at home with their children rather than participate in paid labor. Other frames set up expectations for women to set a good example for their children by working outside of the home, taking advantage of childcare, or letting their babies "cry it out" at night. These frames, which fan the flames of what has been disparagingly called the mommy wars, may serve as ideal types of mothering, but in reality women interpret and enact motherhood in more complicated ways. Through this project I investigate how these competing ideological frames of motherhood take shape, come up against each other, and cancel each other out as women prepare for and engage in early motherhood. I explore both the ambivalence and anxiety

women feel about straying from these ideological frames but also the liberty they find in taking a more syncretic approach to mothering.

My research is particularly salient given the unique historical moment in which it is located. First, an economic recession has required a restructuring of family expectations and obligations, albeit a restructuring that looks different for different families. For example, unemployment, a general lack of job prospects, and higher costs of living mean that many middle-class families have less money and access to fewer resources than in the past. In some families, women who stay at home with their children may be feeling increased pressure to work for wages, especially since men have lost their jobs at higher rates than women during the recession (Appelbaum 2011). In other families, however, women who work for wages may be feeling increased pressure to stay home with their children because child care costs are so high. And although men have lost their jobs at higher rates than women, they gain jobs back more quickly than their female counterparts (Appelbaum 2011). Beyond these changes in family expectations and responsibilities, limited resources typically result in limited consumption. Given deepening inequalities, a fact now well established (Porter 2013), and the close relationship between childhood and consumption, many mothers are left feeling inadequate in terms of the material goods and opportunities they can provide for their children. At the same time, some women claim a moral high ground by consciously not consuming, choosing to encourage in their children imagination rather than the use of technology or simplicity rather than materialism.

What is also unique about this historical moment is that although the ideology of intensive mothering is alive and well (Hays 1998), the ready availability of information about pregnancy, birth, and parenting has facilitated the development of competing frames of motherhood and seemingly endless ways of fashioning the mothering self. No matter what ideas women hold about motherhood and mothering, they can easily find posts on online message boards that confirm and validate these beliefs. They can also walk through their local libraries and bookstores to find published books written by “professionals” (i.e. pediatricians, psychologists, and even sociologists) that confirm their beliefs about anything from the importance of breastfeeding to the benefits of daycare. Doctors themselves even disagree to some extent about important issues like co-sleeping and immunizations (Pickert 2012). This deluge of information is both liberating and overwhelming; in either case, it can reinforce and reshape women’s ideas about motherhood.

Broadly speaking, in this dissertation I explore how women prepare mentally, emotionally, cognitively, and materially for motherhood, and how the meanings they associate with motherhood are shaped and reshaped through their pregnancy, childbirth, and early motherhood. My research questions include the following: 1) How do women think about motherhood, and how are those thoughts shaped by external social demands? 2) How do women’s actual experiences as mothers both reflect and diverge from their expectations about motherhood? 3) How do women’s material conditions influence their ideas about motherhood and their experiences as mothers? In an effort to answer these questions, I conducted semi-structured in -depth interviews with 39 pregnant women and

mothers about their experiences preparing for motherhood and transitioning into the status of mother. I did this with the aim to mine their talk for clues about the social organization of motherhood and how women interpret the meaning of mothering as they move through the process of becoming a mother.

The focus on interpretation is what sets this project apart from other sociological projects that have illuminated and interrogated the actual, enacted work of mothers (see, for example, Devault 1991, Bobel 2002, Bianchi 2006, Nelson 2010). That is, my project explores how women think about motherhood, specifically, what kind of work motherhood will entail, how it will feel to be a mother, and the uniqueness of the mother-child relationship. Rather than focus on the physically engaged work that mothers do (e.g. preparing meals, doing laundry, cleaning, taxiing children between places), I focus on the internalization of broader social expectations about motherhood.

This project is also unique in that it explores how women's expectations about motherhood and mothering practices take shape during pregnancy and childbirth, before their babies are even born. I spoke with women who were in the process of making the transition to motherhood, or who had recently done so, in order to really get at it how they experienced this moment in the life course. Also, since I'm particularly interested in how these preparations and experiences are shaped by social constraints derived from income, social networks, and education, I interviewed women who occupy various statuses in terms of social class, race and ethnicity, citizenship, and education.

In the chapter that follows, "Imagining Motherhood," I provide a broad overview of the literature surrounding motherhood and parenting. I describe the various ways

women understand the idea of “good motherhood,” as well as the historical context in which good motherhood has taken shape. I pay particular attention to the debates surrounding what it means to be a good and efficacious mother as well as the enduring social differences that exist between women and men in terms of parenting and domestic life. I also explore the literature on how social contexts and inequalities shape women’s expectations of and experiences with motherhood. Finally, I describe some of the ways women have been found to prepare for motherhood. I focus on the process of anticipatory socialization, that is, how women begin to think about and take on the mothering role before their children are even born.

In Chapter 3, “Methods and Methodological Approach,” I describe how I went about collecting and analyzing data for this project. I describe my commitment to interviewing as method that has the potential to reveal rich stories about, and the socially mediated meanings attached to, the transition to motherhood. I also describe my commitment to a feminist standpoint methodological approach that allows for theorizing that emerges from women’s everyday experiences with motherhood. I also discuss my research design, including how I constructed an interview protocol and mapped out a sample. I describe the process of interviewing as well, which includes some lessons learned about how to conduct a successful interview and the role of remembering and forgetting in how stories are told. Finally, I describe the process of inductive analysis I used to interpret my data, as well as some of the limitations of my research design.

Chapter 4, “Great Expectations,” is an in-depth investigation into how women’s expectations about motherhood take shape and how their experiences with mothering

rarely live up to the lofty hopes women have for motherhood. First, I describe how women's plans for pregnancy reflect social expectations about appropriate timing. I also describe the effects of unplanned pregnancies on women's expectations for the future. Second, I describe how women's expectations for childbirth are developed through the creation of birth plans, which often prove to be of little use during the birth process. Finally, I describe the expectations women have for motherhood, how and why those expectations take shape, and the consequences of unmet expectations on women's self-identities as mothers.

Chapter 5, "Mothers and Others," explores the role of social support in how women experience the transition to motherhood. I begin the chapter with a discussion of how women share the news of their pregnancy. I pay particular attention to how others' responses to the news of pregnancy reflects broad social values about when and under what circumstances it's expected or appropriate to have a child. I then discuss how the support women receive or lack during their pregnancy influences how they prepare for motherhood. I also describe the role of social support during childbirth, particularly as it relates to women's feelings of maternal efficacy and satisfaction with the birth experience. Finally, I describe the kinds of support women receive when they bring their new baby home, with particular attention paid to the salience of gender in how couples navigate those first few months of parenting.

In Chapter 6, "Motherhood as an Identity Project," I describe how women begin to think of themselves as mothers. I bring together women's expectations about pregnancy, childbirth, and early motherhood, and the kinds of support women receive

during the transition to motherhood, to explore how multiple social processes lead to the development of a mothering identity. First, I describe how the pregnancy and childbirth decisions women make are expressions of both ideological commitments as well as their burgeoning identities as mothers. Second, I describe the parenting ideologies that contribute to women's self-identities as mothers. These ideologies include not only beliefs about the roles of the parents and children but also the roles of women in the family, sometimes as full-time caregivers, sometimes as full-time workers, and sometimes as both. Finally, I describe how some women talk about motherhood as a process of uncovering true aspects of the self, for better or worse.

The concluding chapter brings these three themes—expectations, support, and identity—together to invoke a broad yet detailed imagining of modern motherhood. By describing how moral claims about motherhood manifest during pregnancy, childbirth, and early motherhood, I argue that identity, ideology, and authority have taken on new meanings and forms during late modernity. I explain how theorizing the everyday experiences of mothers allows for a more nuanced understanding of how women navigate competing ideological framings of motherhood in a sea of conflicting knowledge. Finally, I make some suggestions for how my findings can serve as a springboard for further investigations into the interpretive dimensions of motherhood.

CHAPTER TWO: IMAGINING MOTHERHOOD

In 1976, Adrienne Rich wrote, “We know more about the air we breathe, the seas we travel, than the nature and meaning of motherhood.” She found this unusual given that “the one unifying, incontrovertible experience shared by all women and men is that months-long period we spent unfolding inside a woman’s body,” that we are all “of woman born” (11). Rich calls for an interrogation of motherhood as an institution, as a cluster of values and expectations that are attached to the notion of “mother.” In the thirty -five years since Rich’s work, many feminist scholars of family and gender have taken up this call. Of course, some remain reluctant to talk about motherhood. This is unsurprising, especially when we consider the ways in which motherhood anchors women to their bodies and children to women (de Beauvoir 1949). Such scholars conceptualize mothering as a practice that is not only embedded within, but also serves to reproduce, gendered systems of power and the public/private split, which has long been recognized as tethering women to the home. Others more recently, however, have attempted to complicate this understanding and have suggested alternative views of motherhood and mothering.

The following literature review explores some of these competing and complementary formulations of motherhood as well as some of the belief systems (e.g. “natural mothering”) that have emerged around motherhood and the everyday practice of

mothering. Here I also review how social contexts, particularly intersections of gender, race and ethnicity, class, and age shape women's experiences of motherhood. Finally, I discuss the process of anticipatory socialization that occurs as women prepare for motherhood and parenting.

The Work of Mothers

In one way or another, motherhood has historically been a topic of interest for feminist scholars and activists. The form of mothering that feminists have often criticized took shape during nineteenth century industrialization when the separate spheres of work and home emerged and ossified. In this arrangement, the private sphere became a refuge from the competition and rugged individualism of the marketplace, and women were expected to maintain it as a haven from the brute and profane world of work. A good mother would not only protect her family from the trials of the outside world but also take primary responsibility for sharing the appropriate cultural values and practices with her children (Bernard 1975). The wife and mother took on an idealized form that remains, in many ways, a vision that women seek to realize even now. Indeed, one might argue that this vision has intensified in an era when more women work outside of the home and consumption is considered an integral part of parenthood (Hays 1996; Douglas and Michaels 2004; Pugh 2009; Nelson 2010), both of which place considerable strain on mothers to be at once good parents and reliable workers. Although fathers increasingly participate in child rearing, mothers still take on most of the care work involved in raising children (Walzer 1998; Hochschild 2003a; Fox 2009). Mothers' work includes both mundane activities like feeding and laundry and more complicated ones like providing

emotional support and spiritual guidance. Despite changes in the labor force and the family, this more traditional view of gendered parenting roles persists today. (DeVault 1991; Walzer 1999; Hochschild 2003a; Collins 2007; Fox 2009).

Almond (2010) suggests that two more recent trends have even further intensified the expectations and strain placed on contemporary mothers. First, families are more mobile than they have been in the past. Shared living places, physical loci of support, have become less common as families move further from one another in search of jobs and homes. As a result, fewer aunts, uncles, and older siblings can be relied upon for support; this leaves the responsibility for parenting squarely on the parents, and typically the mother (Almond 2010). Second, high divorce rates persist among American families, and in the event of divorce, children frequently remain with their mother who assumes primary responsibility for their care (Okin 1989; Almond 2010).

Yet mothering happens within the broader context of parenting and often in juxtaposition with fathering. Research shows that women and men become more unlike one another and fall into more traditional gender roles when a baby factors into the family equation (Cowan and Cowan 1992; Walzer 1998; Fox 2009). This is particularly true for married couples (Cowan and Cowan 1992), even those who valued nontraditional gender roles prior to having children. After having children, women's focus often shifts towards caretaking while men's shifts towards earning an income to support the family, even as women continue to participate in the paid labor force (Cowan and Cowan 1992). Interestingly, in their study of couples in transition from pregnancy through their children's kindergarten years, Cowan and Cowan (1992) report that that neither the men

nor the women they interviewed viewed this shift into traditional gender roles as actual choices that were made; rather, it was something that simply just happened.

Walzer (1998) suggests that women and men take on more traditional gender roles after they have a baby in part because of a “parental consciousness” that emerges both in a relational and structural context. Walzer writes of parental consciousness, “parents think about their babies, and they also think about these thoughts; they judge these thoughts by how they think they should be thinking about their babies... New parents identities emerge in a social process: they observe others’ responses to them as mothers and fathers, and this observation shapes their identities as mothers and fathers” (1998:16). This interactionist approach, whereby beliefs are shaped through interactive engagement with others, shows how parents’ identities are shaped by a set of social expectations that reproduce gender. As Walzer suggests, just as women and men “do gender” (West and Zimmerman 1987), they also “do” motherhood and fatherhood by engaging in the activities that are generally associated with their respective gender. For example, mothers tend to prepare family meals, which happens every day, while fathers tend to assemble nursery furniture or toys, which happens less frequently.

This leads to differences in mothers’ and fathers’ attitudes, behaviors, and accounts of parenting. For example, the couples in Walzer’s study increasingly divided housework and childcare along traditionally gendered lines and interpreted parenthood in unique ways. Mothers described motherhood as the “ultimate responsibility,” a state of being, while fathers described fatherhood as something they participate in, or do. This reflects broader enduring social expectations and the identification of women as the

primary caretakers of the family and men as the primary breadwinners. More specifically, while women are seen as embodying ongoing family life, men are seen as participating in family life when possible, that is to say, when they are not working. Such a view neglects not only the various roles women perform, but also the influence of paid labor on the social organization of mothering.

Unsurprisingly, then, not all feminist scholars agree on how best to approach the issue of motherhood. Again, while some have criticized motherhood as an institution that further reinforces traditional gender ideologies and gendered systems of power (de Beauvoir 1949; Firestone 1970; Rich 1976; Johnson 1988; Laslett and Brenner 1989; Rothman 1991; Rothman 2000), others have attempted to reconsider motherhood as a practice that is both revelatory and empowering (Johnson 1988; Everingham 1994; Ruddick 1994; Naples 1998a; Naples 1998b; Collins 2007). Here it may be useful to explore some of the ideologies and practices that are frequently associated with motherhood and mothering, particularly as they relate to the social expectations that shape the idea of “good” motherhood.

The specter of the “good mother” has long haunted women. Historically speaking, the very practice of mothering was irrevocably complicated by the notion of “scientific motherhood,” which emerged in the mid-nineteenth century. In her analysis of medicalization and motherhood, Jacqueline Litt (2000) writes, “scientific motherhood refers to the idea that mothering should be guided by scientific supervision and principles” (21). She goes on to describe the ways in which knowledge about mothering was constituted and disseminated. In the mid-nineteenth century, science was

increasingly engaged to explain disease in terms of germs and sanitation. At the same time, the regulation of family health came under the purview of the state, which was becoming ever more concerned with sustaining a “healthy” population (Foucault 1978). Additionally, child-rearing “experts” began to acquire considerable legitimacy in offering parenting advice. Such practices coalesced in the formation of federal and state maternal education programs and infant welfare clinics, all of which granted legitimacy to the view that scientific knowledge should be applied to domestic life (21).

The emerging ideology of scientific motherhood led to increased public intervention in family matters that had previously been considered private. The proper rearing of children became a public health issue in a way that it had not been before. As a result, women’s everyday practices of mothering were targets for improvement and change. While the aim of such interventions was to improve the conditions under which women and children lived, they had the effect of placing incredible pressure on women to alter parenting practices that deviated from scientifically-grounded advice. This was especially the case for immigrant families wherein cultural traditions were sometimes effaced by American notions of good health and hygiene. Mink (1995) argues that these efforts “individualized the burden of maternity and infancy protection, hanging the infant’s welfare on the assimilation and education of the mother” (72). Indeed, mothers began to bear the burden not only of childcare but also public health. They therefore became the target of public discourse and attention. The ideology of scientific motherhood, along with the proliferation of advice literature in the early twentieth century, made mothering a practice that could be improved and even perfected, although

what it meant to be a “perfect” mother would change from one decade to the next.

Indeed, changing beliefs about motherhood have emerged, reemerged, and intensified in many ways, particularly as more women began to participate in the paid labor force.

In *The Cultural Contradictions of Motherhood*, Hays (1996) suggests that women expend considerable energy on their children, yet they often feel torn between motherhood and participating in paid labor. Here she identifies the “ideology of intensive mothering,” which is “a gendered model that advises mothers to expend a tremendous amount of time, energy, and money in raising their children” (x). She wonders how women manage to do this, particularly in a society wherein more than half of all mothers with young children work outside of the home and are expected to be not only competent but ambitious workers. She refers to this conundrum as “the cultural contradiction of motherhood,” and claims that it tells us a great deal about the state of American women and motherhood at the end of the twentieth century.

Hays writes about the vast number of women who choose to remain in the paid labor force while they raise children, and how women’s commitments to both working and mothering often leaves them drained. She writes, the fact that women maintain “these two commitments is a measure of the persistent strength of both the ethos of a rationalized market society and the ideology of intensive mothering” (153). In fact, Hays argues that the ideology of intensive mothering is actually part of a “larger cultural opposition” to the rationalized world of economic life. Indeed, “Mothers... are engaged in an explicit and systematic rejection of the logic of individualistic, competitive, and impersonal relations” (154). As such, they devote considerable time and energy to

mothering, which they see as a more expressive and relational practice than market competition.

For some women, the act of intensive mothering looks curious. For example, Hays discusses the tendency of working mothers to leave their children's care in the hands of others. Some of the mothers she spoke with worked to justify this by saying that they prefer to spend "quality time" with their children, and working outside of the home provides them with the opportunity to do so. In an attempt to reconcile the cultural contradictions of motherhood, they claim to enjoy their time with their children more when it is special rather than commonplace. They also justify the use of professional child care providers by explaining that their children need to get used to spending time with different people so that they will not be overly attached to their parents. Hays' study suggests that women's expectations about motherhood may be shifting from a less individualized view of childcare to a more diffused and cooperative one. Moreover, it may be that women's participation in the paid labor force is encouraging them to rethink and challenge other cultural expectations that surround motherhood. This means that mothers can increasingly locate their selves not only within the private sphere of the home but also in the public sphere of the workplace, but not without contradiction. Some question remains regarding the effect this trend might have on the demands placed on mothers when they are home.

For example, in *The Mommy Myth* (2004), Susan Douglas and Meredith Michaels discuss a newly emerging and problematic conceptualization of American motherhood. They refer to this as the "new momism":

New momism is the insistence that no woman is truly complete or fulfilled unless she has kids, that women remain the best primary caretakers of children, and that to be a remotely decent mother, a woman has to devote her entire physical, psychological, emotional, and intellectual being... to her children... New momism is a set of ideals, norms, and practices most frequently and powerfully represented in the media, that seem on the surface to celebrate motherhood, but which in reality promulgate standards of perfection that are beyond reach (4).

Douglas and Michaels are particularly interested in identifying the ways in which popular media like television, film, and magazines promote an image of motherhood that romanticizes and commercializes mothers. Such idealized portrayals lead women to assume that all mothers love all aspects of parenting during every moment of their day. Women who cannot live up to such impossible expectations are likely to feel inferior as mothers, and since motherhood is so tightly bound to womanhood, they may feel inferior as women, too. Moreover, these expectations reify the notion that women's primary duty is to raise children and undermine the steps women have made in the last fifty years toward gender equality. Indeed, for women who subscribe to the "new momist" ideal, gender seems almost sacred, as does the call to motherhood in the first place.

The sacredness of gender is particularly evident among women who practice what Chris Bobel (2002) calls "natural mothering." Bobel's description of the "natural mother" is worth quoting directly :

She gives birth to her babies at home; she homeschools her children; she grows much of her family's produce and sews many of their clothes. She seems at first glance an anachronism, recalling a time when women derived their identities from raising their large families and excelling at the domestic arts. But unlike the women of the past, whose domestic lives were responsive to society's dictates, today's "natural mother" resists convention. While her contemporaries take advantage of daycare, babysitters, and bottle feeding, the natural mother rejects almost everything that facilitates mother-child separation. She believes that

consumerism, technology, and detachment from nature are social ills that mothers can and should oppose (2002:1).

According to Bobel, one of the paradoxes of natural mothering is that natural mothers frame their parenting decisions as choices. The choice to adhere to this particular ideology of mothering, a system of beliefs that encourages breastfeeding, attachment parenting, and alternative schooling arrangements among other things, is supposedly rooted in women's natural proclivities as caregivers. Bobel writes that for these natural mothers, "natural mothering is the choice that chooses you" (2002:12).

What, then, does the actual practice of mothering look like and why do women do it? In *Feeding the Family* (1991), Marjorie DeVault elaborates the ways in which caring is constructed as women's work, particularly through routine and mundane activities, but also how women take up that work in interesting ways. Her research examines how mothers articulate the work of feeding their families. She writes, "Though mothers recognize that they work at feeding, and that the work includes many repetitive, mechanical tasks, their language reveals an unlabeled dimension of caring as well: some speak of their effort as 'love,' while others talk about caring for children as not quite a job, but as 'something different'" (10). DeVault describes how women locate good motherhood in, and engage in mothering through, the preparation of meals for their families. Not only do women prepare meals for their family, they often spend a considerable amount of time planning meals and minding their nutritional content. Moreover, DeVault points out that "'feeding a family' involves not just the physical care and maintenance of household members but also the day-to-day production of connection and sociability" (230). This suggests that mothering is not just about taking care of a

family's physical needs, but also doing the "loving" work that produces group life. DeVault suggests that mothers' work is not just about meeting children's basic needs. Rather, it is about broader social goals like identity formation and community building.

Anthropologist Gail Landsman (1998) provides a compelling analysis of what it means to be a "real mother," for all intents and purposes a good mother, by exploring how mothers of children with disabilities reflect on their family's situation. She explains that many of the women she interviewed claimed to be "real mothers," that is, they were both "the person who knows better than anyone else the needs and characteristics of her child and... the prime mover taking action on her child's behalf" (1998:82). During Landsman's interviews, the idea of the real mother was frequently invoked within the context of medicalization and "becomes for many, the special hallmark of nurturing and mothering a disabled child" (1998:83). Women who are real mothers engage in advocacy work to challenge the medical establishment as well as other institutions for the health and overall wellbeing of their children.

Landsman points out that what is interesting about this concept of the real mother is that it takes shape within a context in which women hold themselves responsible, or feel that others hold them responsible, for their children's disabilities. Landsman suggests that these women invoke the "real mother" imagery to counter these feelings and beliefs. In other words, whatever failure they may feel, whatever failure they may perceive others place upon them, women of children with disabilities can become real mothers by advocating for their children against what they perceive to be the dubious claims of their doctors and care providers. For these women, motherhood is about having real, close

knowledge about their children and defending their interests even under difficult or challenging circumstances.

Some feminists suggest that mothering is a rational performance that allows for the assertion of agency in everyday practice. Christine Everingham (1994), for example, takes this view when unpacking the relationship between social expectations and motherhood. She challenges conventional feminist notions of motherhood and attempts to understand mothering activity as “actively constituting cultural meanings and potentially liberating forms of subjectivity” (8). She writes,

What [my work] emphasizes is that mothering involves more than the instrumental act of meeting the child’s needs. It also involves more than the imposition of normatively held beliefs and values. The uncovering of the interpretive action of mothering exposes the mother as a critical agent, reflecting upon and responding to the agency of the child in a particular socio-cultural setting, and in the process, actively constructing cultural meanings and forms of subjectivity within that milieu (8).

Everingham views mothering as a transformative and emancipatory activity that operates at two different levels of action, both the political and the lived experiences of women.

Everingham argues that on the political level, feminists and mothers work to bring about institutional changes that allow for women’s participation in public life. On the level of women’s everyday lived experiences, mothers can critically evaluate norms as they are reproduced in ongoing everyday action.

In terms of women’s everyday lived experiences, Everingham offers a particular model of mothering. This model suggests that women do not react solely to the perceived needs of their children, and their reactions are not based on social expectations alone. Rather, mothers often filter the perceived needs of their children through the lens of their

own personal expectations. For example, mothers are often thought to be embarrassed when their children are noisy, disruptive, or otherwise “act out” in public spaces.

Everingham argues that many women refuse to be embarrassed, however, in part because they realize how difficult it is for mothers to control their children. They internalize the empathy they feel for other mothers when their children act out and therefore critically assess the normative assumption that mothers should feel shamed into controlling their sometimes uncontrollable children. Moreover, this empathy is built upon women’s everyday experiences, observations, and interactions with other mothers. This suggests that women’s lived experiences, externalized through everyday interactions, can be as influential as broader social expectations in shaping the practice of mothering.

On the political level, Everingham criticizes the “second wave” notion that women would be liberated if only institutions would take over most aspects of childrearing. She argues that such feminists ignore the problem of “accommodating difference,” and have been insensitive to the need for women “as sexually specific actors” to make decisions regarding their own particular situations. She suggests that community-based family support programs may help mothers strike an easier balance between their own expectations and needs and the institutional support they need to work.

This discussion about the work of mothers makes clear some of the social expectations and theoretical concerns that surround motherhood. These are particularly salient when thinking about how women prepare for motherhood and parenting. The decision to bear and raise children is imbued with expectations about childbearing and childrearing, assumptions about balancing family life with paid labor, and beliefs about

the respective roles of mothers and fathers. Although I now turn attention to how women's experiences of motherhood are shaped by their particular social contexts, I return to some of these initial ideas in my discussion of anticipatory socialization and the transition to motherhood.

Social Contexts, Inequalities, and the Experience of Motherhood

One reason why an agreed-upon understanding of motherhood is difficult to achieve is that the experience of motherhood varies among women with different histories and resources, particularly in terms of class, race, ethnic group membership, and age. Also, other forms of motherhood have become more visible during the late twentieth and early twenty-first centuries, especially given the rise of working mothers, step-parenting, and lesbian families. As a result, we cannot assume that motherhood manifests itself in the same way across all American families. Evelyn Nakano Glenn sums up the complicated nature of motherhood well:

A particular definition of mothering has so dominated popular media representations, academic discourse, and political and legal doctrine that the existence of alternative beliefs and practices among racial, ethnic, and sexual minority communities as well as non-middle-class segments of society has gone unnoticed. As Third World women, women of color, lesbians, and working-class women began to challenge the dominant European and American conceptions of womanhood, and to insist that differences among women were as important as commonalities, they have brought alternative constructions of mothering into the spotlight (Glenn 1994:2-3).

Glenn's analysis provides a useful springboard from which we can talk about the relevance of social location to women's experiences of motherhood in relation to race, class, age, and the intersections of inequalities.

Motherhood and care work can be understood as a privilege that has historically been denied to certain groups (Stack 1974, Collins 2004). As a result, motherhood is seen as a real achievement, not simply a practice that undermines women's participation in the public sphere. In her popular essay "Shifting the Center," Patricia Hill Collins suggests that "Motherhood occurs in specific historical contexts framed by interlocking structures of race, class, and gender, contexts where the sons of white mothers have 'every opportunity and protection' and the 'colored' daughters and sons of racial ethnic mothers 'know not their fate'" (371). She criticizes feminist theorists for routinely neglecting the importance of race and class when theorizing about motherhood. Such theorists posit a public/private split that suggests a highly gendered division of labor and that work and family are distinctly separate spheres, a characterization that does not reflect every sort of family. Collins argues that by placing the experiences of women of color at the center of theorizing about motherhood, we can better understand "how emphasizing the issue of father as patriarch in a decontextualized nuclear family distorts the experiences of women in alternative family structures with quite different political economies" (372).

Collins uses the term "motherwork" to describe "work for the day to come," whether it is for a woman's own biological children or children not yet born. She suggests that this term softens the boundaries that feminists have historically drawn between the private and public spheres and between family and work. She suggests that physical survival, power, and identity provide the foundation for motherwork. Collins argues that physical survival is assumed for children of white families, but that families of color have no such guarantees. For families of color who have historically struggled

and sometimes failed to make ends meet, work has been a necessity, and women have had to supplant their own personal interests for the good of their family or their community. At some historical moments, this has meant working with children to achieve a given goal such as a harvest. At other times, however, it has meant separation. For example, Black women who have historically done domestic work for white families often did so at the expense of time with their own children.

Arlie Hochschild (2003b) describes a similar, more recent phenomenon in which American mothers outsource both childcare and love to women whose own children are thousands of miles away. In her work on the commercialization of family life, Hochschild explores the causes and consequences of “the importation of care and love from poor countries to rich ones” (186). She describes the lives of immigrant women who engage in domestic work like childcare, and how they express love and care to their young charges, often at the expense of their own children. The children these women care for in the United States receive the best of their daily love while their actual children remain distant, not only physically but also emotionally.

In terms of power and motherwork, Collins revisits the struggles that women of color have endured over their own reproductive functions such as rape, abortion, and forced sterilization (Davis 1981) among others. Mothers of color have also struggled over the dominant group’s attempt to “control the minds” of children of color. She argues that the dominant group does so by creating policies and practices that encourage English-only education and deny children access to their traditional cultures. Black mothers in particular draw on Afrocentric traditions that invoke motherhood as a symbol of power in

an effort to combat the erosion of power they have historically faced at the hands of the dominant group.

The final and perhaps most complicated aspect of motherwork is identity. Collins writes,

Children [of color] must first be taught to survive in systems that would oppress them. Moreover, this survival must not come at the expense of self-esteem. Thus, a dialectical relation exists between systems of racial oppression designed to strip subordinated groups of a sense of personal identity and a sense of collective peoplehood, and the cultures of resistance to that oppression extant in various racial ethnic groups. For women of color, motherwork for identity occurs at this critical juncture (381).

Collins argues that motherwork plays an integral role not only in sustaining community and cultural identity, but also combating racial prejudice and discrimination and demands for assimilation. Mothers often assume the critical role of keeping tradition and important cultural practices alive. While such an effort certainly implies struggle and conflict, it imbues the status of mother with a sense of meaning, purpose, and power as mothers can refine and pass along a sense of identity, community, and belonging to their children. In a sense, Collins's work provides a more nuanced and pragmatic approach to motherhood, one that acknowledges problems of power but looks to motherhood as a tool to deconstruct them. It also illuminates the contextual nature of motherhood thereby complicating the notion of what it means to be a good mother.

In a similar vein, in her work with Black and Latina activist mothers, Nancy Naples (1998b) finds that poor women of color often think about the practice of mothering in a very different way than their white counterparts. Reflecting on her time spent with these women, she writes, "the traditional definition of 'mothering,' as

nurturing work with children who are biologically or legally related and cared for within the confines of a bounded family unit, failed to capture [their] radical political activities and self-perceptions of motherwork” (1998a:3). These women, like those who Collins (2007) talks about, frame motherhood as a kind of activism and community caretaking.

Of course, race and ethnicity are not the only factors that shape women’s experiences as mothers. Other factors like class, age, and geographic location bear on women’s experiences as well. Moreover, these variables intersect with one another in meaningful ways. For example, Martha McMahon (1995) investigates the relationship between social class and women’s beliefs about, and experiences of, motherhood. She found that the working class and middle-class women she interviewed shared similar beliefs about the rewards of motherhood. They reported the most rewarding aspects of motherhood to be watching their children learn and grow, feeling connected and close with their children, and experiencing joy in simply being with their children. Working class women, however, placed particular emphasis on helping their children learn and grow as a way for them, as parents, to get a handle on life. They talked about giving their children a chance for a better life than their parents experienced and teaching them not to repeat their parents’ mistakes. This is not something that their middle-class counterparts spoke of in the same way.

Moreover, in talking about their reasons for wanting children in the first place, middle-class women often spoke of motherhood as an achievement at the end of a maturation process. Working class women, on the other hand, understood themselves as “achieving maturity *through* having a child” (1995:126). McMahon found that for

working class women, motherhood was more expressive than instrumental, and “claiming motherhood was expressive of an identity, of an ideal self as a loving, caring sort of person” (1995:126). The middle-class women she spoke with typically talked about having achieved that identity already, and that achievement signaled a readiness to have children.

Age is another prism through which ideas about motherhood is refracted, particularly as it intersects with race and class. The very idea of maturing through having children is evident in Kathryn Edin and Maria Kefalas’ book, *Promises I Can Keep* (2007). In their study of young unmarried mothers in urban Philadelphia, Edin and Kefalas found that many teenagers from low -income families knowingly became pregnant and viewed that decision as a reasonable and even responsible life choice. For these women, having children provided them with meaning and motivation in ways that other aspects of their lives could not. Their stories challenge not only conventional ideas about teenage motherhood but also about marriage as a necessary component of the ideal family structure.

In her study of Black teenage motherhood, Elaine Bell Kaplan (1997) found that young Black women were at multiple disadvantages because of their statuses as young, poor, unwed, and Black. Somewhat at odds with the analyses offered by McMahon and Edin and Kefalas, Kaplan critiques the idea that young Black women are eager to have to children; instead, she argues that these teenagers view motherhood as another blow to achieving their own success. She also addresses the myth that teenage mothers’ families frequently pardon their daughters’ pregnancies, arguing instead that teenage pregnancy

creates sometimes irreparable rifts within families. Kaplan also suggests that poverty is as much about broken relationships as it is about unsafe living conditions, inadequate educational opportunities, and discriminatory policies. She explores the “invisible oppression” these broken relationships give way to and how the oppression shapes Black teenage mothers’ experiences of motherhood. Again, this suggests that intersections of inequality bear on both women’s understanding of motherhood and their identity as mothers in remarkable ways.

Of course, very few Americans understand motherhood in the way it is expressed by McMahon, Edin and Kefalas, and Kaplan. This has significant consequences for both low-income women and their children, particularly in terms of policy. A more common understanding of motherhood among low-income women draws on the discourse of ignorance, recklessness, and irresponsibility. For example, Luker (1997) argues that most Americans imagine teenage mothers to be poor, Black, and unemployed, more or less a drain on the national budget and the American economy. While this vision is grossly inaccurate, Luker argues that it creates a locus of blame for society’s problems, particularly poverty. The result is that policymakers create policies that further disadvantage young mothers and mothers-to-be, almost as if to punish them for disrupting the narrative that couples start families when they are married, at an appropriate age, and can afford children.

Social expectations around consumption have a similar effect (Taylor 2009). According to Elizabeth Chin (2001), “The not-so-subtle message often seems to be that if only those people would get themselves on track (by wanting the right things, dressing

appropriately, buying the right foods), they too could be middle-class” (2001:12). Of course, mothers often assume primary responsibility for the day-to-day care of their children, particularly in terms of “dressing appropriately” and “buying the right foods.” Because motherhood is so closely linked to consumption and consumerism, mothers, and especially young mothers of color, who are unable to maintain a particular lifestyle are often blamed for their own poverty. This has consequences not only for how society views them, but also for how society views their children. Janelle Taylor (2004) writes,

Arguments that locate the source of poverty in consumption, like those that locate it in motherhood, have the effect individualizing poverty, depoliticizing it, and blaming it on those who suffer from it Both come down together, and come down hard, on poor women who, like others in a consumer-capitalist society, seek through consumption not merely to secure the minimum necessary to maintain life but also to act meaningfully in the world and to create valued identities and social relations, for themselves and their children (2004:7). Because consumption is not simply about obtaining goods, but also about achieving respect and identity (Taylor 2009), mothers who lack the resources to consume in socially expected ways are at a considerable disadvantage not only in terms of how society views them, but also in terms of how they view themselves.

This discussion of motherhood at the intersection of race, class, and age among other factors shows in part how social contexts shape women’s experiences of motherhood. Glenn suggests, “Looking at the historical and social specificity of mothering draws our attention to the importance of social contexts and of human agency

within those contexts” (1994:260). For this reason, it is important that this project explore how social contexts foster inequality and shape women’s experiences with motherhood.

Anticipatory Socialization and the Transition to Motherhood

Most significant transitions in the life course are preceded by a period of anticipatory socialization, or self-socialization wherein “individuals are assumed to actively construct their identities by seeking out relevant information and testing self-definitions in the context of this life change” (Deutsch et al 1988:420). Pregnancy is one such period when women prepare to take up the mantle of motherhood by engaging in anticipatory socialization. This period lends itself to all sorts of activities in preparation for mothering including making a nursery, preparing for feedings, making the home a safe place for a baby, and deciding on sleep arrangements. It is also during this period that women make critical decisions about birth and parenting, their beliefs about motherhood become clearer, and their own approaches to motherhood take shape, albeit provisionally.

To be sure, from the time they learn they are pregnant, expectant women are inundated with information about everything from what to eat to where to give birth. Alison Clarke (2004) argues that these decisions are fraught with expectations about consumption and materiality. She argues, “From the onset of pregnancy, the conceptualization of motherhood is bound up with facets of provisioning and conception choices that mark imagined trajectories for both women and infants” (Clarke 2004:55). She goes on to argue that the very act of giving birth is increasingly framed as “a significant choice a mother makes for herself and her baby” (56). Questions about where

to birth, how to manage pain, and who attends the birth are considered critical, and the answers are expected to reflect the parenting choices to be made later on. Indeed, women's beliefs about birth in particular are often telling of their beliefs about parenting (Bobel 2002).

Women's experience of childbirth is nothing if not personal, complex, and consequential. However, how women have chosen to give birth has varied across time and place. While most American women choose to birth in hospitals under the care of physicians and other medical staff (Centers for Disease Control and Prevention 2006), some do not. The practice of birthing outside of a hospital, either at home or in a freestanding birthing center, illustrates some of the unique ways women express their own ideological commitments when preparing for motherhood.

For example, Melissa Cheyney (2008) explores why some women decide to birth outside of the hospital given the pervasiveness of hospital delivery, the social perception of childbirth as unsafe, and the institutionalized constraints that limit insurance reimbursement and access to a backup physician. Cheyney identifies three themes that emerged from her interviews with home birthers. First, home birthers frequently talked about unlearning conventional, medicalized ways of thinking about pregnancy and birth. They sought to relocate authoritative knowledge within the self rather than in medicine. Specifically, they emphasized the importance of body knowledge, or being able to feel what their bodies and their babies needed during birth. Second, home birthers felt that power and knowledge could be embodied in the most literal sense. They believed that knowledge was power in the birthing process. They also believed that some discourses

and practices, namely natural birth at home, were subjugated by existing power structures, namely the medical community. By choosing to birth at home, they were able to claim both those subjugated practices and their own ideological commitments to the value of embodied knowledge as real. Lastly, intense connections and intimacy were evident in the birthplace. The intimacy of birthing at home gave women the opportunity to feel comfortable with the delivery environments they created for themselves and their babies.

While much of Cheyney's work addresses embodiment in childbirth, the women she interviewed were committed to providing a positive birth environment for themselves and their children. They challenged the conventional medicalized model of childbirth and worked to ensure that their birth experiences were consistent with their own beliefs, specifically natural birthing with a midwife and minimal medical interventions. Moreover, they understood the birthing process as reflexive, empowering, and intimate, qualities that seemed to transcend the birth experience and reach into the world of motherhood.

In a similar vein, Robbie Davis-Floyd (1994) explores the relationships between the medical or technocratic model of birth, women's birth choices, and their beliefs and values. Davis-Floyd compares the themes that emerged from her interviews with "technocratic (or hospital) birth mothers" and "home birth mothers." While several themes emerged dealing with the public/private split and labor and embodiment, some of the more relevant themes addressed women's attitudes toward their babies. For example, technocratic birth mothers reported higher levels of frustration with their work

productivity and the physical effects of their pregnancies such as feeling ill and tired. They were also less likely to feel in control of their bodies during their pregnancies and deliveries, and they often thought of pregnancy simply as a fetus growing inside of their bodies. Some even compared their bodies to “containers.” Moreover, they looked at pregnancy as a mechanical process that did not actively engage the mother. Finally, like the women Hays interviewed (1998), technocratic birth mothers were more comfortable with spending time apart from their children once they were born. They justified this by using the term “quality time” to describe the time they did spend with their children.

Home birthers, on the other hand, viewed pregnancy as an integrative process and the mother-baby relationship as an integrated system in which the mother plays an active part. They also viewed labor as part of the hard and engaging work that women are privileged to do. Consistent with their approach to pregnancy and childbirth, home birth mothers considered integration a valuable life principle and strived to spend as much time as possible with their babies. Even the “professional,” or working, mothers tried to minimize the amount of time they spent away from their children.

Ultimately, Davis-Floyd’s work suggests that women draw on or develop particular belief systems during pregnancy and childbirth, and these belief systems deeply influence women’s birthing decisions. One cannot argue that these beliefs take shape in a vacuum; each one is somehow influenced by particular cultural expectations and knowledge-sharing. However, mothers’ unique ideas about power, control, and attachment play a considerable role in shaping their identities as mothers and their approaches to motherhood.

Birthing decisions are only one way that women prepare for the transition to motherhood, however. Once again linking preparations for parenting to consumerism and consumption, Clarke (2004) writes about the reconfiguration of space in the home in anticipation of a baby's arrival:

The birth of a baby most often signals a significant change in the makeup of the home in terms of its social relations and physicality. This most frequently manifests itself in the rearrangement or redecoration of the home as an explicit expression of a pending shift in the composition of the household. Rooms that may previously have acted as kitchen extensions become play areas; home offices are transformed into nurseries as the pretext of a new child takes on a spatial and aesthetic dimension prior to its actual physical presence (2004:56).

In addition to changes made in terms of space, the acquisition of goods like bottles, diapers, baby clothes, monitors, blankets, and toys make the prospect of parenting more real. Linda Layne (2004) suggests that these materials also serve to socially construct the mother and the child. The rituals of baby showers and making nurseries further make real the impending change in family structure and status (Clarke 2004).

In order to make decisions about everything from birth to feeding and sleep arrangements, women typically seek out information from a variety of sources including family and friends, books and magazines, and today online message boards. Results from a cross sectional survey of women who were planning to have a baby, pregnant, or had recently had a baby suggest that most women actively seek out information in anticipation of their first birth (Deutsch et al 1988). Deutsch et al found that pregnant women often began seeking out information early on in their pregnancy and typically relied on books and other literature to provide information about labor and delivery and basic information about infant care and postpartum issues.

The study also found that while information-seeking had much to do with allaying fears and helping women to feel in control of their situation, pregnant women also used the information they acquired to construct identities around motherhood. More specifically, women were increasingly able to imagine themselves doing the everyday work of caring for a child. For example, when pregnant women would obtain information about breastfeeding, they would imagine themselves nursing their child. This not only gave them a sense of confidence in practical matters (which also helped them navigate the postpartum period more easily) but also allowed them to self-identify as competent mothers who are able to make good decisions for their children. While the postpartum women surveyed typically gained most of their parenting knowledge through direct experience with their children rather than active information-seeking, this study suggests that mothers' beliefs about motherhood and identification as mothers begins to take shape during this period of transition.

As this review of the literature suggests, motherhood is constituted and practiced in multiple ways and to achieve diverse aims. If women's ideas about pregnancy, childbirth, and motherhood are shaped by ideological commitments, authoritative knowledge, and the pressure of existing social expectations, and if these ideas are historically contingent, contested, and fluid, sociologists ought to be interested in unpacking the beliefs and practices that constitute women's approaches to mothering, particularly as they unfold during pregnancy, birth, and early motherhood. While many scholars, particularly those with feminist commitments, have explored and interrogated the actual, physical work of mothering (e.g. "feeding the family"), few have unpacked

how women take on ideas about motherhood and how their experiences as mothers both shape and reshape their beliefs about motherhood. This is where the following dissertation project proves useful, particularly in terms of exploring the interpretive aspects of motherhood that give rise to the everyday work of mothering.

CHAPTER THREE: METHODOLOGY AND RESEARCH METHODS

A Qualitative Method and a Reflexive Approach

At the outset of this project, as I was crafting research questions and thinking through how these questions might fit into the broader field of both family and medical sociology, I committed to using a feminist standpoint epistemology to guide my work. According to Brooks, “Feminist standpoint epistemology requires us to place women at the center of the research process: women’s concrete experiences provide the starting point from which to build knowledge...feminist standpoint scholars emphasize the need to begin with women’s lives, as they themselves experience them, in order to achieve an accurate and authentic understanding of what life is like for women today” (Brooks, 2007:56). Feminist standpoint epistemology is often used to fill the gaps in knowledge that exist when men’s experiences have been given given priority over women’s experiences. While one could easily argue that motherhood is itself a sphere in which women are regularly given a voice, my project addresses the varied experiences of new mothers and the complicated perspectives that are often overlooked, misunderstood, or overshadowed in popular and consumer-driven imaginings of motherhood.

In interrogating deeply held yet dynamic beliefs about motherhood, I found it useful to reflect on Sandra Harding’s idea of “strong objectivity,” which is a commitment to empirical objectivity while acknowledging and working from the positionality of both

the subject and the researcher. By engaging the ideal of strong objectivity, I maintained a commitment to recognize throughout my work not only my own experience as a mother, but also the concrete activities and lived experiences of those in different social locations. I also found it useful to consider Alison Pugh's understanding of the value of qualitative interviewing as it illuminates cultural meanings and processes (2013). Countering the notion that surveys alone best measure the role of culture in individual activity and decision-making, Pugh explains that in-depth interviews "can access different levels of information about people's motivation, beliefs, meanings, feelings, and practices—in other words, the culture they use—often in the same sitting" (2013:50). Given my focus on the interpretive dimensions of motherhood, Pugh's assertion provides a useful rationale for using women's stories as a lens through which cultural meaning and individual activity can be understood.

Armed with these commitments, I set out to interview women with diverse experiences and perspectives on motherhood and parenting. I interviewed married women who agonized over the decision to return to work after having a baby and single women who had no choice but to stay home with their children because they couldn't find a job that would pay for childcare let alone the bills. I interviewed women who bought breast pumps, pillows, and specialty bras to make nursing more comfortable and women who nursed because they couldn't even afford bottles. I made purposeful decisions about who to interview so that I could account for these different perspectives and move beyond simplified discussions about the mommy wars, which themselves exist in a sphere of privilege. As I describe in greater detail below, I made decisions about who

to interview based on points of entry that would allow for a broader investigation and interrogation of the interpretive dimensions of motherhood.

Because I wanted to explore these more interpretive dimensions of motherhood, I approached this project from a constructivist perspective, meaning that I paid close attention to how women make and attribute meaning through ongoing interaction and reflection. For example, I explored the kinds of advice women receive from family, friends, online message board participants, and others, not only to understand how this advice shapes each woman's individual expectations and experiences, but also how knowledge about motherhood is constructed through interaction more generally. To get at this issue of interpretation, I employed the use of in-depth individual and group interviewing to collect my data and used an inductive analytical approach to analyze that data, both of which allow for a deep and rich understanding of how people experience and understand social phenomena, in this case motherhood (Corbin and Strauss 2007).

Hesse-Biber writes, "The logic of qualitative research is concerned with in-depth understanding and usually involves working with small samples. The goal is to look at a 'process' or the 'meanings' individuals attribute to their given social situation, not necessarily to make generalizations" (2007:134). My project fits well into this vision of qualitative inquiry. In -depth, semi-structured interviews were uniquely suited to illuminate the processes by which women become mothers because such interviews allow for meanings of motherhood to emerge through engaged discussion. According to Hesse-Biber, "A feminist perspective on the in-depth interviewing process reveals that it is more of a conversation between coparticipants than a simple question and answer session"

(2007:134). As such, throughout my interviews, I maintained a feminist commitment to “listen carefully, discerningly, and intently” (Hesse-Biber 2007:134) to the women with whom I talked. As I will describe in greater detail below, I was careful to elicit useful narratives while at the same time allowing my questions to evolve from the cues that participants were giving to me.

I found myself in a constant state of reflection throughout the process of interviewing new and expecting mothers, especially as I organized, interpreted, and analyzed their stories. I long ago abandoned the quest for “truth with a capital T,” preferring instead to focus on the socially mediated and selective nature of memory, identity, and truth. However, I’ve spent a great deal of time thinking about how my own experiences shaped my understanding of others’. While strict positivists might argue that this kind of subjective and reflexive interpretation is a methodological weakness, in keeping with the qualitative idiom I would argue that my constant reflection and contextualization has been a methodological strength. Rather than taking for granted my own perspective on motherhood, my commitment to a feminist standpoint epistemology allowed me to both interrogate my own experiences as well as draw distinctions between my experiences and the experiences of others. Indeed, this is where I believe the strength and utility of my research lies: at the intersection of an exploratory project, a qualitative method, and a reflexive feminist epistemological approach.

Research Design

In conceiving of this project, I knew straight away that interviews would give me the richest data about how women experience pregnancy, childbirth, and the transition to

motherhood. Given the enormity and complexity of the experience, I knew that closed-ended questioning would give me limited responses and wouldn't allow for much flexibility in trying to tease apart and unpack mothers' stories about motherhood. Moreover, I felt that in-person interviews would allow me to build a strong rapport with the mothers I interviewed, which I believed would elicit more complex, complete, and honest responses. This indeed seemed to be the case given the incredibly rich and personal stories women shared with me.

Most of my interviews were to be cross-sectional in nature, that is, each mother would be interviewed only once. However, I initially planned to include a subset of approximately ten women who would be interviewed twice. Because my research questions interrogate the meanings women associate with motherhood both before and after their children are born, a longitudinal component of this study was warranted. I planned for my initial interviews with this subset of women to be focused on how they think about motherhood, what they envision motherhood will be like for them and their families, and how they are preparing to do the work of mothering. A second interview, which would be scheduled within a year of their child's birth, would ask women to reflect on the responses they gave during their first interview. Specifically, I would ask how their actual experiences with motherhood were consistent with and/or diverged from their expectations, and how they think about and understand motherhood more generally now that their children have been born. Unfortunately, given constraints in terms of time, resources, and recruitment possibilities, I was only able to interview six women who were pregnant with their first child, three of whom participated in follow-up interviews.

The limitations associated with this problem are discussed in greater detail at the end of this chapter.

I began to construct an interview guide in July 2011, just a few short months after my own daughter was born. My daughter's birth is worth mentioning in part because my own very recent experience with pregnancy and childbirth no doubt played some role in the kinds of questions I asked, if not the lines of inquiry themselves. Having recently been through a difficult pregnancy, a birth that deviated wildly from my birth plan, and a bit of the baby blues, I was constantly reflecting on how my experiences with motherhood were considerably different from my expectations. As a result, and with the tacit assumption that mothers' experiences often deviate from their expectations, the initial interview guide focused primarily on expecting mothers and how they engaged in mothering activities before their first child was born. At this point, a major aspect of my research was exploring how women's understandings of motherhood took shape during pregnancy and birth and were expressed through the preparatory mothering activities they engaged in. Questions included the following: "How have your feelings about being pregnant progressed over the time?" "What kinds of information have you gathered about pregnancy, childbirth, and parenting?" "Tell me a bit about how you envision your birth experience?" "How have you prepared your home for a new baby?" "How have your relationships and friendships changed since you've been pregnant, and how do you expect them to change with a new baby around?" (See Appendix I for the original interview guide.)

Having received approval from the George Mason University Human Subjects Review Board, I conducted 12 interviews in October and November of 2011. However, I quickly found that the questions I asked elicited very limited responses. Despite my probing, many of the women I spoke with were uninspired by my line of questioning and preferred to talk about other topics. Specifically, women spent more time talking about the transition to motherhood than about pregnancy and childbirth. As I will discuss in greater detail below, with the exception of a few very vocal home birth advocates, the topic of pregnancy and childbirth seemed to bore them. Instead, the women I interviewed talked at length about how they adjusted to motherhood. It's worth noting here that every woman I spoke with in the first round already had at least one child; as a result, I tweaked the language in my interview guide to encourage their recollection of pregnancy and birth. At first I thought perhaps I was just asking the wrong questions, or because I interviewed women who'd already had children, they were simply more focused on parenting than on prenatal and childbirth experiences. I quickly realized, however, how difficult it is for women with children to talk about pregnancy and childbirth outside of the broader experience of motherhood and parenting. As I will discuss in greater detail below, that I interviewed so many women who already had children, and that most of my interviews were cross-sectional rather than longitudinal, presents a limitation to my study. However, I found these interviews to have their own value, particularly in terms of what they reveal about memory, recollection, and the formation of self-identity.

In a somewhat unorthodox order, I used these initial interviews to reframe my dissertation proposal to focus on the transition to motherhood more broadly rather than

the pregnancy and birth experience specifically. I retooled the interview guide slightly so that the questions were a bit broader and open to various directions of conversation. The two broad lines of inquiry I intended to follow included how women prepared for motherhood and parenting while they were pregnant and how their experiences of motherhood compared to those expectations. In establishing these lines of inquiry, I was able to make more explicit the relationship between experience and expectation and to establish the transition to motherhood as a critical moment of identity transformation for women. I also felt that these lines of questioning would allow for a deeper investigation into interiorized meanings of motherhood. New questions included the following: “How did you feel when you first learned you were pregnant?” “How have your relationships and friendships changed since you’ve been pregnant or had children?” “What did you think motherhood and parenting would feel like, or look like, for you and your family? How have your experiences lined up with your expectations, or not?” “What excited you about becoming a mother?” “What were some of the concerns you had about becoming a mother, and what are some of the challenges you face?” “Knowing what you now know about motherhood and parenting, what would you have done differently during pregnancy, childbirth, and early infancy in terms of preparation, priorities, etc.?” (See Appendix II for the revised interview guide.)

As I will describe below, not all of these questions were asked or answered during the interviews. Given that I was following broad lines of inquiry, I allowed the conversation to wander a bit, touching on questions out of order or not at all, and allowing unanticipated questions to emerge. Given my focus on the transition to

motherhood, I tried to guide the conversation toward first pregnancies, births, and children, though women with multiple children often talked about how their experiences differed for each child. In addition to the interview, I also asked participants to fill out a short form to collect demographic information including age, racial or ethnic identification, income, and religious affiliation among other things. I chose these particular demographic characteristics not only to make tentative comparisons between groups, but also for what certain qualities like income and religious affiliation might reveal about how women experience motherhood.

The second round of interviewing took place in October, November, and December 2012 and included 20 individual interviews, one group interview with three women, and a second group interview with four women. I had not initially planned on conducting group interviews, but two opportunities for collective interviewing were presented to me, and as I will describe below, I found these experiences both unique and useful in terms of collecting data and observing how mothers relate to one another. In general, the second round of interviews was much more successful in terms of eliciting rich responses from the mothers I spoke with.

Sample and Sampling Procedures

As is typical in qualitative research efforts, I spent a considerable amount of time mapping out what an ideal sample would look like in terms of both demographic characteristics and ideological orientations to pregnancy, childbirth, and parenting. Also typical, my sampling plan didn't pan out quite as I'd hoped, but yielded fruitful results nonetheless. I initially planned to interview women who gave birth in and around the

Washington, DC metropolitan area. This choice was made in part out of convenience, but also because Washington and the surrounding areas are home to a diverse population, not only in terms of demographic qualities but also birth experiences. With access to various birth centers, birth practitioners, and alternative birth locations and arrangements, I believed interviewing in the Washington area could provide the kind of range of experiences I was looking for. I anticipated that the women I interviewed would have given birth to their first child within the last three or four years, or would have been pregnant with their first child during the time of our interview. I thought that a more limited timeframe would yield the most vivid accounts of pregnancy, birth, and early motherhood.

I planned to interview a relatively diverse sample of women. This diversity would include socioeconomic status, citizenship status, race and ethnic group membership, age, and general pregnancy experiences (i.e. parity, complicated pregnancies, a history of pregnancy loss, etc.). In doing so, I hoped to illuminate the influence of social contexts on women's experiences of motherhood. Because my aim was to explore how the interpretive practices of motherhood are organized by women's beliefs and material circumstances among other things, I was more concerned with rich detail than generalizability per se. However, I wanted to be sure to capture diverse perspectives in order to compare and contrast the experiences of different groups so that I could make tentative assertions about similarities and differences in experiences. I did not focus on couples who adopted their children because I wanted to focus in part on the physical aspects of pregnancy and childbirth.

I used purposive and snowball sampling techniques to assemble my sample. I thought this would allow me to garner specific but diverse perspectives in terms of both demographics and parenting beliefs. For the first round of interviews, I began by posting recruitment messages on several online message boards including The Northern Virginia Home birth and Birth Options Alliance message boards. These forums provide opportunities for women in the Washington, DC metropolitan area to exchange advice and information about pregnancy and birth options including doulas, midwives, birth centers, and various approaches to pregnancy and birth. They also include messages between mothers about parenting topics including breastfeeding, weaning, sleeping issues, and baby safety. One woman, a prenatal yoga instructor, offered to share my message with her students; another, a doula, offered to share my message with her clients and post it on her Facebook page. Their efforts yielded two interviews.

My initial postings yielded an incredible volume of responses, with over fifty initial responses from women who were interested in being interviewed. Of course, not all of these initial messages of interest resulted in actual interviews. One reason for this is simple attrition; for one reason or another, not everyone responded to my follow -up responses. A second reason is that when women contacted me to express interest and tell me a bit about themselves, I found that many of them had similar birth experiences: at home or in a birth center, with a doula, without pain medication. Again, because I wanted to hear a range of stories, I felt that interviewing all the women who expressed interest in my project would make the sample skew toward atypical pregnancy and birth experiences (outside of a hospital, without any kind of pain medication). I also knew that these

women typically represented middle-to -higher-income, educated groups who regularly accessed and participated in online discussion forums. I ultimately decided to interview about ten of these women, though I let the others know I'd be in touch with them if I was able to interview them as well. I chose to interview women who were able to arrange an interview with me relatively quickly and who most recently had children.

To get at different kinds of experiences, I attempted to recruit participants through a community organizer in a low -income community whom I met during a recent research project in Northern Virginia. I met with Rosa in October 2011 to catch up and to ask her if she knew of anyone in her community who might be pregnant or who recently gave birth. Although she was very interested in my topic, and although I reached out to her several times after our initial meeting, she was unable to provide me with the names or contact information for potential participants. Also in October, I contacted a local transitional and emergency housing organization where I had conducted a focus group for a different research project just a few months before. Several of the women I met there had young children, one of whom was born the day before my daughter was, or were currently pregnant. The person with whom I had scheduled the earlier focus group no longer worked at the center, and the person who replaced her was reluctant to accommodate my request to conduct individual interviews. Despite several attempts to contact the new coordinator and arrange interviews, I was never able to meet with the women at the housing center. Given these failed attempts at recruitment, my first round of interviews consisted primarily of mothers I recruited from the message boards. I also

conducted two interviews with women I met in a Bradley Method birth class my husband and I took earlier that year.

In recruiting for the second round of interviews, I was determined to reach a more diverse group of women. This resulted in my interviewing women from outside the Washington area and branching into Western Maryland where I grew up, the Eastern Panhandle of West Virginia where I completed my undergraduate degree, and Richmond, Virginia where I had recently completed a community-based research project. I knew women in these areas would have more conventional pregnancy and birth stories in part because they reside in more suburban and rural areas where relatively fewer options are available to them. I also knew these women would offer more diversity in terms of age and income. I began by interviewing a group of women I met while working in a low - income public housing community in Richmond. All three women I interviewed lived in the same community and had children ranging in age from an infant to a college student. I drew on some other connections in Richmond to recruit additional participants, though none yielded any results. One colleague at Virginia Commonwealth University introduced me to a doula, who then introduced me to a woman who worked at an agency that helps strengthen low -income families. This introduction was fruitless, however, as the woman never responded to my emails. Another colleague introduced me to two researchers in the Department of Social Work who were working on a project on breastfeeding in low-income communities. I contacted them in the hopes that they may be able to introduce me to a handful of the women they interviewed, but they said they were not able to help me at that time, perhaps out of concern for participant fatigue.

I also contacted a community organizer, Hannah, in Washington who worked for an agency that helps local residents with food, clothing, medical care, and legal and social services. She had recently worked on a community-based research project with a group of colleagues from George Mason University and was hyper attuned to the importance of researchers “giving back” to the community from which they drew their data. She agreed to help so long as I agreed to present my information, and any relevant resources, back to the clients at her organization. Of course I consented to this arrangement, but Hannah never contacted me about potential participants.

I tried to work directly with care providers, but those recruitment attempts did not yield any participants. I contacted my own provider about posting recruitment flyers in their waiting rooms but was told that they would not be able to help me at that time. One of the women I interviewed in 2011 told me about the birth center where she gave birth to her first son. Patients at this center tend to be lower-income women who want to birth in a birth center with a midwife rather than at a hospital with a doctor. I was intrigued by the possibility of interviewing some of these patients, especially since alternative birthing options are often limited for lower-income women (Moore 2011). I initially made contact with a breastfeeding consultant who worked at the center, but after several cancelled meetings, I realized it may be best for me to contact the birth center directly. When I didth at, I received a polite message saying they could not help me with recruitment.

Feeling discouraged, I started thinking about the new mothers I knew personally who were living in Maryland and West Virginia. I made contact with five of these women, three of whom had both limited incomes and more conventional hospital birth

experiences. One woman had her first child when she was 16. Another had an infant son who was diagnosed with cystic fibrosis just after he was born. Another became pregnant with her first daughter before she was married, but eventually did marry and is currently living in Europe with her husband, who works for the Department of Defense. In interviewing these five women, I found much of the diversity in perspective I was looking for.

Finally, to recruit some additional local participants, I posted a recruitment message to another online message board I'd recently joined, Old Town Moms. Back where I started, my message board posting yielded more than 25 responses. I tried to probe a bit about how many children women had, when they were born, and what their birth experience was like. Although most of these women were relatively well-off in terms of income and education, I was able to draw on their diverse perspectives to round out my sample. One woman shared my message with a local "meet-up" group of expecting and new moms, which yielded a group interview with four women from the group, and one individual interview.

All of the women I interviewed identified as heterosexual, and most were married when their children were born. The frequency with which I found these mothers was surprising given the increasing numbers of women having children outside of marriage across all income groups (DeParle and Tavernise 2012). They ranged in age at first birth from 16 to 40, and the median age at first birth for all participants was 29. Four of the women I interviewed were single when their first child was born, and two were unmarried but in a long-term relationship. Most of the women I interviewed had more

than one child, and most had given birth to their first child sometime in the last five years. Twenty-seven of the women I interviewed are white, seven are Black, two are Hispanic, two are Asian, and one identified herself as part American Indian and part white. Most of the women I interviewed considered themselves Christian, that is, Catholic, Protestant, or Mormon. Eleven said they had no religious affiliation. Seven women self-identified as Muslim, Hindu, Buddhist, Pagan, or spiritual.

Most of the women I interviewed received a bachelor's or master's degree. Two women had a high school diploma, two had an associate's degree, four had completed some college, thirteen had a bachelor's degree, two completed some graduate school, eleven completed a master's degree, and five hold a doctorate. Ten of the women I interviewed considered themselves stay-at-home mothers, and one was planning to stay at home once her baby was born. It's worth noting that several of the stay-at-home mothers I spoke with did not initially plan to stay at home with their children but either lost their job or had a difficult time finding a job; these are issues I will address in later chapters. Seventeen women worked full-time outside of the home, and four women who were pregnant when I interviewed them were planning to return to work after their maternity leave ended. Seven women considered themselves stay-at-home mothers but also engaged in paid labor at least part-time. Mothers' occupations outside of the home included government analyst, researcher, small business owner, writer, nanny, family attorney, doula, and pharmacist among others. The household incomes of the women I interviewed ranged from \$10,000 a year to \$350,000 a year, with no significant changes in income between the time of their first birth and the time of our interview. The median

household income was relatively high at \$100,000 a year, but it's worth noting the high cost of living in the Washington metropolitan area where most of these interviews were conducted.

Although my sample included many women who were interested in low - intervention childbirth, only four of the mothers I interviewed had their first child in a location other than a hospital. Two women had their first baby at home and two had their first baby in a freestanding birth center. These rates reflect broader birth location trends in the United States (Center for Disease Control and Prevention 2006). For sixteen women, their first birth resulted in a cesarean delivery. None of these women elected to have a c-section, however. In fact, elective cesarean rates are relatively low in the United States (Declercq, Sakala, Corry, Applebaum, and Herrlich 2013). A few of the mothers I interviewed were induced to labor because their pregnancy lasted beyond their due date or because of a high-risk medical condition like gestational diabetes or hypertension. Two of the mothers I interviewed sought help for fertility issues, and several described a trusting relationship with their doctor. This sample therefore reflects a relatively diverse set of perspectives on, and experiences with, the role of medicine in pregnancy and childbirth. See Appendix III for a list that provides a brief biography of each the women I interviewed based on information collected at the time of our interview. Appendix IV includes a summary table of participants' demographic characteristics.

Interviewing

It was raining the day of my first interview, an hour-long talk with Cici in her Virginia home. I arrived ten minutes early, determined which townhouse was Cici's, and

drove around the block several times in the October downpour to kill some time. I finally climbed out of my car and rang the doorbell, anxious to begin my first interview. Two little girls in pajamas and ponytails and a very pregnant Cici answered the door. As I walked in, the youngest girl pointed to the door mat and then her bare feet and said, “You have to take off your shoes like us, see?” Cici told me I didn’t need to take off my shoes, but I obliged her daughter. We walked upstairs to the sitting area and the open kitchen where Cici was preparing the girls’ breakfast. “Sorry,” Cici told me, “We’re running a little behind today.” I chatted with Cici and her daughters about their newest family member, who was due to make an appearance in a just a few short weeks, while Cici chopped red and green peppers for the breakfast burritos she was making for the girls. Once she finished making their breakfast, she sent the girls downstairs to the family room where they could watch morning cartoons while they ate.

After making us each a cup of tea, Cici showed me to her dining room table where could talk. I was feeling a bit nervous since it was the first time I’d used my interview guide, but I was also eager to hear more about Cici’s family and how it came to be. The interview went well, though haltingly at times. I found myself adhering too closely to the interview guide, and in retrospect missed several opportunities to ask follow -up questions that might have yielded more interesting conversation and insights. I also asked questions that came across as leading as I was transcribing. For example, I asked Cici whether the extent to which she was interested in birthing at home without medical intervention was out of concern for her own experience or her baby’s health. Fortunately, the question didn’t come across as accusingly as it sounds as I write it now,

and Cici shared a very eloquent response about how she views those two concerns as inextricably linked. However, as I transcribed my interview with Cici, I realized that I had spoken my analysis aloud and questioned her about the conclusion I had already drawn rather than allowing her words to guide me toward that conclusion during the analysis. I quickly corrected for this tendency and felt much better about the interviews that followed.

I conducted eleven more interviews that fall and interviewed 28 additional mothers the following year. The interviews took place in spaces that were mutually agreed upon, most often in women's own homes and in coffee shops (I was never more caffeinated than during these periods of interviewing). Each interview was preceded by a description of the study and the presentation of a consent form. Most of the interviews went well, though some were challenging. As with any attempt at interviewing, it can be difficult to establish rapport with participants. Because I had a six-month-old daughter at home, I found it easier to find common ground with other mothers. The mothers I interviewed often shared advice with me about infant care and raising a toddler. For example, toward the end of one interview, the participant and I had a short discussion about birth spacing. She said that based on my description of my daughter, she'd probably benefit from having a sibling, but when she's a little older. Countless mothers passed on advice about feeding, sleeping, discipline, self-soothing, and what I should expect in the coming years. This tendency demonstrates the extent to which these interviews provided a space where this kind of expertise was valued. For my part, the women I interviewed who hadn't yet had their first child asked me a lot of questions

about pregnancy, my birth experience, and how much sleep I was getting now that my daughter was a bit older.

Most of the interviews I conducted lasted from one to two hours, though the more challenging interviews were a bit shorter. The interviews I characterize as challenging were difficult either because of personality issues or environmental factors. For example, while some of the women I interviewed were effusive storytellers by nature, others simply preferred shorter and more straightforward responses. It also seemed that these more straightforward participants were more matter-of-fact and confident about their parenting decisions. They seemed more assured and sought much less validation from me during our interviews. Despite my constant probing, rewording, and reframing, some women simply didn't have much more to say aside from their initial responses.

Some of the interviews, and especially those that took place in women's homes, occurred while participants' children played around us. In fact, one participant requested that I bring my daughter so our children could play with one another while we talked. Needless to say, having my daughter there made the interview much more difficult for me as I was unfocused and missed several opportunities for probing questions. To be sure, there were some quiet, calm, and focused interviews that occurred while babies or children were in the room. Children weren't always a distraction, and even when they were, the situation provided me with an opportunity to see women's parenting in action.

In addition to individual interviews, I conducted two group interviews where participants were able to interact with one another a bit more. Although I hadn't anticipated conducting group interviews, they afforded me the valuable opportunity to

observe how mothers interacted with one another. One group consisted of three low income women with whom I'd worked on a different research project. We all knew and were comfortable with one another in a work environment, but it was interesting to hear how they talked to me and to one another about more personal topics. Our two-hour interview over lunch at Applebee's yielded fresh insights not only into how these women experienced the transition to motherhood, but into also the value of shared experience including job loss and an increased reliance on extended family.

The group interview gave these women an opportunity to open up to one another and ask for advice and insights about parenting. For example, all three women talked at length about the importance of teaching children to be less materialistic and to value experiences more than possessions. They validated one another's beliefs about material success and the role parents should play in passing certain values on to their children. Toward the end of our interview, one mother, Felicia, asked for our thoughts about a personal matter she was going through at the time. She explained that her daughters had been asking questions about their father, who she maintains contact with but rarely sees. She wanted to know what we thought she should tell her girls about why he isn't around. Niyah and May had similar experiences with their children's fathers, so they were able to share their insight and advice with her. As someone who grew up without a father present for most of my own childhood, I was able to share my perspective as well. Though such talk didn't directly address the interview questions I had asked, something important was achieved in these moments. Not only were these women able to share their stories with me, thereby demonstrating interview -participants rapport, they opened themselves up to

one another, a feat that is rarely achieved in their community. Indeed, it was no small things to have overcome the distrust and fear of judgment from me as a researcher, as well as from other mothers in their community.

Plenty of opinions and advice were shared in the second group interview I conducted. Two of the women in this group of four were personally familiar with one another while two were not. All of these women, however, were part of an online group of new and expecting moms who met in person a few times a month. Although it was occasionally difficult to tease out comprehensive answers to my questions, this group was lively in its interaction with one another. Two of the women in this group were expecting their first child, and two had given birth in the last six months. Advice flowed freely during this interview, as I will describe in later chapters. This group allowed me the opportunity not only to ask about how advice is taken up by new mothers, but also to observe it in action. In fact, I witnessed more than one encounter where someone bristled at an opinion.

The issue of judgment came up time and time again throughout my interviews. In fact, I can't think of a single interview where a mother didn't mention something about passing judgment or feeling judged, or otherwise making comparisons between her and other mothers. That fear of being judged, or in some cases that willingness to judge, was perhaps the single most difficult challenge to overcome in interviewing. I don't believe that I come across as a particularly judgmental person; instead, I'm a generally agreeable person by nature and certainly during interviews. On the one hand, this agreeability helped me to elicit what seemed to be honest responses from the women I interviewed.

On the other hand, I left a handful of interviews feeling a bit disingenuous after having agreed with something that I don't truly believe.

For example, my interview with Jessica was strewn with strong opinions and an easy willingness to judge other mothers. Jessica railed against mothers who choose not to breastfeed, mothers who let their children watch too much television, women who put their children in full-time daycare, and more. Although I'm a mother who formula fed in front of *Busy Town Mysteries* and put my daughter in daycare at the first opportunity, I found myself eagerly nodding at Jessica's responses. While I didn't engage in the same kind of talk, I felt almost guilty for not speaking up for those of us who made different choices. This kind of interaction didn't happen frequently, but it did happen on more than one occasion. I typically felt that limited disclosure on my end was the best way to field these interactions, but in doing so I felt as though I was hiding my own identity as a mother.

My experience interviewing other mothers gave me the opportunity to hear women's stories about how they experienced the transition to motherhood, as well as their daily struggles and successes. At the same time, it also allowed me the opportunity to situate my own identity as a mother within a broader context. During these interviews, I frequently asked myself, am I judgmental, too? Do I come across as judgmental? What really are my feelings about breastfeeding, daycare, and sleep training? How do those feelings fit with the often complicated opinions of other mothers? Once I started to answer those questions, I began to wonder if I was putting up more walls between mothers simply by asking women to talk about these sensitive topics. In the end, I settled

upon limited disclosure in interviews where I could have easily been the subject of judgment, and greater revelation in interviews where I felt my opinions and ideas were similar. While challenging the women I interviewed may have yielded some interesting insights into how conflict between mothers is taken up and plays out, I felt that simply nodding and saying, “Yes, I understand that, and I understand why you feel that way,” led to a more useful interview.

It’s also worth mentioning the extent to which interviews about motherhood and parenting evinced humorous self-deprecation, both on my part and the part of participants. In my experience, it’s often the case that when mothers get together, they laughingly talk about all the ways in which they fail as mothers. They describe feeding their children fast-food meals in the backseat of their car, letting them sit in front of the television for hours during sick days home from school, forgetting to put a diaper back on in the middle of the night, and other incidents they deem as indicative of flawed parenting. These kinds of stories serve to promote solidarity among mothers and encourage the easy exchange of ideas and opinions without judgment. Moreover, these stories protect women from becoming the target of derision from less-than-perfect mothers. The irony, of course, is that while most women strive to be perfect mothers, perceived perfection may lead to criticism and exclusion. While most of the women I interviewed seemed sincere in their insecurities, it’s worth mentioning that some speech may be the result of participants trying to find common ground and not come across as an insufferably perfect mother.

Toward the end of my second round of interviewing, I found that I was hearing many of the same themes over and over again. Having reached this point of saturation, I conducted two or three additional interviews that had already been scheduled and stopped scheduling additional meetings. In the weeks that followed, several women noticed my recruitment efforts on their message board and emailed me to be interviewed. Upon finding out that their demographic backgrounds were quite similar to women I already interviewed, I let them know I had concluded interviewing but asked if I could be in touch if I should decide to conduct any additional interviews. After having transcribed and coded the data, however, I found that additional interviews among this group were unnecessary.

Remembering and Forgetting

I recently read an article in *The Atlantic* about motherhood and selective remembering (and forgetting). The author, Judy Petalson (2013), writes about how those early, stressful moments of motherhood have been immortalized in her journal entry entitled, “Before I Forget.” At the same time, she writes, “My body and mind have edited my memories of the newborn period into the parenting equivalent of a Kung Fu movie training montage. Fatigue, hormones, nostalgia, and hindsight have reshaped those long months into a series of wordless film clips, set to the inspiring music of the love I now feel for my daughter, spliced together to tell the story of how it all worked out in the end” (Petalson 2013). Indeed, memory plays an important role in how women’s identities as mothers take shape. Yet a reliance on memory sometimes obscures unwanted feelings once felt strongly, or evokes feelings that were never truly felt at all.

Most of the women I interviewed had already experienced at least one pregnancy and birth, and had experienced or were in the midst of experiencing the transition to motherhood. As a result, I had to rely in large part on women's memories as the basis of truth. Of course, truth is a shifting thing, often defined and redefined after events happen. While it would have been useful to have a longitudinal point of comparison against which the transition to motherhood unfolded, as I hope to show throughout these chapters, it's equally useful to explore how women remember and perhaps selectively forget aspects of their experiences.

As I transcribed the interviews, a few issues struck me straight away. There were considerable differences in the focus of the interviews, and it seemed that these differences were based on where women were in the transition to motherhood. Of course women who had not yet had children spent a considerable amount of time talking about the birth experience. They shared with me what they'd read, what they'd heard from friends and family, and what they believe to be true about childbirth. They spent comparatively little time talking about their pregnancy outside the context of childbirth, and even less time talking about what they anticipated motherhood to be like (in fact, this is where I spent the most time asking probing questions). Women who had children, however, spent relatively little time talking about pregnancy and childbirth. Some told me that they could barely remember what those experiences were like because they happened so long ago, but others explained that pregnancy and birth seemed like such a small feat compared to raising a child. As a result, for these women, I found it useful to ask

questions around more concrete activities such as, “How did you prepare the baby’s room?” and “Tell me about your visits with the midwife.”

Several of the women I spoke with who gave birth to their first baby in a hospital went on to have subsequent children at home. When I asked them to describe their hospital births, they tended to gloss over details even when I asked probing questions. I was surprised at this because I assumed women who had a negative or traumatic hospital birth experience would remember the details of why it went so badly. Instead, these women frequently said they couldn’t remember their hospitals birth, waving a hand as if to dismiss the whole event. Most spent a considerable amount of time, however, explaining their reasons for choosing a subsequent home birth and describing those births in detail. Their inability or unwillingness to talk about their hospital birth suggests to me the tendency to dismiss and perhaps forget experiences that were particularly negative.

These sometimes vague and other time vivid stories made me reflect on my own experience with my daughter, Emerson. This tendency to reflect and acknowledge one’s own experiences and emotions is not unusual among qualitative researchers (Sword 1999; Tillmann-Healey and Kiesinger 2001; Perry 2004; van Heughten 2004). I remember having a particularly difficult time adjusting to motherhood. Although my husband and I tried to conceive for well over a year, and we certainly thought about what having a baby would mean for our family, I found myself overwhelmed by motherhood. I remember calling my mother, my aunt, my girlfriends, anyone who would listen, crying about how anxious I felt. I occasionally wrote down the emotions I was feeling, but I did so irregularly. As a result, I know I felt anxious and panicked about motherhood, but even

now I can't remember why. I find that when someone asks how I experienced early motherhood, I dismissively wave my hand: "I had a hard time with it, but things got better," I say simply.

The closer women were to their birth experience, regardless of location, the more vivid their accounts of childbirth were. Similarly, the more enmeshed mothers were in the daily experience of caregiving, the more vivid their accounts of motherhood were.

Women who were pregnant with their first child were the only group that talked about anticipating the future rather than how they've experienced the recent past. It may be that childbirth and motherhood are such monumental and often anxiety-provoking experiences that pregnant women tend to spend more time focusing on their future plans rather than what they are currently experiencing.

Beyond what women experience in terms of motherhood, and how they experience it, is how women *talk about* experiencing motherhood. Language is itself reflexive and has the potential to both create and recreate experience and identity. George Herbert Mead claimed, "I know of no other form of behavior than the linguistic in which the individual is an object to himself, and so, as far as I can see, the individual is not a self in the reflexive sense unless he is an object to himself" (1934:142). In fact, Mead argued that language is the only way a person can truly experience herself. Most of the mothers I interviewed reported having spent some time reflecting on their maternal performance. When we talked, however, it often felt as though women were newly discovering and articulating their identities as mothers. It may be that such articulations

ossify remembered experience into language and shape and reinforce women's mothering identities.

Inductive Analysis

I engaged in data analysis by using an inductive analytical approach, which is closely aligned with grounded theory (Charmaz 2002; Corbin and Strauss 2007). This approach stems from my commitment to explore how women make sense of the transition to motherhood by using their own words as a foundation upon which theory can be built, and to refrain as best I can from imposing existing meaning on the conceptual categories that emerge. Charmaz (1988) and Esterberg (2002) provide a useful description of how the process of analytical induction takes place. Charmaz (1988) explains that the grounded theory method “stresses discovery and theory development rather than logical deductive reasoning which relies on prior theoretical frameworks” (Charmaz 1988:110). Specifically, Charmaz argues that the collection of data and its analysis happen at the same time and that the products of research, or the theoretical concepts, emerge from the data. This differs from other, more deductive approaches which apply preconceived theoretical models to the data. She also argues that this approach rejects traditional approaches to verification; rather, it involves systematic and methodical checking of the data, making comparisons between observations, and incorporating knowledge from related areas. Lastly, Charmaz recognizes that engaging in research and creating theory is itself a social process. As such, she suggests that grounded theorists are able open their work up to reinterpretation and refinement by other theorists who occupy different social statuses.

Grounded theory generally involves coding, or sorting, collected data. This data is typically written and may be in the form of field notes or transcribed interviews. Charmaz (1988) and Esterberg (2002) explain that coding occurs in two stages. Charmaz calls the first stage “initial coding” while Esterberg refers to it as “open coding.” Despite the semantic difference, the concept is the same. This first step of coding involves working through the data, line by line, looking for the large ideas, concepts, and issues that emerge from it. Esterberg emphasizes that coding does not involve the use of existing conceptualizations to analyze the data. Instead, the researcher must identify emergent themes. The second step of coding involves what Charmaz and Esterberg call “focused coding.” This involves going through the data, again line by line, and focusing on the themes that were identified during the open coding. Charmaz (1988) suggests that focused coding allows the researcher to “build and clarify a category by examining all the data it covers and all the variations from it” (Charmaz 1988:117). Analytic memos can be written during the process of focused coding that elaborate particular analytical insights.

The inductive analytical approach has several strengths. First, it allows meanings to emerge from the data. The diversity and dynamism of social life suggests that there are several ways of constructing meaning, and that there are varying ways of understanding ideas and events. While logical deductive reasoning involves the application of preexisting theoretical principles to social phenomena, an inductive analytical approach allows for the construction of brand new theories that are not constrained by previous findings or conclusions and are traceable to actual activity. Second, this approach allows the voices of sometimes seldom -recognized marginalized groups to be heard. Again,

because themes are expected to emerge from the data, grounded theorists try to refrain from applying codified theoretical conclusions to marginalized groups whose statuses may have unique influences on their feelings, attitudes, or behaviors. Lastly, this approach allows for the mining of data (Charmaz 1988). Researchers can continually revisit the data to look for other themes that were perhaps unrelated to their initial research interests. Because I am interested in how meaning-making happens during the transition to motherhood, how marginalized groups of women experience this transition differently, and how these experiences are captured and made meaningful through talk, the combination of in-depth interviewing and an inductive analytic approach to data analysis has yielded rich and insightful research results.

My own analytical process unfolded much in the same way Charmaz and Esterberg describe. I carefully transcribed the majority of my interviews and employed the help of a professional transcriptionist to prepare a few additional transcripts. The interviews were transcribed word-for-word, including words and phrases like, “um,” “uh,” and “you know ” in case those verbal tendencies might be particularly telling (DeVault 1990). I also reviewed the transcripts provided by the transcriptionist, reading them while listening to the recording to ensure accuracy and to note pauses, laughter, and other seemingly important responses. I was also sure to note the nonverbal cues I remembered observing at key moments during the interviews, most notably tears, as the mothers I spoke with occasionally cried during our talk.

Once the transcripts were completed, I stored hard copies in several large binders. I carried those binders around with me for weeks as I carefully read through each

interview, engaging in the process of open coding. I made notes of reoccurring themes on a separate sheet of paper, and once I completed reading through the interviews, I returned to those themes to ascertain main themes and possible subthemes. The main themes that emerged –expectations, social support, and identity formation –served as a point of reference as I engaged in more focused coding. During the process of focused coding, I explored each transcript, in most cases line-by-line, and highlighted passages of text that were relevant for each of the three themes. I returned back to the digital copies of the transcripts and copied the relevant text into wholly new documents for each of the themes I'd identified. I noted the participant, the interview number, and the page number where each passage could be found.

In what I've fondly referred to as an "old school" method, I physically cut up the printed documents containing the relevant passages and began to arrange them thematically on my kitchen table and eventually, when I needed more space, my living room floor. In an arguably comical but nonetheless useful technique, I glued each strip of paper containing a passage onto pieces of my daughter's construction paper. These thick pieces of construction paper overlaid with printed passages served as an outline for the substantive chapters that follow.

I found this approach to data organization particularly useful as it allowed me to organize passages into meaningful subthemes and into an order that made narrative sense. Some of my colleagues asked why I chose not to use qualitative data analysis software like NVIVO to organize my data. Simply put, I found it incredibly useful to physically group, arrange, and rearrange passages. This process also required that I read and reread

transcripts over and over again to ensure that the passages I chose were adequately contextualized during the writing process. I also felt that this process ensured that I didn't favor one participant or interview over another. While the participant reference was listed at the end of each passage, such references played little role in what information I chose to highlight.

Limitations

Of course, any research effort has its limitations, and mine is no different. I'd hoped to achieve a more diverse sample, particularly in terms of citizenship status, marital status, and income. Given the time and resources available to me, however, my sample is not quite as diverse as I'd hoped it would be. At the same time, I did achieve a certain amount of diversity that has allowed me to make tentative assertions about differences in experience between women in particular groups. For example, I argue that unmarried, unemployed, and lower-income women tend to feel a greater pressure, real or imagined, to "give up" their baby than do other women. I also find that more affluent and/or educated women tend to spend more time reflecting on their parenting style than lower-income and less-educated women.

As I have already mentioned, given more time and resources, I would have created a longitudinal project during which each mother would be interviewed several times during the course of her transition to motherhood. Longitudinal postnatal interviews, at about two weeks, six weeks, six months, and one year would likely yield the richest results in terms of tracking changes in identity. Statements and assertions made at each point in the transition could be used to compare women's feelings about

pregnancy, birth, and early motherhood in ways that cross-sectional interviewing simply cannot. For this project I was able to conduct three longitudinal interviews that allowed for me to touch on issues both before women had their babies and approximately six months after. While cross-sectional interviews elicited stories rich with useful narratives, these longitudinal interviews provided interesting points of comparison. I was able to more concretely compare women's beliefs about motherhood before she had her baby with those she held after. At the same time, each of these women suggested that had I talked to them just one month after their babies were born, I may have heard very different stories. At six months out or more, mothers were beginning to adjust to their new roles, while those early weeks seem to have been fraught with anxiety, panic, and tears for each of them. Their stories provide further support for a longitudinal project that includes more frequent interviews at critical points during the transition to motherhood. On a more personal level, however, I was excited to find out how women I met months before had changed (or not) as they took on the role of mother. I couldn't help but compare their experiences with my own which, as I mentioned above, required an even greater reflexivity on my part as I wrote these chapters.

In all, despite these limitations, I believe that qualitative interviewing combined with a feminist standpoint epistemology has provided several compelling accounts of motherhood. While organized thematically, each of the following chapters walks us through the winding path of parenting through pregnancy, birth, and early motherhood. Each one is the reflection of hours spent speaking with mothers and my own earnest efforts to mine their talk for meaningful insights about what it means to be a mother.

CHAPTER FOUR: GREAT EXPECTATIONS

I just had no idea that it was going to be anything less than just wonderful, and we'd just, like, be wearing white standing by the window with the sun shining in on us.

-Kasie

Introduction

Kasie showed me to a seat in her kitchen, wicker chairs around a thin wooden table in a room full of sunlight. "Can you give me just a second?" Kasie asked, "I just need to run upstairs to send off an email for work and then I'll be right down." As Kasie returned to her upstairs office, I glanced around the kitchen. Filled with family photographs, scribbled artwork hanging on the refrigerator, and a list of "house rules" posted above the trashcan, Kasie's four-year-old son was well represented in her home. "Sorry 'bout that," Kasie said with a hint of her Texas accent, "I'm a little behind today." Kasie sat down at the table and we began to chat about the challenges of working from home and balancing domestic responsibilities with work life. "I never really thought I'd be doing this," she said.

It turns out that there were a lot of things Kasie never imagined she'd experience, including the surprising challenges of caring for a newborn baby. Kasie thought she'd be the perfect mother, lovingly doting over her tiny prince. She told me about the quilting, journaling, scrapbooking, and other crafting she took up in anticipation of motherhood.

Along with activities like preparing a nursery, cleaning, and organizing, these practices are often referred to as “nesting,” the kind of home preparation women often report in engaging in toward the end of their pregnancy. She described images like the one above that filled her mind when she thought about what motherhood would be like. Kasie never anticipated the night she was so tired and frustrated with her son’s colicky crying that she kicked his wheeled bassinet across the bedroom. She never pictured relieving her exhausted husband of night duty after hearing him whisper to their son, “Do you want me to lose my job? Because if you keep crying and waking up in the middle of the night, I could lose my job and you’re not going to have anything to eat or anything to drink.”

Having a baby is tough stuff. Taking care of another human being is no small task, and it’s one that both mothers and fathers often feel ill-prepared to do even when they’ve spent time preparing. When the reality of constant night-waking and persistent crying comes upon them, parents are often left feeling a tremendous sense of disappointment that life with a baby wasn’t as magical as countless books, magazines, blogs, and other parents make it seem. To be sure, parenting horror stories are relatively easy to find, and baby care classes often warn about the stresses of constant crying. Somehow, though, expecting parents remain excited and optimistic about life with a new baby. Even as they anticipate the lack of sleep or the stress of constant breastfeeding, they assume that taking care of a new baby will be challenging but manageable.

The following chapter describes the expectations that mothers set up for themselves and their families around pregnancy, childbirth, and early motherhood. While some of the women I interviewed described limited expectations, often ones that were

purposefully limited so as to avoid disappointment, others talked at length about how their expectations for motherhood rarely squared with their actual experiences. First, I describe the extent to which pregnancy can be planned and the effects of unplanned pregnancy on the mothers who experience it. I explain how women's expectations about pregnancy and motherhood often take shape within the context of planning and timing, factors that are sometimes complicated by fertility issues. Second, I describe women's expectations for childbirth, which I describe in later chapters as tied to their ideas about themselves as mothers. Third, I explore women's experiences with early motherhood. Most of the women I spoke with described the expectations they had for early motherhood and how their experiences rarely lined up with those expectations. Like Kasie, some mothers imagined scenarios in which they would be perfect loving mothers for whom maternal instincts would kick in and take over. Other women explained that they knew motherhood would be hard, but had no idea just how hard.

Throughout the chapter I describe how women's expectations about motherhood take shape, which may have implications for how people anticipate major life events in general. I also describe the consequences of unmet expectations on mothers' experiences of motherhood. I ask more specifically, how are women's ideas about motherhood constructed throughout pregnancy, childbirth, and early motherhood? What are the consequences of unmet expectations and maternal discontent on women's perceptions of and experiences with motherhood? How do women balance expectations with experience, and how do they resolve the dissonance between the two that often arises during pregnancy, birth, and early motherhood? In exploring these questions, I offer

explanations for how women's beliefs about motherhood develop, and how those beliefs may be tied to perceptions of social support and active identity construction, both of which are discussed at greater length in the chapters that follow.

The Fertility Question

The first question I asked during most of the interviews I conducted was, "Tell me how you felt when you found out you were pregnant with your first child." Some of the mothers I talked to described an unplanned pregnancy which they reacted to with surprise if not panic. Others described a feeling of achievement after having been trying to get pregnant, some for years. Still others described a mixed bag of emotions, excitement about having conceived the baby they'd planned for, yet trepidation at the reality of having to be responsible for another human being.

Nearly all the women I spoke with talked about planning and timing. Some mothers described the lengthy process of research and negotiation that led to the decision to have a baby. A few of the mothers I spoke with described unplanned pregnancies, yet they also described the relative advantages and disadvantages of timing. The following section describes women's expectations for pregnancy and how those expectations take shape within the context of planning and timing, that is, the extent to which pregnancy is planned and the point at which it occurs in the life course. To be sure, the concept of planning and timing encompasses a number of important issues, including broader cultural ideas about appropriate timing and the differences between women and men in terms of how they think about and approach family planning. While the following

sections encompass a number of these issues, it's clear that each theme reflects wide-ranging issues around how women and families plan for children.

Planning and Timing

Many of the mothers I spoke with described in detail the reasons why they chose to pursue parenthood when they did. Most of their explanations were tied to their beliefs about when in the life course it's appropriate to have children. Amber is a relatively affluent family attorney whose career involves frequent work with youth who come from troubled homes. We met at a local Starbucks during the morning rush, but Amber was anything but hurried during our conversation. Eager to share her feelings about early motherhood and the pressure mothers put on themselves to be perfect, Amber occasionally wiped away tears talking about how she spent those early months with her daughter constantly worrying about the decisions she and her husband were making. Amber described feeling this anxiety despite the fact that her pregnancy was very much planned and celebrated, and despite the devastating family conflict she witnesses nearly every day in her job.

During our interview, Amber talked about how her career influenced her decision to have children. She knew that she and her husband had the intellectual, emotional, and social skills and resources to be loving and effective parents. She also explained that after getting married, buying a home, and settling into their careers, she and her husband simply felt that it was the right time to have a baby. She said,

It definitely was not something I always thought I wanted to do. I kind of thought I was one of those who, I thought if we have kids, I'll be happy; if we don't, I'll be fine too, and then it just seemed like the natural

progression. Like we bought a house and we're just so happy and I thought, you know, I want us to bring a little person into this world. I work with kids, and I just thought that we would be really good parents and it felt like our family was missing something and so we just decided, you know, that this is the time. We're both settled in our careers. We have a home. This is the time to do this.

What's interesting about Amber's explanation is that she initially felt that while she was the kind of person who would happily have children, she would be fine not having children as well. Yet once she and her husband bought a house, she felt "the natural progression" was to have a baby. After establishing herself in her career and buying a home, she began to think about what good parents she and her husband would be, and determined that their family was "missing something." As a result, Amber and her husband began planning for a child. Amber's experience reflects the typical, albeit idealized narrative of the American family: job, marriage, home, baby. In his book *The Marriage-Go-Round* (2009), Andrew Cherlin describes the changes that have occurred more recently in American family life, namely that couples increasingly prioritize intimacy and security as the rewards that they can expect to gain from marriage rather than children, which has historically been the case. At the same time, McMahon (1995) describes middle-class couples like Amber and her husband as typically waiting to have children until they felt they've sufficiently matured, specifically, that they've established successful careers and a solid financial footing. Amber felt she had obtained significant emotional and personal gains from her marriage such that she would have felt fine not having children, yet she ultimately adhered to a more traditional life course trajectory, namely, that it made sense to have a child once specific milestones were achieved.

Megan is a college graduate and former mental health worker who chose to stay home with her two daughters rather than return to work. I met with Megan in a coffee shop in suburban Maryland where we both grew up. “I’ve never been here,” Megan told me. “I really don’t go anywhere without the girls!” Toward the end of the interview I could tell Megan was anxious to finish and reunite with her toddler girls whom she’d left with her parents for an hour or so. Like Amber, Megan described a “typical” scenario in which she and her husband married, bought a house, and decided to have a baby. She said, “We were planning it. You know, it was typical... Bought a house, doing the normal, normal thing, and to find out I was pregnant was just excitement. But, like, naïve is what I would call it, even now I think that. You just don’t know what to expect at all.” Although Megan and her husband were eager to begin their family, in retrospect, she believes her excitement came from a place of naiveté. Simply following the trend of marriage then home then baby doesn’t necessarily mean a couple is prepared for the changes a baby will bring to their lives.

Of course, not everyone follows this idealized trajectory of family growth. The idea of “appropriate timing” is different for some couples. Arielle and her husband, Lenny, were both in school when they decided to have a baby. Arielle was midway through her undergraduate degree, while Lenny was finishing the student teaching requirements for his graduate degree in education. Childhood sweethearts who spent time with other partners during high school and early college, Arielle and Lenny were married just a year after they began dating again. Eager to start a family, they decided to start trying to have a baby before their wedding. Arielle said, “We decided, you know, even

though we were planning our wedding, we thought we would go ahead and give it a try. We knew that it sometimes took couples a while to get pregnant, and we didn't know, like, how quickly we were going to get pregnant. Before I knew it, it was only, let's see, I stopped taking my birth control that November we got pregnant in March, so kind of quickly. I just wasn't expecting it." Even though Arielle was excited to be pregnant, she and Lenny were surprised at how quickly it all happened. They both expected it would take some time to conceive and that they would have more time to plan their wedding and prepare for parenthood. The reality that they were in school, planning a wedding, and expecting a baby was at times overwhelming, yet Arielle insisted that the somewhat unconventional timing of the pregnancy worked well for their family.

Some of the mothers I spoke with felt established enough in their careers to balance children with their professional lives. Others, however, decided to have children in part because they were dissatisfied with their work and were interested in pursuing options that would take them out of the workforce or otherwise give them new goals. This was the case for Sue, a stay-at-home mother of two and vocal advocate of attachment parenting. Sue left her job in public relations to stay at home with her daughter when she was born. She told me she didn't feel ready to have children for quite some time but that every now and then she would feel a slight twinge that she may be ready for children. To ease the feeling, Sue would read her friends' Facebook and blog posts about their children and would remember why she wasn't ready to start a family just yet. The year before she got pregnant, however, Sue finished graduate school and

took a new job that she was initially excited about but later came to dislike. It was in part the dissatisfaction with her job that prompted her to have children. She explained,

I wasn't at first planning a family at the time. I didn't know when I wanted to start. I knew time was ticking and it hadn't happened, but you know, I just finished grad school, I got out of my classes, and I was just going to, but I was in this job and totally miserable and my best friend was pregnant at the time. She said, "Maybe this is a good time for you to start a family," but I had to wait until I finished my training at the job... I guess it really was the first try because the first month we tried I knew we had missed the window, but I figured, "We'll try anyway." And then the second month, like just for days 10, 12, 14, I tested a few days early figuring, "nah," and yeah, totally positive! Yeah, it was a shock.

Sue didn't initially get pregnant with the intent of leaving her full-time job. Had that been her goal, she likely would not have spent time finishing the training program. Instead, Sue was looking for a new activity, a new purpose, to give her life meaning outside of her work. She and her husband didn't expect to conceive so easily, and given how quickly she made the decision to have a baby in the first place, she was left feeling a bit shocked by the test results.

Some couples disagree about the timing of a pregnancy. Shonda, a hypnotherapist and birth practitioner, explained that she and her husband were initially on different pages when it came to family planning. She said, "I think that his expectation was that the moment we started we'd have a kid the next day, skip the whole, you know, however many months it takes to get pregnant, the whole nine months it takes to be pregnant. Um, so we had some competing views on when would be the appropriate time. So we started to try about a year, no not quite a year, almost a year after we'd been married. We tried for seven months and were finally successful." Shonda explained that her husband was not as familiar with "the conception data" as she was, and as a result, he needed some

convincing when it came to having a baby. Shonda's story wasn't unlike others I heard in which men were unaware of how long it could possibly take to get pregnant. This lack of knowledge may be a result of men being less likely to understand the more technical aspects of reproduction. Shonda's approach to collecting information also demonstrates how women and families increasingly approach experiences like pregnancy, childbirth, and parenting armed with "research," that is, information obtained from professional or lay sources about different events in the life course. The easy access to such information in books and pamphlets, but particularly online, reveals an increasing interest in exercising agency over decision-making about pregnancy and childbirth as well as an increasingly rationalized approach to pregnancy. In addition, as was the case for Shonda and some of the other mothers I spoke with, it also reveals a potential gender divide in how information is sought out and taken up.

Another possible explanation is that men generally give less thought to timing because having a baby generally affects their lives less than it does for women, particularly when it comes to balancing work and family life. For example, Mia explained that her husband wanted to have children sooner than she did. She said,

[My husband] wanted to have children a little bit earlier than I did, actually. It's kind of odd. But I wanted to wait until I was 30. I was having a lot of fun in my 20s...I was like, "Listen, I promise you I will have a child by the time I'm 30." I had promised him that always, and so he was kind of upset about it at first, but then he let it go. And then I think over the next couple of years all the way building up to my thirties it got, his pressure got a little more intense. He's a salesperson so he's a very high-tense person as it is. And I think he was always anxious to close the sale. I wish he understood more about me that when I make a decision to do something like that, I'm going to follow through.

Mia realized that taking care of a baby was a responsibility that would largely fall to her. She was having fun in her youth, spending time with her friends and traveling, enjoying a considerable measure of autonomy. She was simply not as interested in having children in her twenties as her husband was. Moreover, Mia described her husband's interest in "closing the sale," which may reflect a broader cultural notion that parenthood, and paternity in particular, anchors women to their families in ways that childlessness cannot.

Sara left a tenure-track position at a midsize university in the south because her husband took a new job in Washington, DC . At the same time, her husband expressed an interest in having children, a prospect that Sara was unsure about at first. She explained, "We dated for four years before we got married and I remember having conversations about having a baby and saying I wasn't sure if I wanted to have kids because I knew it was going to be a big commitment, a lot of work and whatever, and he was kind of like, he really wanted to have kids. It was kind of a deal-breaker issue. So it wasn't like it really, I mean, I did want to have kids. I think I was just worried about how much work it was going to be." Sara went on, "I mean, I left a tenure-track job without having another job to go to, but I was just ready to do it, I guess you could say, and it was a good opportunity for Jared. And so we moved and I kind of thought, you know, I'll find a job wherever. But I got pregnant immediately and so I was like, 'Hmm, can you really get a job when you're pregnant?'" Sara ultimately decided to stay at home with her daughter rather than pursue employment, a decision I'll describe in greater detail in later chapters. What is significant is that she and her husband both chose to pursue a family at a particular point in their lives, but like Mia and her husband, Jared was initially more

interested in having children than Sara in part because Sara was not yet ready for the work she believed motherhood would entail. Moreover, as Pamela Stone (2008) suggests is often in the case for stay-at-home moms who were once working professionals, Sara believed that the workplace would be so unfriendly and inflexible when it came to her pursuit of motherhood that staying home was ultimately a rational decision rather than an ideological one. Countering the idea of an “opt-out revolution,” Stone argues that women typically leave the workforce behind because the requirements necessary for women to succeed at work are often incompatible with the demands family life. As a result, women like Sara often feel pushed out of their jobs and reluctantly return to the home.

I spent hours talking with Carol, who was in her early thirties and was pregnant with her first child when we first met. A slender woman with short blond hair and a sweet and laidback disposition, Carol was easy to talk with. When I asked her about how she and her husband came to the decision to have a baby, she described at length her thoughts about family planning and timing. Carol didn’t feel enormous pressure to have a baby, especially because she lives in Northern Virginia, an area with many working professionals, a number of whom wait until they’re older to have children or are childless by choice. Carol said, “I wanted to be a mother, but I didn’t feel tremendous pressure, especially in this area. I didn’t feel like, ‘Gosh, I need to get pregnant right now!’ Now I might have felt like that after trying for a year, but I wasn’t at that point yet.” Yet Carol acknowledged the risks that come with waiting to have children. She said,

I think that you run the risk, you know, it’s riskier the longer you wait, but also I think it’s important now that if you want to make children and family a priority, there’s never a good time. So you kind of have to put, not your career on hold, but you have to find a way to handle it... You

have to say, “I have that time now.” And if you want to have a baby, unfortunately, we have a small window and that’s, you know, I didn’t want to get to the point that I’m tired, not that you have to wait too long but the risks are higher, it takes longer to get pregnant, and it does become financial because if you have to do IVF or anything, hormones, then you’re like, that’s a financial decision, too.

Carol and her husband took a very pragmatic approach to family planning, acknowledging what they would have to give up, but also the costs of delaying childbearing. Carol also explained that the decision to have children isn’t always easy, and it’s especially difficult for women who are more likely to make sacrifices to have children, including sacrificing their career or their education. She explained,

I think that, I don’t have an advanced degree but it’s always been on my radar. But I had to balance that with, does it make sense for me to start something, or do I take a break, or do I just wait until, say I plan on having two kids, do I just wait until I’m in my late thirties and they’re a little bit older to go back to school? So that’s been tricky, which I don’t think men have to think about at all... Men still never have to think about timelines and, you know, the fact that women have to really time when they become pregnant. Once you start, you get older and you realize what a small window it is to get pregnant. It’s pretty miraculous that it happens at all.

Like several of the other mothers I interviewed, Carol acknowledged the options and limits that she faced as a woman who valued both her career and her family. In fact, in a subsequent interview when Carol’s daughter was about nine months old, Carol told me that she had recently completed her certification to become a real estate agent. While she remained employed full-time as a government contractor, she believed that an eventual career shift would not only be engaging and lucrative for her, it would also allow her more time with her daughter and make it easier to have a second child. The consequences of having children on women’s professional lives is described at length in a later chapter, but here it is important to note that couples, and especially women, often spend a

considerable amount of time thinking about how children will affect their lives. This in turn affects the timing of their pregnancy, at least for those women whose pregnancies are intentional and planned.

Lisa and her husband felt a bit ambivalent about having a baby even though the pregnancy was planned. She and her husband were living apart while he was stationed in Asia. Lisa had recently graduated with a degree in social work and was living with her brother in Florida. Both of Lisa's parents live in their native Japan; aside from her brother, her lack of local family support was noticeable. However, having graduated from school and taken a job in her field, and feeling financially stable enough to start a family, Lisa and her husband began talking about children. They decided to start trying for a baby while her husband was on leave for a few short weeks. Lisa described how the process unfolded:

So he came back for two weeks and we're like, "Oh, yeah, this is very, very exciting!" And then we decided after trying for two, we tried two times, and then you know, "Maybe we shouldn't try and get a baby yet because you're deployed and we want you to be around for the pregnancy." So we're like, "Okay, let's stop trying." And I guess in my mind, even though they tell you in high school it only takes one time, in my mind I was thinking, "There's no way I could've gotten pregnant because I hear so many stories about people not being pregnant after, like, a couple of times." So when I found out I was pregnant, I was half excited, half in shock, half kind of regretful a little bit.

Lisa's reaction is not uncommon. Even for couples whose pregnancies were carefully planned after a long process of consideration and negotiation, the actual experience of finding out that one is indeed pregnant can feel a bit overwhelming. This was especially the case for Lisa, who soon realized that she would have to spend most of her pregnancy without her husband physically by her side.

Jessica, a young and outspoken mother of three daughters, explained that she and her husband began trying for a baby because they felt something lacking in their marriage. She felt that they were in an emotional lull that could be improved by having children, yet she panicked when she found out she was actually pregnant. She said, “When I went to confirm the pregnancy, they did an ultrasound and they were like, ‘There’s the heart flash.’ Well, that’s it. And then I just got worried that it wasn’t right for Steve and I at that time. So, you know, we kind of went through that.” In fact, Jessica explained, “I sort of got this feeling that if it had been left up to us and not just like a, hey, G od intervention kind of thing, we never would’ve had kids because it’s not like he wakes up one day and he’s like, ‘I’m ready to be responsible for another human being. I mean, who does that? I don’t.’” Like Lisa, Jessica’s experience is not unique. The responsibility of caring for a baby is weighty; while some women don’t feel that weight until after their baby is born, others feel in right away when their pregnancy is confirmed. The situation was even more complicated for Jessica because it occurred in the midst of marital troubles. Placing such a large premium on pregnancy as a martial fix can understandably generate a mixed bag of emotions, some of which are altogether unexpected.

While many couples went back and forth about the decision to have children, and some engaged in intense negotiation with one another for months if not years, their pregnancy was ultimately planned. They may have felt unexpectedly anxious early on, or sometimes later and at other times not at all, but most of them made the conscious decision to stop using contraceptives, chart their ovulation, or otherwise make plans to

conceive. Not all couples set out with such expectations, however. Some families find it surprisingly difficult to conceive while others are surprised at just how easy it is to get pregnant.

Hard Work for Some, Surprises for Others

Although many of the mothers I spoke with described their surprise at how easy it was to get pregnant, some talked about how difficult they found the process to be. Most medical professionals and reputable medical websites explain that it can take a healthy couple up to one year to conceive. Some couples opted to discontinue contraceptive use and simply hope to become pregnant. Others meticulously charted their menstrual cycles and used drugstore tests to identify their ovulation period. Most of the women I spoke with did get pregnant within a year of stopping contraceptive use, but a few notable exceptions took longer, and one couple resorted to in vitro fertilization.

When I asked mothers to describe how they felt when they found out they were pregnant, several reported that they were surprised. It's not that they were surprised about how they felt when they found out they were pregnant, though as I described above, some women felt conflicted. Rather, they were surprised at how easy or difficult conception was. Several of the women I interviewed said that they expected to have a difficult time getting pregnant because members of their family also experienced trouble conceiving.

Amber said she expected to have trouble because her mother did:

It definitely was not a surprise [because she was planned]. We had been trying to have her for about a year, and I just started going to the doctor for, we thought maybe I was having fertility issues, and I just made an appointment to have my first testing done when I found out that we were pregnant. I mean we were over-the-moon excited. So yeah, she was

definitely a planned baby. I was a little bit surprised because I really thought I would have issues because my mother had issues. So I just assumed that, but it just took a year.

Similarly, Jessica explained that she thought she was going to have problems because her sister did. Because she thought she would have problems getting pregnant, she didn't seek a second opinion when a doctor misdiagnosed her with Polycystic Ovarian Syndrome:

JW: We actually thought that I was going to have trouble being pregnant whenever the time came.

SM: Can I ask why you thought that?

JW: Because my sister has ovarian cysts, and I was having some spotting, which we came to find out was a sign that, you know, maybe I need to switch pills. But the idiot person I was seeing was like, "Oh, you have, like, follicles on your ovaries. They could be cysts." They were eggs. Those were egg follicles, but I didn't know that and I didn't know to seek a second opinion.

Courtney, an older professional and hardworking mother of two, explained, "Well, we had been trying to get pregnant for a couple of years and we were having trouble. My sister and her husband had a great deal of trouble, and they went ahead and adopted two children. They've never been able to have their own children naturally, and so she was going through all of this and I had cousins that were going through it, and so I was highly stressed." The fertility problems that plagued several of her family members convinced her that she, too, would have problems, although she eventually conceived both her of children without intervention.

Some mothers explained that the women in their family were quite fertile and had no problems getting pregnant. Sharon and her husband both have doctorates in the social

sciences and are both employed as researchers at the same federal agency. Sharon explained that she and her husband pinpointed a particular time during which they wanted to conceive, taking into consideration both their age, their upcoming wedding, and even their travel plans. She said,

Everyone in my family has gotten pregnant super easy, and we had our wedding planned and I was 38, and I was like, “Let’s think about this. I don’t want to be over 40, so maybe we’ll start trying before the wedding.” So we kind of calculated, you know, I didn’t want to be more than five months pregnant at the wedding, it’s harder to travel and stuff like that. So we kind of started trying and it took two months...I thought some people would think it was an accident, but really it wasn’t!”

While there is some evidence to suggest a genetic link to fertility issues for both women and men (Poongothai 2009; Schuh-Huerta et al. 2012), most of the explanations drawing on family history as a predictor of fertility place responsibility for conception squarely on women. None of the women I spoke with talked about expectations for male infertility, perhaps because their partners never mentioned fertility problems, or perhaps because reproduction is still largely considered the responsibility and work of women. Most of these women conceived relatively easily within a year of discontinuing contraceptive use. Their belief that they would experience difficulty conceiving may have simply been an effort to hedge their bets and keep their expectations low. That is, if women told themselves that conception would be difficult, either because other female family members had difficulty conceiving or because they themselves had past experiences with reproductive challenges, they might be pleasantly surprised by how quickly they were able to conceive. However, if they went into the process of trying to conceive (commonly referred to as “TTC” in online communities around fertility and reproduction) believing

that nature would take its course quickly, they would be increasingly disappointed each time they realized another cycle had passed without success. The expectation of fertility difficulties may also have served to prepare women for the eventuality of fertility treatments, a process that is typically filled with tension, stress, and heightened emotions.

To be sure, infertility was a very real problem for some of the women I spoke with. One of the most notable cases was Jasmine, an older mother I met during a birth class. Friendly, outgoing, and excitable, Jasmine is easy to talk to. As I came to find out through our ongoing interactions, however, Jasmine's excitability often betrays hidden feelings of anxiety and insecurity. Jasmine worked in public health and public relations for many years while her husband, a naval officer, deployed several times in the course of their marriage. Several years into their marriage, the couple decided to discontinue contraceptive use, in part because the birth control pill Jasmine took made her feel ill, and in part because they felt ready to start a family. Although they didn't actively try to conceive for several years, Jasmine increasingly felt like something was wrong with her body. She wondered why, after so many years without using any kind of protection, she hadn't conceived:

[When you first start trying] you're excited and you're just like, "Yeah, let's try!" And I was kind of charting my cycles, but not really. I was a pretty regular person, so I kind of figured out, "Oh these are the days we could try again." But for some reason in the back of my head I always felt that something was wrong. Because there were so many years I wasn't taking birth control because [my husband] was deployed, and I decided to go off the pill because it always made me nauseous. So it was like six years I never got pregnant, so then I thought, "Something must be odd." And it was kind of sad, you know, each month you're getting a period and it's like, "Ugh, I have a period." There were some days just like, "Why?" And I just asked myself, "Why?" I'm thinking, "Oh my god, I'm nauseous, I'm dizzy, I don't feel good, I think I'm pregnant." Like, "I

really think I'm pregnant," and then, of course, I wouldn't be pregnant. And there were a few times I thought in my head I was pregnant and then I'd get my period, but then I thought, "Oh my god, I'm having a miscarriage!" So that was hard.

Jasmine and her husband ultimately turned to fertility treatments for help. She said, "I guess we stopped prevention for a few years and we decided when it happens it happens, and it never did. So in 2009 we decided to get tested, fertility testing, and then we completed IVF and it only took one try and it worked, so we were able to get pregnant. We were so happy." Fortunately, Jasmine conceived after just one treatment. She said that while her experience with infertility was draining, both emotionally and physically, she always tried to stay positive, especially once she began the round of IVF:

SM: So what made you go through the work of fertility treatments?

JL: Ultimately because I really wanted to have a baby, you know. I always loved children, but I was at a place where every time I saw one I wanted to cry, I'd start crying because I wanted a baby so badly. I would just see a baby and I would start crying, or a commercial or something, and I felt like, "Oh, it's never going to happen!" But then once we started the process, in my head, I knew it was going to happen at that point. I never thought, "It's not going to take. I know it is, it's going to work, and that's it," and it did. So I guess that's what kept me going.

Jasmine's unyielding desire to have children, and her emotional response to seeing other parents with their babies, is common among mothers who experience difficulty getting pregnant. I, too, remember having spent nearly two years trying to conceive and feeling incredibly emotional when I spent time around babies and young children. The common trope used to explain these feelings is "the ticking biological clock," but the answer may lie elsewhere. In a society that places incredible value on women as mothers, children and families are typically celebrated. This is particularly the case for wealthier, educated,

two-parent families. Moreover, the marketing of products like food, fashion, and toys toward women and families places images of children in front of our eyes every day. It's not hard to feel overwhelmed by the desire to have children, or the by the expectation that any healthy and deserving woman should be able to conceive easily.

Indeed, despite the changes that the latter half of the 20th century brought about for women in terms of work, sex and reproduction, and family life, women are still expected to bear and raise children. Moreover, most moral imaginings of the family still place mothers at the center of family life both in terms of making sure children's basic needs are met in the home and establishing and communicating important aspects of culture including expectations for behavior and social values. In his book, *Modern Social Imaginaries* (2007), Charles Taylor describes the term "social imaginary." Social imaginaries, he writes, are "the ways people imagine their social existence, how they fit together with others, how things go on between them and their fellows, the expectations that are normally met, and the deeper normative notions and images that underlie these expectations" (23). While Taylor's theories of modernity and the constitution of social imaginaries deals primarily with the sweeping macro-level changes that occurred in the wake of the Enlightenment, his understanding of how social imaginaries evolve can be useful at the micro-level as well. The language of social imaginaries can be used to understand how ideas and myths about motherhood are interiorized, and by extension, the emotions that emerge when women who want to be mothers experience difficulty conceiving.

Through images of mothers as dutiful caregivers who in large part maintain the moral order of society by raising compassionate, engaged, and educated children, the expectation for women to have children is so firmly entrenched that the decision to have a baby is often taken for granted. Commercials and advertisements that show women providing their children with nutritious breakfasts, keeping their home safe and clean, and providing wise guidance when needed highlight normative expectations of motherhood. This is the view of motherhood that the women I interviewed often envisioned when they thought about having children, a tendency I'll unpack to greater effect in a later chapter. These images, coupled with modern notion that women can "have it all," often overshadow the challenges of motherhood that most new mothers face. At the same time, they maintain the broader social order by making childbearing a taken-for-granted aspect of female adulthood. These pervasive images promising personal fulfillment through motherhood, along with the growing body of advice literature about parenting and talk about family friendly policies, make infertility all the more difficult to bear for women who are actively pursuing motherhood yet are unable to conceive.

Several of the women I spoke who experienced fertility problems or miscarriages also mentioned feeling as though they "deserved" a baby. Drawing on the language of "deserving" and "undeserving," they talked about their beliefs that women who were "unprepared" to have a baby often got pregnant easier than women for whom pregnancy was planned. This focus on planning reveals the extent to which "deserving" mothers are characterized by responsibility, planning, and organization. In reality, many of these women waited until they were older to have children, which may have resulted in some

of their difficulty get pregnant. While they lamented their aging bodies, they expressed some disdain for younger mothers whose paths to parenthood unfolded differently and were sometimes unplanned. Their talk illuminated another dimension of imagined motherhood, namely, that responsible women should be entitled to an obstacle-free path to motherhood.

That some women face considerable obstacles when it comes to conception was not lost on Cici. A stay-at-home mother of two with one more on the way, Cici explained that she and her husband have always conceived very easily. She said, “Getting pregnant has never been an issue for me. We were a little bit surprised at how quickly things happened, actually.” She went on to explain that although she experienced a “surprise” third pregnancy, she is grateful for her ability to have children. She said, “As I get older, I have more and more friends who do struggle with having children. And, um, I can really appreciate that a lot more now and be like, you know, I get frustrated with my kids all the time and we fight and argue and this and that, but I get pregnant at the drop of a hat, and I have these children, regardless of how I have these children, and that’s an amazing thing. And it’s something I try to remind myself not to take for granted.” Even having experienced an unexpected pregnancy, and even as she sometimes feels overwhelmed by parenting her two daughters, Cici counts herself blessed to have been able to have children at all.

Several of the mothers I spoke with talked about how easily they were able to conceive, but how they discovered that very quality by way of an unexpected pregnancy. Niyah is a mother of two from Richmond, Virginia. She explained that she initially

thought her first pregnancy was a terminal illness. She had no idea that she could be pregnant:

I thought I was terminally sick. I thought I was dying from cancer, and I fell into the doctor's office thinking that they were going to tell me I was on the last leg of something. But I was pregnant, and everything imaginable went wrong. I was, like, nine weeks, I just felt like I had a bad cold. I was doing nursing so I was working, like, 16 hours a day. So I thought I was just really stressed out. And I had this unbelievable back pain and it just felt like a bad cold, the flu or something. I went to Patient First and they gave me a pregnancy test and I was like, "Okay, what's this, the dying part?" And they was like, "No, you're not dying."

Niyah went on to explain that her surprise pregnancy had several unintended consequences, including having to quit her job and move in with her mother, who lived in local public housing:

I winded up with nausea and that stayed from the beginning of the pregnancy all the way to the end... So I had the IV pole at home, home health care coming out to visit me. I only worked up to two months being pregnant. I had to come completely out of work. There was no roses and sunny days, it was all rainy, stormy nights... It made me really depressed because I couldn't do anything physically for myself. So I was definitely in a deep depression the whole time.

Niyah said that the sickness and the depression was completely overwhelming and emotionally distanced her from her unborn son. "I didn't care nothing about the baby," she said. "I was just worried about the damage it was doing to me because I kept feeling like, my body was feeling like it was a foreign object in there, and naturally my body was trying to fight it off. It was something new in there, so body kicked into, 'we're going to defend and try to get this out of here by any means necessary!'" Niyah's experience shows that the bondedness between mothers and their babies in utero is not always present despite expectations that mothers and their unborn children should feel not only

physically but emotionally close. This is not always the case, especially for women for whom pregnancy was unanticipated or caused considerable illness. Niyah also acknowledged that her pregnancy significantly altered her lifestyle. She went from having steady work as a trained medical assistant in a nursing care facility to unemployed and living with her mother, hardly able to get out of bed because of her illness. As a result, Niyah felt frustrated by her position and even a bit resentful of her unborn baby.

Bethany was 16 years old when she gave birth to her daughter, Navi. Bethany was a good student, a talented cheerleader, and a faithful member of the Church of Latter Day Saints. Like many teenagers, Bethany was also engaged in a sexual relationship with her serious boyfriend. When I asked how she felt when she found out she was pregnant, Bethany said, “Well considering I was 16, it was kind of a big slap in the face because being that young, I had thought I wouldn’t get pregnant, and I did, so I was really scared.” As I will describe in greater detail in the following chapter, Bethany had no interest in terminating the pregnancy or finding adoptive parents for her daughter. However, like Niyah, Bethany seemed to feel less close to her daughter during that pregnancy, especially compared to a subsequent pregnancy several years later.

In fact, what compelled me to interview Bethany in the first place was how she described her second pregnancy experience on Facebook. I initially met Bethany through her mother, who was my husband’s classmate and friend in college. Bethany’s mother encouraged her to take a sociology course I was teaching at the time. When I met Bethany, Navi was barely two years old. Now, six years later, Navi is well into elementary school and Bethany has since given birth to a second child, a son named

Noah. What struck me about Bethany's experience with Noah was how she described her pregnancy on Facebook. Bethany wrote comments implying how surprised she was about certain aspects of her pregnancy. For example, Bethany wrote, "I guess what they say about the second trimester is right. Been going since 10 a.m. and still going strong!" Even though each pregnancy is different, such comments implied that this was the first time she was experiencing a second trimester. Perhaps because Bethany was just a teenager when she had her daughter, she may feel that her second pregnancy, a planned pregnancy with her husband, is a more legitimate and less fraught experience. Moreover, her second pregnancy allowed her to have a pregnancy experience that she could rightfully enjoy without experiencing the criticism, shame, and stress that often accompanies teenage pregnancy. As a result, Bethany was more able to reflect on her second pregnancy experience in a way that she couldn't with her first.

Alyssa explained that she felt conflicted when she first found out she was pregnant, in part because she, too, felt like the timing was off. Throughout our interview, Alyssa kept mentioning how young she was when she got pregnant. At 28, Alyssa was more focused on obtaining a graduate degree and spending time with friends than starting a family. Moreover, her pregnancy ignited some conflict in her family with relatives who were experiencing fertility troubles. She said,

It was a surprise and so I was a little conflicted at first. I was excited always, and my husband was completely ready to have children because he's older than I am. But I was 28 and in grad school, and I had a really hectic job. And I'm the youngest in my family, I have two older brothers, and my older brother was married for six years and had been trying for six years, and we didn't try at all. Yeah, so it created a little bit of conflict there just to say, "Look, you could've told us you were trying." We were like, "Well, we weren't trying, but we weren't not trying either." So it was

a surprise, but I think it was almost better that way because then, you know, he just came and there was nothing you could do about it.”

During our interview, Alyssa spent quite a bit of time describing how fulfilled she is by motherhood even though her pregnancy was unexpected and she was still in school. She frequently mentioned how being so young affected her social life as well as her professional life. Alyssa’s story reflects not only the expectation that in a very educated region like Washington, D.C. women will wait until they are well into their thirties to have children, but also how difficult it can be for a relatively young, successful, educated woman to find out she is expecting an unplanned baby. Although Alyssa explained several times that she derives great value from being a mother, her explanation nearly always followed some negative evaluation of how motherhood has affected her life. Though not unusual, it’s clear that Alyssa remains conflicted about unanticipated motherhood.

Cassie gave birth to her first child in Portland where she was working as a doula and birth assistant. Despite her familiarity with reproduction, her pregnancy came as quite a surprise. She said, “Yeah, she was a surprise. My husband and I weren’t married at the time. We’d been together for a few years, but certainly not planning on having a child that soon. So we found out I was pregnant, and it was a shock, but it wasn’t really because we’d been dating for almost three years. It was just like, ‘Okay, that was different. It’s going to change everything.’” Because Cassie and her boyfriend had been together for so long, finding out she was pregnant wasn’t terribly surprising, nor did it elicit surprise from their family or friends. This reflects a broader notion that while pregnancy outside of marriage is considered problematic in some circles, so long as the

pregnancy was the result of a long-term, stable relationship, it shouldn't be particularly shocking. As Cherlin (2009) explains, while marriage remains a meaningful event in contemporary American society, pathways to marriage vary. Moreover, marriage is often understood not as a foundational experience but rather a culminating one. With the considerable number of couples who are sexually active and cohabit before marriage, it's unsurprising that many couples have children before they marry.

Montana, a fiery-haired outspoken mother of two, described how she became pregnant with her first son. Montana's story is worth sharing at length in part because it defies the cultural norms of having a baby within a marriage and with a long-term partner:

MR: So I had been married and was the only one who wanted children and that was a big part of the reason why the marriage ended... So I'd been single and I really was not feeling like I could wait to find someone to have a child. And so I started planning to have a child on my own and was going to get anonymous donations from a sperm bank. I started doing some research on that, and at the time I was, I'm a consultant, and I work, you know, wherever the client is. And I'd been very fortunate in getting to do a lot of work at home but at the time I was working in Texas, which meant I would fly down there Monday morning and fly back home Friday night, you know, I'd have the weekend at home. And when I looked at sperm donation in Texas, they won't do it unless you're a married, straight woman because it's Texas... So I was sort of thinking I would wrap up what I was doing in Texas, come back home, start that process. At the same time I was in conversations with my mother who, at the time, was working and living where I grew up, about her retiring and coming down to help me so that there would be somewhat of a co-parent so I wouldn't be doing it completely on my own. Um, at that time I was having an affair with a coworker and I was on the pill. But then in preparation to start tracking my ovulation to have a successful donation, I went off the pill and was using a diaphragm. So now we're spending the rest of our lives together!

SM: So how did you feel about it at the time? I mean, you sound very calm and rational about it now.

MR: Yeah, in that moment I found out I was pregnant I was thrilled because I wanted to be pregnant. And, you know, he and I had talked because we had been, casually, but we had been together for almost a year at that point. So several months before, I had said, "Listen, I know that we're using birth control, but sex does lead to pregnancy sometimes, and so you need to be aware that if I get pregnant I'm not going to have an abortion, I'm going to have the baby. You need to make a decision about, are you comfortable taking the risk because there's not going to be a conversation about what we're going to do. I mean, there's going to be a conversation about what you're going to do, but not about the baby." Because I had two abortions when I was much younger, and I don't regret that because I was 17 the first time, and I don't, I have no regrets about that. But now I'm 35 and I want a baby, I don't care what the circumstances. I mean, I could have been raped at this point, but there was no way I'd turn this opportunity down. So I was happy, and I think when he decided that he wanted for us to be a family, I was happy about that, too. It was, you know, it's just not what we planned, it's not a fairy tale story, you know?

My interview with Montana was striking in part because of her rather dramatic story of how her first son was conceived. Not only was hers an unusual story, but Montana told it with no regret or shame, only with candor and humor. She also provides an interesting composite of someone who has spent time thinking about and planning a pregnancy, a pregnancy outside of marriage and without a partner, but who was also surprised when she discovered she was pregnant. It's also worth noting Montana's striking comment that, "I could have been raped at that point," that her desire to have a baby was so great that she felt she could have endured the unthinkable so that she could be a mother.

As this discussion makes clear, much of the talk around women's expectations about pregnancy was around timing, planning, fertility, and conception. Expectations set up around the planning and timing of pregnancy show how many contemporary families attempt to control the trajectory of family life. Planning efforts also reveal some of the gender differences that persist when it comes to timing. To be sure, unplanned

pregnancies happen, and as I describe in later chapters, the resources women have to cope with unplanned pregnancy differs between groups. But even those mothers whose pregnancies were unplanned frequently talked about the extent to which the timing was surprisingly good or expectedly poor.

Pregnancy is also a time when women begin to think about their expectations for childbirth and even motherhood. Some of those expectations are quite vague or are just beginning to take shape. As I describe in the following section, however, expectations about birth often take shape rapidly and with considerable certainty as women and couples begin to make decisions about exactly how they want to welcome their new baby into the world.

Birth Plans

Most of the women I interviewed described having developed birth plans while they were pregnant. Some plans were written down while others were simply ideas women had in mind for what they wanted their birth experience to be like. Some of the mothers I spoke with detailed their wishes at every step of the way. They asked to walk, eat, and shower during labor; to avoid an IV, continuous fetal monitoring, and frequent internal exams; to avoid all pain medication; to labor in a bathtub, with a doula, or with a labor ball; to push when they want to push rather than when they're told to; to avoid an episiotomy; to keep the umbilical cord intact for a few moments, have immediate skin-to-skin contact, and begin breastfeeding immediately; to avoid giving the baby bottles or pacifiers; or, to room in with the baby in the hospital. Some of the plans I heard included immediate pain medication or keeping the baby in the nursery. For the most part,

however, the women who crafted detailed birth plans wanted limited interventions including some of those listed above.

Regardless of whether they birthed at home, in a birth center, or in a hospital, most women wanted to make clear their preferences about childbirth. This is a relatively new phenomenon, and the practice is fed by an ever-growing field of research about childbirth and maternal-fetal outcomes. Birth options continue to grow as well. Some hospitals have installed birthing tubs and squatting bars, and routinely encourage the use of mirrors, labor balls, and other devices to help women achieve the kind of labor and delivery experience they want. The following section describes the kinds of birth plans the women I spoke with developed and the extent to which their plans were achieved and their expectations met.

Expectations and Experience

While many women write very detailed birth plans and are wholly convinced that their plans are going to succeed, other women temper their expectations by making more general plans and giving themselves “permission” to change their minds in the moment. During one group interview with four new and expecting mothers, I witnessed several exchanges between the two new mothers and the two expecting women that reflected a less rigid, albeit hopeful, approach to birth plans. Emily, who was nearing her due date at the time of our interview, said that she had learned from talking to other women that everyone’s birth story is different in part because everyone’s labor is different. Del, whose eight-month-old daughter gummed toast in the highchair next to me, explained that birth plans don’t always work out the way they’re expected to:

EJ: Yeah, I mean from what I've learned in talking to people, it sounds like you won't know from hearing other people's stories because everyone's labor is so different. I mean you just have to do what feels right to you, like follow your own, I guess, instincts, because it's all across the spectrum . You know how people describe labor and how long they were in labor, and you know, it's like inductions work great for some people. They don't work at all for others. So, yeah, I don't know. That's why I'm kind of like, you know, people throughout the pregnancy, they've been wanting to tell me their horror birth stories and I'm like, "No!" I'm like, "Well each birth is different, so sorry that you had that horrible experience, but mine might be good." Like we don't know, so I'd rather just not think about the negative stuff.

DM: I think that's a good way to go into it because labor, I always tell people you can't really plan for it, because it's never, everything doesn't always go the way that you exactly want it to go. For that one person, it might've gone exactly how they thought it was going to be, but in reality a lot more people don't have exactly what they want. So if you go into it saying, "I want this. I want that. If this doesn't happen, I'm going to be so upset," then you'll feel more disappointed. Like, even though I wanted to have a natural childbirth, I had already said to myself, "If this isn't something that happens, I'm not going to be disappointed in myself. I'm not going to be upset, because at the end of the day, all that really matters is that she gets here and she's safe."

What is interesting about this exchange is that Emily, like many expecting mothers, explained that every birth experience is different in part to distance herself from the negative birth stories other women have shared with her. She even went so far as to say that she'd "rather just not think about the negative stuff." Del provided a more realistic and pragmatic picture of childbirth, namely, women's expectations for birth are not always met and that women should be easier on themselves when their birth plans change. Del's comments reflect the tendency of many women to adhere to myths of control by holding themselves to unreasonable standards in regulating their birth experience. This is, of course, a modern dilemma for women. As more opportunities have opened up for women to take control over their own experiences, and their health

experiences in particular, the idea of having control and thus averting problems has taken shape. As a result, however, women sometimes experience considerable distress when such high expectations for control are left unmet.

Courtney explained that she tried not to get too “hung up” on crafting an elaborate birth plan. When she told other mothers that she was thinking about preparing one, they often laughed knowingly. Even though Courtney believed the doctors would ultimately do whatever they needed to do, she was encouraged by her obstetrician to prepare a basic list of preferences. While most women who prepare birth plans self-advocate for fewer interventions, Courtney explained that she wanted “the full complement of drugs available.” She said,

I tried not to get so hung up on a lot of that, but it’s like everything that you read in every book, and everybody talks about the birth plan, and then, you know, if you actually talk to your mom, they just kind of chuckle about it. But I did a little bit. I kind of just, for me to try to get my head around what might be involved and that sort of thing, and because the OB was saying, “You should develop what you want,” and everything, but then the doctors would be like, “Look, this is the way it’s going to go” kind of thing, and me personally, because I was so concerned about making sure everything went fine, and I’m a little hypochondriac to begin with, there was no way I was going to do anything other than deliver in a hospital and deliver with the full complement of drugs available to me.

Courtney ultimately underwent a c-section. She didn’t anticipate having to undergo surgery, but she also didn’t feel particularly upset that she wasn’t going to give birth vaginally. She said, “I was kind of a little stressed, but at the same time it all just sort of happens and I think there’s something that kicks in, whatever it is, and you just kind of go through the motions. It’s at that point you’re like so, it’s your last month, you’re so tired of being pregnant, you go from, or at least I did, from being sort of anxious about

the whole process to, “You get this thing out of me! I really don’t care how this happens, but I’m done. Let’s move.” Several other mothers I spoke with explained that same feeling, specifically, that they felt so ready to give birth that they felt much more willing to concede their own expectations to the will of the doctors or midwives without putting up much of a fight.

While many women talked about how their birth plans were wrested from their control, a few women explained that they themselves changed their plans during birth. For example, Del explained that her method of pain management, hypnosis and guided breathing, ultimately became annoying during her labor:

Okay, so I did hypno-babies, or that’s what I thought that I was going to do for my birth, which, it’s hypnosis. You put yourself into a self-hypnosis state so that you can help with pain alleviation. And so I did, like, a six-week birth class where I went in, we did a lot of meditation and listened to a whole lot of chanting and everything, and it’s supposed to help prepare you, and it’s supposed to help you go through with a natural birth. And so I went into labor on April Fools’ night and when I went into labor I started listening to my stuff, and you know honestly, the lady’s voice was just getting on my nerves.

I heard a similar story from Annette, a research analyst who gave birth to her first son while she was in graduate school and working on her dissertation. While Annette took a pretty laid back approach to childbirth, she wasn’t afraid to voice her preferences when she had them. She explained that she, too, changed her mind about pain management during labor. Despite her intense fear of needles, Annette asked for an epidural once the pain from the contractions became too unbearable.

Well, I didn’t write a birth plan. I mean, I knew I didn’t want to have a c-section if at all possible, and I didn’t want to have any drugs if possible, and not because I’m like, “I want to go all natural,” but because I’m terrified of needles, and the midwives assured me, “Unless you want pain

meds, you don't have to have anything. You only have to have an IV." I was like, "Sign me up, man!" And I had had these friends of mine that had done natural and were like, "Really your body knows what to do and it's not going to give you anything you can't handle," and I was like, "Oh yeah, I can do this. No needles for me." And the thought of an epidural, like a catheter going in my spine and staying there and my legs not being able to move, oh that was just way too much for me. So I was like, "I'm going natural." So I knew I wanted that. I wanted to avoid intervention as much as possible. The thought of cutting my belly open was just like, "You're not doing that unless it's an absolute emergency"... When it came down to it, nothing really helped and I was like, "Sign me up for the drugs" halfway through, so it definitely got to the point where it was the lesser of two evils to go ahead and get them. So I couldn't take it. I mean I had contractions that were so, like, there's no break in between them and so it just felt like, you know, from the very beginning they were only a few minutes apart, and they were so intense that eventually there was like no interval in between them, so I got no break and I was just like, "Can't do it."

Both Del and Annette explained that their plans for pain management changed during labor, Del's because she was irritated by the woman's voice on her relaxation audio recordings, and Annette's because her pain was so unbearable that she overcame her anxiety about needles. Both women explained that they had plans for a particular kind of birth experience, but both laughingly described to me how they changed their minds once they were actually in the moment. Their levity illustrates the "knowingness" women who have given birth seem to share with one another and express to expecting mothers. Their manner expresses that they, too, once had high expectations for birth, but that an unwillingness to stray from the birth plan can lead to negative birth experiences.

Several women I spoke with described a first birth that ended in an unexpected cesarean. While some women felt traumatized by the situation, others took the outcome in stride. For example, Cokie explained that although she'd planned on a natural childbirth, she didn't find her c-section particularly traumatic:

I had planned on doing all natural childbirth. And the yoga class I took, the instructor is also a doula. So the yoga class was really, it entailed in the beginning, the first hour was an educational experience where you could ask anything you want. So she really prepared us for what to expect in the actual birth. So I kind of got free training there. So, like, I had planned on all natural birth, my husband was somewhat on board. The OB's office, some doctors were more on board than others... We rotated through. There were one or two who I really wished were on call. And then there were other ones who weren't really supportive. But I wasn't set on all natural birth, so whatever happens, happens. So when I went into labor my water broke and I went to the hospital, they said he was breech, and I was like, "Okay." And that was it. It wasn't an emergency, I mean, it was just really relaxed... I don't feel like there was birth trauma.

Maggie, who initially wanted to experience a water birth, ultimately gave birth to her son via a c-section. She explained that in the end she felt good about her birth experience and anticipates that future births will result in c-sections as well:

ME: What I wanted was a water birth in a hospital. In the state of Georgia, that is not possible. There is one tub in the state of Georgia, and I actually was at the hospital that has that tub, but they don't let them use it because they don't really, there's something about midwives and doctors and the doctors don't want to use it but the midwives do.

SM: Yeah, there's that tension.

ME: Yeah. So I wanted a water birth and I felt very adamant about that for much of my life, but at the same time it was always kind of in the back of my head that I would have a c-section. And I actually have HPV, which might be why my cervix wasn't responding. So it actually works out better that I had a c-section, and I will have another c-section.

Both Cokie and Maggie talked about the role of their care providers in shaping how they experienced birth, a role which I will describe in greater detail below. However, while many women who strive for a low -intervention birth experience challenge the medical knowledge and authority of doctors, both Cokie and Maggie acknowledged the challenges presented by medical personnel and simply moved on. They both accepted the

inevitability of a c-section given their respective challenges and have given it little thought in the months or years that followed. As a result, neither felt traumatized by the unexpected procedure.

As I describe in greater detail below, many of the women who enter the hospital with specific expectations for their birth experience often confront extreme negative emotions when the scenario doesn't play out as they'd anticipated. These women sometimes talked about feeling "traumatized" by their experience, which can be explained in part by women's feelings that they were forced to forfeit control. Feeling traumatized can also be traced to women's commitment to certain aspects of childbirth playing out in specific ways, for example, no medication, no internal fetal monitoring, or no pressure to push until they feel ready. As I explain in later chapters, these expectations are often tied to women's beliefs about what it means to be a "good mother" and a strong advocate for themselves and their babies. Although Maggie and Cokie both experienced childbirth in unexpected ways, they didn't talk about childbirth as a moment wherein good motherhood is defined or established. Perhaps because their identities as mothers were not quite so enmeshed with their expectations of childbirth, they were able to emotionally move past a birth experience that didn't conform to their expectations. Cokie's laidback manner and Maggie's spiritual belief that everything happens for a reason no doubt helped as well.

Of course, some women do get the birth experience they planned for the first time around. Kasie described how her son's birth played out just as she expected it to. She labored at home with what she considered moderate pain, went to the hospital with just a

few short hours of labor left to endure, and was coached throughout by her devoted husband. Kasie ultimately gave birth without pain medication, which she now recommends to everyone. She said that in the days that followed her son's birth, "I was on cloud nine that I didn't have to have the epidural and I really, that was what I wanted, that was what I'd written in my birth plan." Kasie was able to experience the satisfaction that comes with wholly fulfilled expectations; hers is a rarer story, but one that signifies the feelings of confidence and efficacy that comes with met expectations. Moreover, Kasie's experience illustrates the moral context within which meanings of motherhood are made. That Kasie wanted to give birth without an epidural made manifest her assumptions about healthy childbirth; that she was able to do so provided a foundation upon which her identity as a good mother could be built as her expectations for childbirth were met.

Montana's labor wasn't so easy, and she certainly came up against a few challenges along the way, but she ultimately described a birth experience that largely met the expectations she'd set out with. She described,

I labored in my bathtub at home for a couple of hours and that was really good. And then we figured that it was time to go. And, uh, we went there and unfortunately we brought the birth pool with us, I wanted the big birth pool, they have bathtubs but the pools are bigger. Mike forgot the hose, so he and my mother were running around like chickens with their heads cut off to get this set up and I was in the bathroom wandering around, bellowing like an elephant because now I'm in transition, nobody knows this, but I'm in transition and I'm not in water. And I get in the water, getting the pain relief, so now I'm like, you know, finding it really overwhelming, they're trying to take my temperature and I'm like throwing the thermometer at them. My mom brought me a popsicle and I'm throwing it at her. Finally, the midwife was like, "She's getting in the bathtub, we're done with this." And in that half an hour, forty-five minute period, I went from five centimeters to fully dilated. Yeah. So then she

said, “Before you go into the tub, let’s check you. You’re fully dilated!” And then my body just started to push. So I was like, “I’m pushing!” And what stunned me about it was that I didn’t understand that it’s not you that’s doing it, your body just does it... He was fine, you know, he was screaming. He did the whole crawl up my belly to find the milk thing, which I thought was, like, a myth.

Mia opted for a medicated birth with an obstetrician in a hospital. Like most women, she planned for a vaginal birth, which she ultimately achieved despite some initial reservations from her doctor. Her only complaint had to do with how her doctor coached her through the pushing phase. Other than that, her birth experience was a good one, which she hoped to repeat for her second child who was due in just a few weeks when we met.

MB: As far as my labor went, I pushed for three hours, this close to c-section. He was looking at me, like, “We might have to do this and it’s not the end of the world.” And I looked at him, like, “I really think I can do this.” And he waited to see if her temperature would come down, and her heart rate, and fortunately the stars aligned and they did that. Although I pushed for three hours, I delivered vaginally, which I wouldn’t be that upset about the c-section if I knew I was going to get one. I think it was just the pushing, all the effort that I had been through to get to that point...

SM: You want it to amount to something.

MB: Right! If I knew beforehand that was a possibility for whatever reason, I would’ve been more open to it. And I didn’t write any birth plan. You probably know I wanted to have a vaginal delivery. Short of that, I don’t, just give me my epidural and just let me push.

SM: I was wondering if you had any particular plans for pain management.

MB: Nope, no plans at all, no classes, I didn’t do a thing. I remember going in there, just like, “Don’t let us die. You can do whatever you want.” I knew I wanted an epidural. I was positive of that. The nurse in the delivery area encouraged me to wait as long as I could to receive my epidural saying it should help the labor progress faster by waiting. And I had to agree with her on that... So I waited and it helped me progress. But then when I pushed, she just got stuck, her heart rate went up because she

was jammed up. There was something going on there... And the lady from the cord blood place was like, “Why don’t you sit up?” And I was like, “Okay.” So I sat up and she was out in, like, two pushes. Like, why didn’t anyone think of this? The one thing I was upset with the doctor for was having him not suggest that. He’s been in practice for 25 years, wouldn’t he know?

Montana’s birth experience was satisfying in part because she was able to maintain autonomy over her body, even when outside factors such as the quality of the birth pool were unsatisfactory. That Montana knew when her body was ready to push, that she was able to do it in her own time, and that she could experience her son wiggling up to her breast to nurse, made the birth experience both memorable and fulfilling for her. Mia, on the other hand, felt little need to control the birth process and readily relied on her doctor’s coaching and advice so long as she could achieve a vaginal birth. Montana’s and Mia’s experiences illustrate not only the different expectations women have for birth, but also different definitions of a “positive” birth experience. For Montana, a positive birth experience was being left alone while for Mia a positive birth experience was being coached well through a relatively painless labor and delivery.

Even women whose expectations for birth were relatively low, or who made few plans for how the birth should go, expressed some concern about whether their birth experience could have led to different or better outcomes for themselves or their babies. For example, Alyssa questioned whether having better prepared for childbirth would have helped her to avoid a c-section:

We didn’t take Lamaze class. I didn’t have a midwife and I didn’t do the Bradley thing. Yeah, and sometimes I wonder if maybe the labor would’ve gone differently, because I ended up having, I labored for 12 hours. They hooked me up to a machine immediately because my water broke, so they had to monitor his heart rate constantly and that meant I couldn’t really

walk around. I didn't labor standing up or like doing any of the breathing things, and so then 12 hours and it was like, my mom had made it even, and, like, she could see his head and then they had to push him all the way back up and I had a c-section. It was a little traumatic, although in the end I didn't feel, like, traumatized by it at all. Like, I thought everything was fine and actually, I ended up getting an epidural and I was happy I got one because that meant I was awake in the operating room and it was an emergency. But yeah, so I don't know if more classes would've led to a different birth experience. That's the only thing I always wonder, but certainly I think, like, home delivery is a little scary. If that situation had happened at home, I don't know what would've happened with the baby... But certainly home birth was never something we looked at, because my husband went to Public Health school and is very, like, if something went wrong, you'd have to be in the hospital. But I know that some statistics, Virginia Hospital said, like, sometimes when you get an epidural you have to have a c-section, and so I think if maybe I hadn't gotten the epidural, would it have gone better? You know what I mean? I sometimes think about those things... You know, I was very vigilant in the room to say, "I want to start nursing immediately." Like I wasn't even out of the surgery room yet and they had wrapped him all up and I'm like, "No, I need skin to skin. I want to start nursing." And he started nursing immediately and my milk came in the next day. I didn't have any problems. I know that they said the c-section was, you're going to have problems with that, but my milk had started leaking out that week anyway.

Throughout our interview Alyssa vacillated between confidence and doubt about the decisions she made around pregnancy, birth, and early motherhood. She said that she wasn't traumatized by her birth experience, and she certainly wouldn't have opted for a home birth, but even now she wonders if her decision to ask for an epidural led to her c-section. Indeed, her feelings betrayed a sense of guilt around having the surgery and motivated her to attempt a vaginal birth after cesarean (VBAC) for her next child, who was due a few months after our interview.

The extent to which mothers were flexible with their birth plans during childbirth often affected their evaluations of the experience. Women like Del and Annette who readily changed their minds about pain management and interventions typically reported

positive birth experiences, at least in part because they felt they had some control over the process. They felt that the decisions were theirs to make. As with Cokie and Maggie, some mothers worked to redefine their birth experience as positive even as they were faced with interventions they didn't expect or want. To be sure, other women described birth experiences that largely conformed to their birth plans and met most of their expectations, even as those expectations differed dramatically from one another. Not everyone I spoke with reported having positive (or acceptable) birth experiences, however. For these women, their best laid plans often went awry.

Best Laid Plans

Some of the mothers I interviewed described their birth experiences in language ranging from "typical" to "good," while others described birth experience that were "horrificing" and "traumatic." The latter experiences typically deviated wildly from women's expectations for childbirth, and for several women led to radically different plans for subsequent births. Although what constitutes a negative birth experience varies widely, the challenges that unsatisfied mothers faced do share some common elements, particularly around the role of doctors and medical authority.

Many mothers described unexpected situations that arose during childbirth. Some of them described unexpected procedures and surgeries like those described above, while others described arguing with and challenging the medical staff and even the midwives who assisted their birth. These situations often left new mothers feeling frustrated, angry, or even traumatized by their birth experiences. In fact, several of the women who reported unsatisfactory hospital births with their first child decided to have their children

at home with midwives or other birth attendants for subsequent births. In the following section I describe some of these more challenging birth experiences and the negative emotions some women experienced during and after childbirth. I describe not only the birth experiences themselves, sometimes in great detail, but also the consequences of unmet expectations. I briefly describe ways in which women's birth plans not only express their beliefs about birth but also how they challenge the medical model under which most births occur, though I discuss this theme in greater detail in a later chapter.

More than half of the women I interviewed, and the middle-class women in particular, described their plans for childbirth. Some of them described elaborate birth plans that included specific preferences and directions for each step in the labor and delivery process. Others described general preferences such as, "I want to avoid a c-section" or, "I want to have a natural childbirth." To be sure, some women avoided making any plans either because they didn't realize they could or because they had no interest in micromanaging the birth process; this was especially the case for women who birthed in hospitals.

Arielle explained that she thought that unmedicated, "natural" childbirth was the healthiest and most sensible method of giving birth. She also explained that she was eager to have a vaginal birth without medication in part because she hoped to feel empowered by the process. Arielle believed that experiencing and overcoming the physical pain of childbirth would make her feel brave, tough, and accomplished. As she shared this with me, I wondered if this was a response to some of the "softer" qualities associated with motherhood: careful, gentle, and passive. Arielle's feelings may also

point to an awareness among women of potential disempowerment in the face of medical intervention, or simply the moral value we attribute to the work of vaginal delivery.

Just days before the Christmas holiday, however, Arielle was told by her obstetrician that her daughter was in the breech position, meaning the baby was inverted, and she would likely need to have a c-section. They scheduled the surgery for a few days after Christmas assuming that the baby would still be in the same position. Arielle said, “She found out that Isobel was still in breech, and at that point I was actually devastated because at that point we had envisioned doing a natural birth and I was very much looking forward to it, and they were not going to let me birth her while she was in breech. They told me about the complications that could occur and then they went ahead and scheduled the c-section.” Surely enough, when Arielle checked into the hospital for her surgery her doctor confirmed that the baby was still breech. This situation is not atypical as breech vaginal births can be very difficult to achieve. Most midwives who attend home births prefer not to deliver breech babies, and most doctors call for surgery when it’s discovered that a baby is breech. It is worth noting that Arielle felt she had no control over the situation, and indeed she did not, saying that the doctors “were not going to let me birth her while she was in breech.” Arielle’s language illustrates the ways in which the medical community establishes parameters for safe delivery and shapes women’s options for how to proceed during birth.

Several of women I spoke with talked about how their c-section was the culminating event in a “cascade of interventions” that led to more and more invasive procedures. The phrase “cascade of interventions” was made popular in the documentary

film, *The Business of Being Born* (Epstein 2008), which several women described as having shaped their opinions on childbirth. The film describes how the medical community controls and profits from highly invasive birth procedures and how doctors and nurses push various interventions on birthing mothers (Wolf 2003; Block 2008). Most of these interventions lead to additional and increasingly invasive interventions. Cici described how she labored at home for quite a while in an effort to avoid the cascade of interventions that she did ultimately experience during the birth of her first daughter.

My water broke but I didn't go into labor right away. It broke at night and once we got over the initial shock I said, "Let's go to bed because if we go to the hospital now, they won't let me leave." And we showed up in the morning, stalled as long as we could, but since my contractions hadn't started and my water was broken, they put me on Pitocin. I hadn't started at all, I wasn't dilated, anything. So it ultimately, 14 hours later, I had only dilated three centimeters and I had the c-section. So it was just, you know, I recovered really well, um, but it was disappointing because it was kind of a whole birth plan I had planned. You go in there and it's like, "Well, we need to do this. Well, now we need to do this. Well, now we need to do this." The cascade of interventions sort of happened, one right after another.

Cici had prepared for a vaginal birth without any kind of induction or pain medication. She was birthing in an American naval facility in Europe, however, where the standard of care was for women's labor to progress within a certain period of time after their membranes rupture. In most American hospitals, doctors require that if little progress has been made in terms of contraction length and frequency or dilation, that Pitocin should be administered to make contractions stronger and more frequent. This often leads to the need for an epidural, which in turn tends to increase the baby's heart rate, which makes the baby appear in distress and in need of more immediate action, namely, a cesarean. This was the cascade of interventions that Cici experienced.

Sue, whose husband is an anesthesiologist, explained that she didn't realize how challenging her hospital birth would be, or how easily she would be influenced by the cascade of interventions:

We went to Lamaze and we both blew it off. I didn't realize how intense the experience was. And I'm not afraid of hospitals... I'm perfectly comfortable, but I didn't want what they call in *The Business of Being Born* the, like, cascade of interventions, which totally happened with her, and I easily could've had a c-section. You know, you come in, especially with your first, you want to be in the hospital because you don't want to do it at home by accident. So yeah, I mean the cascade started to happen. So I went in, not really dilated. They said, "You either have to progress some or you've got to go home," and I'm like, "I'm not going home because I don't know what to look for." So I got up and walked. That didn't do a whole lot, so they broke my water and that was the beginning of the nightmare, because you know when your water is not broken naturally, your labor sucks. So I mean the nurses aren't there supporting you through it. They're not trying to help you breathe. So then I had to go take Pitocin, and that really sucks... I should've gone home, really, but I didn't know. I didn't know how it was going to go. I didn't know that they shouldn't break my water. I didn't know what to look for when I went home. Anyway, I think if I had done it completely without interventions, it would've been a longer labor, and it was already kind of long, but it was totally tolerable until they broke the water. Then it just started being rough and, you know, I'd have horrible contractions for three hours and I would say, "Come in, I feel like it must be by now," and they're like, "Oh, well you were two and now you're a tight three." I'm like, "Are you kidding me?"

Sue ultimately gave birth to her daughter vaginally and without any kind of pain medication, but she argued that it would have been a much smoother and less painful experience if her labor had been allowed to progress naturally and without constant intervention. However, like many first-time mothers, Sue felt very anxious and unknowledgeable about "what to look for." As a result, she was reluctant to argue with the doctors about the interventions they employed. Because she was so unsatisfied with

this birth experience, Sue gave birth to her second child two years later at home with a midwife.

Sharon also described how the cascade of interventions played out during her first birth. Her birth story is worth quoting at length:

They were trying to get me to come in immediately because my water broke. But my class said, “Don’t rush because there are more interventions if you get there too early.” So I was like, “I’m not going to rush.” I went about four hours and started having contractions. So we waited until about noon to go to the hospital. They hooked me up and it was like it was really urgent, they were pretty rude about that... So we got in there, and I think the hypno-birthing, the tapes are all these affirmations and kind of meditations, and so we were doing that, and I felt like it was pretty good. I mean, it was kind of painful and I didn’t want my husband to leave to go to the bathroom or anything. And I was doing pretty well, and it’s funny, and it’s like when we tell this story together, we have different stories. Like, in general, it seemed like it was going fine. They were monitoring the baby and he was totally fine. But I just felt like the timeline, it was like there’s some timeline he has to be out by. And I don’t really like that practice. I mean, I kind of knew about this, that these hospitals kind of rushed stuff about their policies. I really didn’t want that. So it stressed me out that they were talking that way. Um, and he and I were not in distress. So it felt like, I was doing meditation for pain control, and they were talking at me, distracting me, worrying about stuff, and it was frustrating. And I knew the big thing with hypno-birthing is “don’t push when other people tell you to, you should feel like it when you want to.” And I said that in my birth plan, but I don’t think we even showed it to anyone because they didn’t really care. And then there’s a shift change. So you tell everyone, and I just wanted everyone out of my room, I wanted just my husband. I wanted a doula, actually, and it was during H1N1 and the hospital wasn’t allowing it, and that was super frustrating, too. I guess the labor went on for about 18 hours total from when the water broke. And then they started, the midwives came and pressured me to push. And I was telling them, “No, I don’t feel like I want to push.” And they were saying the labor was stalling and they were worried about that, even though we weren’t distressed, and they wanted to give me Pitocin, and I didn’t want them to, and they really pressured me a lot, saying bad things could happen. So then I let them do that, and it was awful, and it was harder to manage the pain, and I never did any painkillers. So things moved along, I guess. But I got fully dilated at some point and they were really pressuring me to push, and I just kept saying I didn’t really feel like it. And they were

like, “I’ve been doing this for twenty years. If you push right now, it’ll be done in five minutes. If you don’t...” So my husband and I were like, “Okay.” So then I pushed for five hours. And, um, they had a timeline for that, too, which I didn’t know. Like if you start pushing, the baby should be out in two hours. But I was really like, “No, just let me go back to what I was doing, let me do hypno-birthing.” They said “okay,” actually, and they just left for a little while and were like, “You need to push again.” So it was around five hours total of pushing, and he didn’t come. So then they wanted to use the vacuum, but he still wasn’t under any distress. It was really frustrating. Finally, the Pitocin and everything, I was in so much pain, all the pushing, I was like, “Whatever, let’s do the c-section.” So I felt pretty frustrated about it. And then even in the hospital, I thought the team who came in to do it, no one introduced them to me, and I would try to say something or ask something, and they just ignored me. And then they took my son out, and they started commenting on his appearance without showing him to me. It was just, like, really bad. I was very unhappy with it, with the hospital and the practice.

Sharon’s story touches several aspects of the cascade of interventions. Like Cici, her plan was to avoid going to the hospital too soon so that she could retain some control over how her labor progressed. Once she arrived at the hospital she was constantly hounded by the staff who were increasingly fretful over how her labor was progressing. Drawing on their “twenty years” of experience, the midwives and nurses ignored Sharon’s assertions that her body wasn’t ready to push and encouraged her to push anyway but to no avail. Aside from her husband, she was without the birth attendant she wanted. Sharon ultimately became so physically exhausted from the labor, and emotionally exhausted from the constant interruption and conflict, that she conceded to a c-section. Sharon was left feeling ignored, frustrated, and unsatisfied with her entire birth experience.

Judy, who had her first child in a hospital but her four subsequent children at home, explained that her doctor recommended an artificial induction of labor because her pregnancy had progressed too far past her due date. Like Cici, Judy’s labor didn’t

progress very quickly and the doctor recommended surgery. She described the scenario, “The first baby was an induction because I had reached 41 weeks and, um, they broke my water, still didn’t progress. Finally the doctor said, ‘We could do the c-section now or wait until I’m home in bed and you’re in distress early in the morning and I have to rush to the hospital and do the c-section then.’ And that was it. There was no distress, no calls for concern, the baby had no problem.” Unfortunately, it’s not uncommon for doctors to rush labor and schedule c-sections to avoid scheduling conflicts or even to get home in time for dinner (Block 2008). In fact, another mother I spoke with described a similar scenario. June said,

They finally decided to induce me and after they induced me I needed pain medication. So I had pain medication, I had induction, and the baby started having, she was in distress, she started having heart issues. So then they said, “The baby’s in distress, you need to have a c-section.” So this is a pretty normal chain of events from what I understand, but what made mine really special was when we were on our way from my room to the operating room, my surgeon was talking outside of the elevator, like behind us as he was coming in, with another surgeon and he was explaining that they had to work my through this process a little more quickly than they normally would because he had to get home because he had tickets to go to a game. That was when I about lost my shit. So then I had the c-section, and I don’t feel like I was particularly well educated about what is involved in a c-section. Um, there was a lot of focus on, you know, breathing and vaginal birth and how this is going to work, so I didn’t really focus on the recovery or the actual procedure. And at this hospital, one of their standard procedures was that they strap your hands to the table... And I have an anxiety disorder and I start panicking. And I was like, can you just do one, and they were like, no, you have to have both strapped so they don’t contaminate the sterile field, and I’m panicking. So I had the baby, and I get to see her for, like, 10 seconds but they’re holding her up here, but I’m strapped to the table so I can’t reach for her. Then they take her away and I’m panicking and I’m explaining to my husband that he’d better go with the baby and keep her safe because I’m strapped and can’t get up. He goes with the baby, they sew me up, put me in recovery, and the anesthesia is wearing off and I’m still freaking out,

they're threatening to sedate me because I'm freaking out and explaining to them that I need the baby and I'm going to go get the baby.

June described not only the cascade of interventions and her doctor's callousness toward his patient, but also the fear and discomfort she felt after the procedure was over. Several other mothers I spoke with described this confusion and fear after an unexpected change in their birth plan. Once the emotional high of giving birth wore off, and in some cases the medication or the hormone surge, mothers were often left feeling vulnerable and anxious. These feelings were compounded when mothers were also dealing with the disappointment of a birth plan gone awry.

The women I spoke with for whom this was a reality talked about feeling unclear about what just happened to them and their babies. They described passages of time that felt like mere minutes but actually consisted of several hours. They also talked about feeling "out of it," the most distressing side effect of which was a lack of bonding with their baby. June explained to me that she not only wanted to see her baby, but she also wanted time to bond with her. Indeed, women whose birth plans included immediate and frequent nursing and skin-to-skin contact often reported feeling most sad when those particular moments went awry. Given the increased attention in natural birthing circles paid to breastfeeding and establishing a nursing relationship, as well as the benefits of physical and emotional bonding between women and their babies, it's unsurprising that new mothers are left feeling despondent when this moment is taken away from them. What is ironic is that while medical professionals typically tout the benefits of nursing, they're often reluctant to change birth routines to accommodate immediate nursing and sometimes even encourage the use of baby formula as an early supplement.

Amber feels certain that doctors often prey on mothers' fears to convince them that they or their babies need particular interventions that they would not otherwise agree to. This trend is made clear in various studies of women's experiences with childbirth, which often focus on how doctors and other medical professionals encourage women to undergo unnecessary procedures (Rothman 1991; Davis-Floyd 1994; Davis-Floyd 2003; Wolf 2003; Block 2008). Amber developed gestational diabetes during her pregnancy, which seemingly necessitated special care from the hospital staff after her baby was born. Amber said,

They scare you. They're like, "Your baby is going to die in there," and I'm like, "Okay, fine. Induce me, whatever you want." It's kind of a shame what they do to especially first-time moms. Like, looking back now, even after she was born, they wouldn't let me breastfeed her because they wanted to check her sugar and they gave her a bottle, and the one nurse was like, "You should've," and I'm like, "I've been in labor since 8:00 this morning. I don't know. If that's what the doctor is telling me." I mean, now if I have another child, I'll be like, "No. This is what I want." But at the time that's what they're telling you. You're like, "Okay, give her a bottle."

Amber's doctor wanted to induce labor around her due date out of concern that her baby would grow too large in utero, a risk typically associated with gestational diabetes.

Although many women with gestational diabetes, including myself, welcome average sized babies after being induced, most women consent to induction out of concern or fear for their baby. As was the case with Amber, doctors sometimes elicit fears of a too-large baby and a complicated delivery to encourage induction unnecessarily early. Not only was Amber frustrated by the induction, but she was also resentful of how she and her daughter were treated after the birth. Amber explained that at the time, she was so exhausted and so overwhelmed that she was willing to do what her doctor suggested. In

retrospect, however, she wished she would have specifically requested that a bottle not be given to her baby and that she immediately be able to breastfeed. As she said, however, doctors and even nurses often take advantage of new mothers' fears, and sometimes even their ignorance, to pursue their own ends, including convenience, monetary gain, or simply maintaining standard practices. Like Judy and June, Amber believes that those ends are not necessarily best for the baby but sometimes easiest, most convenient, or simply routine for the medical staff.

Shonda decided to have her first child at home with a midwife after having left her obstetrician over a disagreement about Shonda's birth plan. Shonda, however, provides an interesting example not only of the challenges of birthing at home with a midwife, but also the consequences of transferring to a hospital during a planned home birth. She said,

I went into labor spontaneously at 41 weeks and 3 days and I labored for two and a half days at home. The lesson there for me was that you need to trust yourself, you need to trust your intuition. The midwife who was assigned to me, I didn't have a comfort level with and I should have made that clear. I should have stepped up for myself and said, "I don't want this midwife to be attending my birth," and they would have worked with that. But I didn't feel like I had the right to say that. I didn't feel comfortable or in the right space to say that, so I didn't. As a result, you know, you never know how decisions or feelings or emotions impact your labor and it's impossible to say, "Had I done this, this would've happened," but that was the one thing I didn't do. And I feel like my body's response to that was to shut down because we don't want to labor with that person. And you know, with animals, if they feel threatened in their labors, they stop. They have the ability to just stop, they get up, they go somewhere else, and maybe it'll happen that day or maybe it'll happen a week later. So anyway, labor stopped, we went to the hospital and I had a cesarean. I went through 47 hours of labor, pushing for 8. Then I had a terrible experience at the hospital.

Shonda explained that her midwives had a good relationship with the obstetricians at her local hospital, but she found the nursing staff to be rude. She explained that the nurses treated her with an attitude as if to say, “You tried to have a baby at home. What did you think was going to happen?” Shonda said the nurses were not only rude but they seemingly forgot to give her the medication that would ease the side effects of her epidural, and they refused to give her adequate amounts of pain medication.

Shonda went on to explain how her birth experience had lingering effects, specifically overwhelming sadness and ultimately postpartum depression. She said,

I had some postpartum depression after his birth. I think largely because I felt like I failed him in the first task presented to me as his mother. I realize now that my first task was being a healthy, positive, living being who could even get pregnant to be his mother. That was the first task and I succeeded in that and I succeeded in everything else as well, but in that moment I felt like I failed him in giving him a birth that I think every baby deserves, and that’s a gentle home birth. So that’s why I work now to help women achieve that. It took me a while to get over that. And it didn’t really set in for the first couple of days, the sense of sadness.

Shonda’s talk about her experience reveals her own beliefs about birth, namely how the body reacts to certain situations in an almost instinctive way, and also that even those who choose to birth at home may have negative experiences with their birth attendants. She also provides one of several examples of lingering negative feelings about birth that ultimately have long-lasting effects.

Jasmine was eager to have a positive natural birth experience. The birth didn’t quite unfold the way she planned it, however, which is hardly surprising given how meticulous Jasmine was about detailing her expectations. During our interview, Jasmine shared with me an abbreviated version of her written birth story, which touches on

several themes expressed in other birth stories I'd heard. Her story is worth sharing and exploring at length:

Well I envisioned, well, we had the baby at the hospital because [my husband] was in the military and, in fact, we were in the midwife program and I really liked the midwives, and so I was really confident especially because it was a nonprofit hospital that they were going to follow my plan as much as they could. So I wasn't worried about them trying to, like, push us through and all that kind of stuff. So my plan was where I was going to go into labor and my girlfriend was going to come over. I was going to bake cupcakes and we were going to play Monopoly or go to the neighbors' house and play some Guitar Hero and do all of this until right before we had to go in, and then we would drive the ten minutes to the hospital and bring all of our, you know, stuff with us, our files and this, that, and the other. And I was just going to push it out and that was going to be it. I pictured it like all this in 24 hours, it's going to happen, and of course that never happened! So I really imagined it, even though we watched some videos in class and I would be horrified every time I saw the baby coming out. So I would be nervous thinking about it, but I think by the end I was somewhat ready. I was like, "It's going to happen and it's going to be fine." And, you know, I feel like I could've done it because I had to go through the 18 hours of labor trying to go as fast as possible, and so I mean I still get sad. I really still get sad when I think about it because I feel like I missed that. I feel like that was the domino effect with everything else... The plan with my midwife, the midwife was willing to wait until 42 weeks and then they would do induction at that point... So I felt like a trickle and it was coming out, and so we went to the doctor and my midwife wasn't there and the midwife on call wasn't there, so it was a doctor and he checked me and he was, actually, it was really weird. I would've had a good experience if I wasn't, he was rude and the whole staff was just crazy that shift. He said my water wasn't broken and I was probably peeing, and I was like, "I know what it's like to pee, and I had a pad on all night. I know I'm not peeing." But I was like, "You know what? You all are all crazy and we're not having our baby with this shift. No, no, no." So we called our midwives and they're both like, "You know your body and if it feels like it's broken, it's broke." So the midwife on duty was like, "Yes, your water has broken, you have to come back. We have to induce you." So she was nice enough to let us go home.

Jasmine went back home with her husband and baked cupcakes, an activity that was recommended by our birth instructor to keep her mind off the pain and butter up the staff

at the hospital. She and her husband even went out for one last dinner together as a childless couple. That evening, Jasmine went back to the hospital and was denied Cervidil, a typical medication used to induce labor, because her water had been broken for so long. She ultimately received an IV and Pitocin, was hooked up to a monitor that often fell off and stalled her momentum, and wasn't allowed to walk, all of which was inconsistent with her birth plan. She said, "It was just so, all of that part was annoying and I wasn't prepared for it because I was supposed to be at home doing all of that... I didn't let them check me too often because I didn't want to get freaked out. They were really good about that. They never offered me drugs to alter my plan. They really were pretty good about all that."

Jasmine did eventually ask for Demerol to take the edge off, but wasn't aware that once she was administered that drug she would no longer be able to get up and walk around. Ultimately, because her labor wasn't progressing, Jasmine's doctor persuaded her to allow internal fetal monitoring. She was also eventually given an epidural, and then a c-section. Jasmine said,

They took her out and they wrapped her up and gave her to me and that part still makes me sad because it happened so quickly and I feel like I was so out of it. I feel like if we knew we were going to have a c-section we would've been more alert and more like, "Can you keep her here with us for a few more minutes?" But it was so quick, like I felt like I barely saw her, and that makes me sad, and then they took her away... The nurses kept thinking I was cold, and I'm like, "No, I'm not cold." I think I was just still in shock, and then when they finally brought her to me, which was about 10 to 15 minutes out, I was in this room by myself, like no one, they totally forgot about me. I swear I was left alone for, like, ten minutes and it felt like forever. Finally, everyone came and then they brought her, and then they kind of sat her on my boob and my boobs are, like, sensitive and the poor thing couldn't grab onto anything. I couldn't even hold her because I was shaking so hard, and I was just out of it. I was

like, “Wow, she’s here,” but just, like, I wasn’t there. Now I look back, I just was not there at all. I was just in my own world... I think if I had natural birth, even though it was, like, 30 hours, I think the endorphins would have sort of kicked in like they said and I would’ve been totally there, but I think it was a combination of I did have some drugs in my system and I was in shock. I couldn’t process anything that was happening.

Jasmine described a scenario in which she expected to have considerable control over her birth experience. She expected to have the upper hand because she’d taken a Bradley Method birth class that taught the tips and tricks for avoiding the interventions that doctors frequently push on birthing women. Drawing on a competing narrative of childbirth, Jasmine thought she could maintain control over her hospital birth experience, which Bradley Method lessons typically signify as invasive at best and dangerous at worst. Her experience suggests, however, that having the foreknowledge of what to anticipate doesn’t necessarily help mitigate problems when they do arise. Instead, Jasmine found her birth plan thwarted at nearly every turn during her labor, delivery, and recovery. Indeed, despite knowing what might go wrong, Jasmine anticipated that her birth would be a beautiful and fulfilling experience. It may be the case that she simply felt that positive thinking would lead to positive outcomes. Ironically, however, while this positive thinking encouraged Jasmine to face childbirth with confidence, her birth class experience also left her feeling wary and distrustful of medical professionals and that she would have to “fight” for the kind birth experience she wanted.

Jasmine ultimately felt like her birth experience had far-ranging effects including problems breastfeeding and feeling less bonded with her daughter than the anticipated. Like Jasmine, Lisa, whose son had to be closely monitored for extreme jaundiced in the

hours after his birth, also wondered if her birth experience led to the challenges baby Emmett faced after he was born:

I'm thinking to myself, "Maybe if I hadn't done the epidural, he would've been able to be born fine without, like, all these issues, and maybe it was because I had gotten an epidural," kind of being anxious about that. The c-section itself wasn't horrible. I was okay with the c-section because I would rather the doctor do something that she had experience in versus trying to push and tug with the vacuum, something she didn't really know how to do. So that was fine. I didn't really like object to that, and I was so tired at that point, again, that I knew that I couldn't push anymore. I was so hungry and so sleepy and just felt horrible. And so I think a lot of that, like just from the beginning being frustrated with my husband, being frustrated with the situation in myself because I tend to be a little hard on myself, and just thinking, I guess, that it was supposed to be hard, but not this hard and all that piling up together and then feeling like, "oh, I didn't really have that picture perfect delivery," yeah.

Lisa explained that her labor and delivery were both made more difficult because her husband proved to be less than helpful as a birth coach and because she, too, faced the cascade of interventions that frequently occurs in hospitals. Lisa was also quick to ask for pain medication, which she hadn't anticipated needing. In fact, Lisa's experience provides an interesting counter to the birth stories I described earlier in the chapter. Although she was in control of her pain management techniques, she still felt guilty about having made the decision to accept pain medication.

Toward the end of Lisa's labor her doctor recommended using the vacuum to help get the baby out, but she acknowledged that she was not experienced with using it and was more experienced with c-sections. For that reason Lisa felt comfortable telling the doctor that she could perform the surgical procedure. Yet in retrospect, Lisa was still left questioning how the scenario might have played out differently had she not taken the initial step in the cascade: requesting an epidural for pain management. Her experience,

like Jasmine's, Shonda's and others, illustrates the self-doubt that mothers often feel, even from the moment they give birth.

These experiences also point to the influence that counter-narratives of childbirth have on new mothers. These counter-narratives, signified by natural childbirth, are perhaps the hallmark of late modernity characterized by Giddens (1991), namely that a multiplicity of narratives about reality abound and have sown the seeds of doubt in nearly every decision one makes. I discuss this tendency toward doubt in greater detail below, but it remains a highly relevant framework for understand the physical experiences of pregnancy and birth as well. The multiple imaginings of childbirth, from a moment to be numbed to an event to be experienced fully, compete with one another in the realm of popular discourse. The women I interviewed who had the kinds of birth experiences they wanted often talked with confidence about how that moment was achieved. Most of the women whose plans (however tenuous) went awry, however, shared critical narratives of childbirth that in many cases explained some of the challenges they experienced in early motherhood.

One last example of a birth gone awry comes from Niyah, whose pregnancy was both unexpected and led to considerable illness. Niyah described a difficult pregnancy that included constant morning sickness, also known as hyperemesis gravidarum, and genetic testing that falsely revealed a terminal illness in her son. A stressful pregnancy led to a very stressful birth experience in which Niyah reported not even having realized that she had given birth to a baby:

NC: Right after I had Benjamin, they went to bring him into the room so I could nurse him, something took me way out. I forgot I had a baby. I told them I didn't come here for all this. I didn't know who that kid was.

SM: So you really disconnected.

NC: I really disconnected. They took the baby out of the room because they thought that I really had gone crazy, and apparently I probably did scare them. Here's this lady just had a baby and she's talking about she didn't come here for all that. So, like, I didn't see him for another day until I could get evaluated to make sure I can be okay with this baby. But I started coming around after the medicine wore off. I was conscious of, "Damn, I came here. I had the baby."

Niyah went into labor a bit earlier than expected and ultimately gave birth to her son via a c-section. She hadn't given much thought to how she would birth. She was so sick during her pregnancy that she just wanted the baby out as soon as possible and by whatever means necessary. Niyah never expected, though, the detachment and denial she would feel after her son was born. She now attributes those feelings to the stress of the pregnancy and laughs about her "crazy lady" story. When she gave birth to her second son a few years later she had a much easier and positive experience. Although she was still unemployed and living with her mother, both of which were stressful elements in her life, Niyah was also in a committed relationship and wasn't nearly as ill during her second pregnancy. Still not one to draft a birth plan, she had a much better idea of what to expect during childbirth.

From this discussion it's clear that birth plans are tricky things. On the one hand, writing a birth plan necessitates research that allows women to learn more about the effort their body is about to undertake. Research also provides expecting parents with insights about birth locations, common practices, and options that they may not have

even known they had. On the other hand, plans ossify expectations that women hold in their minds. Something about writing a plan down on paper and sharing it with others makes the plan seem more real, more solid, and more inevitable. When such concretized expectations are unmet, mothers are often left feeling as though they've failed somewhere along the way. They ask themselves, should I have not been induced? Should I have tried to labor longer without medication? Could I have prepared better? Should I have been more confrontational with the doctors? Such questions are merely the beginning of a long line of questioning and self-doubt that mothers experience over the course of their lifetime.

What further complicates the discussion of expectations in childbirth is that women's plans and their expectations are not always the same. More cynical women like me developed elaborate birth plans, but in the back of their minds told themselves that their plans would likely not work out. For example, Sharon talked about how she meticulously researched and wrote her birth plan, which she never even shared with the doctors because "they didn't really care." In some cases this dissonance between birth plans and expectations led to an easier, less traumatic birth experience. Maggie and Cokie, for example, both realized a c-section was a possibility despite their desire to have a vaginal birth; both reported relatively positive birth experiences. In other instances, however, the cynical expectation of a negative birth experience produced that very result, which led to feelings of disappointment, depression, and anger.

In some cases, like for Shonda and Jasmine, unmet expectations during childbirth had lingering effects. Shonda felt like a failure in her first task at motherhood while

Jasmine felt her birth experience negatively affected her ability to breastfeed and ultimately her relationship with her daughter. In this way unmet expectations and disappointment during childbirth can lead to negative experiences with early motherhood, a time that is itself rife with anticipation and expectation.

Bringing Home Baby

I met with Leona when her first son, Michael, was just ten weeks old. She asked that I call when I reached her apartment complex so that she could direct me to the correct parking garage. Despite having spoken with her the day before, Leona sounded confused when she answered the phone. “Oh,” she said, “I completely forgot we were meeting today!” She insisted that we meet anyway, so I parked and met her in the parking garage. Leona shuffled down the long, frigid hallway that connected her building to the garage, wearing thick bedroom slippers with Michael bundled up in her arms. She apologized over and over again for forgetting our appointment and explained that her apartment was a mess and her husband was in the shower getting ready for class that evening. In that moment, I remember thinking, “She’s in it.” I recognized from her red eyes, unkempt hair, and her slow, quiet voice that she was still straddling the line that demarcated new motherhood. I remember those feelings well: exhaustion, doubt, and disorganization coupled with wonder and awe at the little life I’d helped to create. When I sat down to interview Leona, she confirmed what I had suspected; she was both in love and overwhelmed, mourning the loss of her old life and trying to figure out how to navigate the rough rapids of early motherhood.

It turns out that Leona is not alone in experiencing this cocktail of emotions that comes with bringing home a new baby. The mothers I spoke with expressed feelings ranging from loneliness, anger, and frustration to confidence and elation, and they often reported feeling many of these emotions simultaneously. In this section I explain how these feelings are a result of unmet, or in some cases exceeded, expectations about motherhood which take shape within a broader social context. I trace mothers' expectations back to their core beliefs about motherhood, beliefs that help them to define and navigate their new roles as mothers. I also explore new mothers' feelings of anxiety and inadequacy in caring for their new baby. I describe how these feelings, and the extent to which they are shared, illustrate how knowledge about parenting and early motherhood is increasingly fragmented in an era of immediate access to various kinds of information.

Additionally, I unpack women's expectations about motherhood in three ways. First, I describe the extent to which the mothers I spoke with prepared for parenting and the lifestyle change their new baby brought about. I highlight the anxiety new mothers often felt at not being able to "do it right," that is, to get the hang of parenting right away. Second, I discuss two aspects of early motherhood that are often fraught with concern and worry: how the new baby eats and sleeps. I also explain the influence of advice literature on new mothers' decision-making. I describe how they took up or dismissed the advice they found in books and online and what was achieved in doing so in terms of creating and interiorizing their identities as mothers. Finally, I explore a few instances wherein the transition to motherhood progressed relatively smoothly, and I make some assertions about why that transition may be easier for some new mothers than for others.

Preparing for Motherhood

The degree to which women think about and prepare for motherhood and parenting during their pregnancy varies. Some women think about every aspect of motherhood from nursing and sleeping to discipline and education. Very often, first-time mothers spend more time thinking about and preparing for childbirth. Most women, however, do hold some set of expectations for motherhood, regardless of how clearly thought out they are. Here I explore some of those expectations and the extent to which new mothers' experiences met those expectations.

When I asked mothers how they prepared for motherhood, most of them talked about the pregnancy and childbirth books they read, the kinds of birth classes they took, and the pregnancy and birth advice they received. In a few instances, they talked about the infant and child CPR or first aid classes they took, or the books they read on child development. For the most part, however, conversations about preparation for parenting quickly became conversations about pregnancy and childbirth. To be sure, pregnancy and childbirth are consequential moments along the life course, but they often overshadow the reality of motherhood and parenting. Indeed, several of the women I spoke with expressed regret at not having given enough thought to what motherhood would actually be like. Many of them explained that anxiety truly set in when they left the hospital and realized that they now had to care for a newborn on their own.

Mothers who birthed in a hospital often expressed incredulity that the staff was simply going to let them take their babies home without any evidence of experience or training. Kasie said, "I was scared to leave the hospital. I didn't want the nurses to leave

my side, they were so helpful. I felt inadequate. I didn't know how to hold him. He cried all the time." Cici, who gave birth to her first daughter abroad while her husband was stationed in Europe shared, "I had never in my life changed a diaper until my daughter was born. So I was kind of like, 'You want me to take this baby home with me? You understand I have no previous training?'" Like many others, she later wondered why one must be licensed to drive a car but no license is required to become a parent. Similarly, Leona said, "I was really nervous about going home with this tiny person. Like, really? They're really allowing me to go home with this tiny, helpless baby?" Annette recalled, "I definitely remember them wheeling me out of the hospital. I'm like, 'Wait! What do I do now? Really? You're sending him home with me? What do I know?'" These variations on the same sentiment suggest that women experience similar feelings of incredulity and panic, but they also suggest that there may be a broader cultural script that exists externally to these new mothers which they use to describe these feelings. Namely, while there certainly remains a broad cultural expectation that women should instinctively know how to mother, there is a simultaneous script women can draw upon that acknowledges the skill-building aspects of motherhood. Indeed, this language illustrates the view of motherhood as a set of skills that are acquired through training and experience rather than an essential aspect of the self, specifically the feminine self.

Moreover, by placing responsibility on hospital and medical staff for "letting" parents take their baby home, new mothers simultaneously abdicated and accepted the responsibility that comes with caring for a new child. On the one hand, the new mothers convinced themselves that the hospital staff had the authority to decide whether a family

is fit to take a new baby home. On the other hand, because the hospital staff allowed them to leave the hospital, the professionals must be convinced that the new parents will do an acceptable job caring for the baby. Also worth noting is that Kasie, Cici, Leona, and Annette all used the pronouns “I” and “me” rather than “us” and “we” to describe their feelings about bringing their babies home. While most of the middle-class women I spoke with described their husbands and partners as being relatively engaged fathers, their pronoun choice betrays a gendered sense of responsibility in their new role as parents, a role for which they had done little to prepare.

Cici told me about how she and some of the other families from her Bradley birth class continue to meet for play dates and other social events, and that they recently discussed how unprepared they were for parenting. She said, “We spent all this time planning for the birth and we didn’t really think about, like, especially that first month or two afterwards. You’re, like, ‘My gosh, I spent all this time planning!’ I don’t regret it, but I didn’t think beyond that, you know?” She went on to describe how those first few weeks with the baby were incredibly trying and how she had done nothing to prepare for the day-to-day challenges she would encounter. She said, “It’s my memory that a lot of times after she was born I was like, ‘What did I get myself into?’” She continues,

With Sami, it’s not like I was going to give her away. Well, maybe a couple of times (Cici laughs). I tell people, you get to the point where you’re about to give them away and they smile at you and you’re like, “Shit!” They just look at you with their squinty eyes. So, you know, with Sami, like I said, those first couple of months were very rough for me. I think I just had no idea what to expect, I didn’t know what to do with a baby, you know? She cried a lot. Thank god she wasn’t colicky, but she cried a lot. I think a lot of that was trying to figure each other out, I mean she was new to this whole thing.

Cici's recollection of this period shows how difficult she found early motherhood to be, especially given her lack of experience with babies. Her description also shows, however, the connection she felt with her daughter, which kept her from wanting to "give her away" during those more trying moments. What's even more interesting is how Cici has constructed meaning through this experience, namely that mothers and babies need time to "figure each other out," a sentiment expressed by other mothers I spoke with, particularly in terms of establishing a breastfeeding relationship.

At the same time, Cici said that when expectant mothers ask her for advice about preparing for a baby, she tells them that it's impossible to prepare for it. She says to them, "Read a book, take a bath, go to the movies, sleep late, do all the things you won't be able to do soon. It's going to completely change. It's not a bad thing because even though you're giving up a lot of your lifestyle, you're not going to regret it. But there's no way to prepare for it. It's a drastic lifestyle shift, but don't worry about preparing for it because you'll figure it out." On the one hand, Cici felt naïve for not thinking about what motherhood would be like for her. On the other hand, she believes that preparation is virtually impossible because it's too difficult to imagine the kind of change that is about to take place.

Montana shared a similar sentiment about preparing for childbirth rather than parenthood:

With the first [child] we took a Bradley class, and that was a great class, transformative for both of us. So that was great, but there was nothing like that with parenting. And, you know, the birth was one day and parenting is the rest of your life. I was like, when the baby was born, I was like, "damn!" Every step it's been like, "Oh, how are we going to wean him off

the bottle? Oh, how are we going to toilet train him? Oh, how are we going to get him to school? Oh, I have to make his lunch every day?"

Montana doesn't regret planning for her births, both of which had been with midwives in freestanding birth centers, but she continues to feel unprepared for everything that has happened since her children were born. She attributes this feeling not only to the everyday responsibilities of life that keep her from planning ahead, but also to the fact that there are no parenting classes that prepare women for the realities of everyday motherhood like those that prepare them for childbirth. Indeed, even mothers who described having extensive babysitting experience or close relationships with their nieces, nephews, or other children, described how nothing truly prepared them for the rigors of parenthood.

Lisa described how she and her husband imagined parenting their son:

You know, to be honest, I don't really know what I was thinking as far as what being a parent was going to be like. My husband and I would talk about it, but for whatever reason we skipped the first three years and we were like, "It's going to be so exciting! He's going to run around, we're going to take him to the park, and read books to him, and take him to kindergarten!" It was things like that.

Other mothers expressed similar thoughts, specifically, they thought about how they would parent an older child but not how they would take care of an infant. Montana explained,

I guess a lot of what I envisioned was all the things I wanted to share and teach...My mother and grandmother, who really helped raise me as well, were both very interested in teaching and very patient with that... So I definitely envisioned taking on that role. And I didn't think about all of the caretaking stuff that isn't teaching, that consumes you and leaves you with very little energy to teach.

For Lisa and Montana, visions of parenting included playing with and teaching a toddler, yet these visions didn't square with the experience of bringing home a little baby who needed to be held constantly, fed every few hours, and cried often. Neither could these imaginings account for an infant who was not yet old enough to focus his eyes let alone interact with his caregivers. In fact, several mothers talked about how much more engaged they were as parents once their babies began to smile and coo or became otherwise interactive.

Jasmine also talked about how she prepared for childbirth more so than for parenting. She described in great detail her food and exercise regiments during pregnancy and she shared a vivid account of her birth experience. Yet Jasmine said of early motherhood, "I wasn't prepared whatsoever, and like I said, my whole thing was to get through the birth and that was it. I didn't think past that." However, unlike some of the other women I spoke with who were increasingly excited about having a baby as months wore on, Jasmine recalls "freaking out" during the last few weeks of her pregnancy. She said, "It never really hit me until, like, three weeks out when I laid out the clothes and we got the stroller, you know, put the car seat in. And then I was in the car, I was like, 'Oh my god!' My husband was so calm, but I was just like, 'Oh my god, you don't understand what's about to happen!' It was going to be a bigger responsibility. Everything was going to change, there was this big change coming." Even in this moment, however, Jasmine wasn't thinking through the details of what was going to change. In fact, her inability to imagine what these changes would even entail compounded her anxiety. Again worth nothing, and pointing to parenthood as a gendered experience, Jasmine's husband felt

relatively calm about the changes that were about to take place. One explanation for this may be that while Jasmine was planning on leaving her well-paid job to be a stay-at-home mom, her husband was about to embark on an advanced degree to further his career, a scenario that's not uncommon and the likes of which will be investigated more fully in the following chapter.

Some women assumed that motherhood would be fulfilling and perfect, like Kasie, whose story I shared at the beginning of this chapter. Shonda said, "I envisioned motherhood being this kind of puppies and rainbows experience where you have these beautiful children, and they love and adore you, and it's always good." Such an imagining of motherhood is almost always sure to disappoint in one way or another, however, just as it did for Shonda and for most of the other mothers I interviewed. Karen Cerulo's work in the sociology of cognition provides a useful lens through which we can understand how women think about motherhood before they actually experience it themselves, specifically how they fail to imagine the challenges. In her book, *Never Saw It Coming* (2006), Cerulo describes the phenomenon of positive asymmetry. She writes that positive asymmetry "is a way of seeing that foregrounds or underscores only the best characteristics and potentials of people, places, objects, and events" (4). She argues that this bias toward positive thinking is present across time and place, and is tied to how the brain processes concepts. Specifically, when processing concepts, the brain "targets the center of a conceptual category –the ideal prototype –and works its way outward" (13). As a result, people typically imagine the best possible outcome more readily than the worst, and anxiety often sets in when their experiences diverge from their positive

expectations. This kind of thinking stands in contrast to “negative asymmetry,” which foregrounds worst possible scenarios and outcomes. Cerulo argues that the tendency toward positive asymmetry is not simply about emotions, particularly fear or denial that bad things can happen. Rather, positive asymmetry reflects socio-cultural expectations of positive outcomes and best case scenarios. According to this theoretical framework, pregnant women typically expect to be efficacious mothers and rarely anticipate the problems and pitfalls that accompany motherhood. In fact, Cerulo points to advice literature that at once alerts parents to problems during pregnancy, birth, and parenting while reminding them that most families’ experiences are normal and healthy.

Consistent with Cerulo’s description of positive asymmetry, new mothers truly did not anticipate the near total change in lifestyle that their new baby would bring about, nor did they anticipate the helplessness and incompetence they would feel while caring for an infant. Mia said that when she was pregnant a friend gave her an important piece of advice, which she now passes on to other expectant mothers. She said, “When you enter motherhood, it’s like you’re moving to a new house, and if you think your old furniture is going to fit, you’re sadly mistaken.” Many of the women I spoke with described this same feeling of trying to “make the furniture fit,” and missing their old lives:

I was in mourning for my old life. I thought that I made a huge mistake, like for the first, probably until I got sleep, like six months. We were married for four years prior to that and we were having the time of our life living here in D.C., and I thought, like, “What did I do?” I was totally just thinking to myself, like, “This was the biggest mistake. I’m not cut out for this. How come I have always wanted to be a mom and now there’s no going back? This is not working out for me.” (Kasie)

I missed, as much joy as I felt at Michael’s arrival, I was grieving my old life, and that lasted a lot longer than I anticipated. When I left the hospital,

when I was at the hospital, I was kind of on this high. It was nice to have people catering to me, for so many months really, and at the hospital the nurses kept coming in and food kept being brought in and I could just relax and enjoy looking at my son. The minute we left the hospital, I'll never forget that feeling when I was wheeled outside. It was like, in this instant, I was a parent. I mean, the sky didn't look the same, my car didn't feel the same sitting in it. Everything seemed different, like completely different. That's when it really hit me that I was saying goodbye to my old life. (Leona)

I've always wanted to be a mother and I'm close with my mother. My mother has always communicated that being a mother is the best thing she ever did, that it's incredibly rewarding, and so I always had very positive ideas about that. I never felt like, you know, I didn't feel like it would be, I mean there was a little bit of, you know, maybe I like my selfish life. Like, do I really want to give these things up? I hit a point where I very distinctly, it was in the morning, and I was awake with him, and I was just crying. I was like, "This is the thing that ruined my life." It was that feeling of I really didn't understand how much I was giving up. (Montana)

Both Kasie and Leona described a sense of loss, an existential death, using words like "mourning" and "grieving" to describe how they felt during this transition period. Kasie went so far as to wonder if she had made a "mistake" by having a baby, while Montana felt like her son "ruined [her] life." All three women went on to describe the activities they used to do with their partners, from everyday things like going out to dinner to special things like traveling and taking vacations together. Montana even explained that she and her partner, Mike, are not yet married, and she can't imagine marrying him until she has more time to plan a proper wedding and a honeymoon. Now expecting her third baby in five years, she finds that kind of planning to be impossible. Although she and her partner pursued a unique path to motherhood, Montana remains committed to engaging in the traditional aspects of marriage including having a wedding and going on a honeymoon, a commitment which is not surprising given the value Americans continue

to place on marriage as institution (Cherlin 2009). I found Leona's description to be the most vivid, however, in that everything felt and looked different to her. I remember experiencing a similar feeling when my husband and I left the hospital with our daughter. It was as though nothing would ever be the same; a prospect that once seemed exciting and exhilarating then seemed crushing.

Interestingly, the three women I interviewed who had their baby at home or in a birth center rarely experienced the same levels of anxiety that women who birthed in a hospital described. Although both groups faced similar challenges establishing a breastfeeding relationship with their child, learning to soothe a crying baby, or organizing their baby's sleep, women who birthed outside of the hospital felt more confident being left alone with their new baby and expressed little anxiety about caring for their child once their midwife and birth attendants left. It may be that women who choose to birth at home simply value less intervention and oversight, and feel more empowered and confident in their new role. It may also be that the physical space of "home" gives them a sense of influence and ownership over the events that unfold there, including birth and those early moments of motherhood.

Regardless of where they gave birth, most women described the transition to motherhood as "hard" or a "struggle." Sara said, "I just felt like it was really hard. The whole adjustment to becoming a mom is hard. I thought it was going to be hard, I told my husband it was going to be hard, and then it was just even harder than I thought it was going to be." The transition was especially difficult for Sara because she'd recently left her tenure-track position in academia to be a full-time, stay-at-home mom. Sara was not

only taking on the new role of mother but also relinquishing her former role as a working professional who had spent years pursuing a graduate degree and was fortunate enough to secure a tenure-track position when she graduated.

June was thrust into being a stay-at-home after losing her job just a few months after her first daughter was born. As she struggled with finances, a husband who was less-than-helpful around the house, and the stress of a new baby, June felt exhausted by motherhood. She explained,

It's really hard. I mean, people don't think about that. They think, "We're a couple and we want a family and we want to expand that and there's going to be love and everything is going to be great and we're going to have a baby." But I don't think people realize how truly hard it is, how truly, truly hard it is. No one talks about the times you're covered in vomit, you're standing there crying, the house is a huge mess, and it's not going to get better anytime soon.

Even though Sara imagined that having a baby would be hard work, she still couldn't anticipate just how difficult it would be. In a sense, Sara's experience dispels the idea that low expectations are the key to satisfaction. Meanwhile, June's feelings reinforce the notion that most couples don't even think about the endless challenges that come with having a baby, and the feelings of hopelessness that "it's not going to get better anytime soon."

Amber said that she felt so overwhelmed by motherhood, she sometimes thought about leaving:

I remember one day getting in my car and driving, my husband was home with [our daughter], and thinking, "Maybe she would be better off if I didn't come back. Maybe this would be better for everyone." I probably had a little post-partum that I didn't want to recognize because I have a job, a husband, and a house. This was the perfect scenario to have a baby and I'm struggling with the whole thing and I'm confused as to why. No

one talks about it, so women, you feel alone because you're afraid to tell anyone you feel like that. But then once you do talk about it, it's like more women actually feel like that than who admit it.

Amber's experience highlights the role of support and open, honest communication among mothers, particularly for those who are experiencing "baby blues" or postpartum depression. She also describes once again what many would consider to be the "perfect scenario" to raise a child: a home, a partner, and adequate financial and social resources. At that moment, Amber reasoned that if she has these resources then she should have no reason to feel unhappy or to struggle with motherhood. What she realizes now, though, is that while those resources can reduce the level of stress a new mother feels, the transition to motherhood can be a struggle regardless of one's social and material circumstances. Amber went on to say that she wishes more women would talk about these emotions so that new mothers don't feel so alone or conflicted about their feelings. In fact, her eagerness to talk with me reflected that opinion, namely that she wants to spread awareness that motherhood is hard and women shouldn't feel ashamed if they find it difficult at first.

Again, it's worth noting the tendency for women to engage in self-deprecating talk when discussing motherhood. Doing so helps women build rapport with one another and preempts scrutiny from other mothers in particular. It's worth considering that when women shared their feelings of insecurity or their parenting mishaps they were simply engaging in this kind of speech performance. With that said, one of the biggest fears that women expressed was that they weren't "doing it right." When I asked what kind of experience they'd had with children before their first birth, many of them described

babysitting when they were younger or helping their parents with younger siblings. However, most said that those experiences were inadequate in preparing them for motherhood and for a baby's unrelenting needs. For example, Arielle said, "I thought that since I had experience with my brothers, with babysitting and whatnot, I thought I may have somewhat of an advantage because I grew up in a big family and I've been around other people. Oh, god, was I wrong!" Arielle explained that while she did have experience with babies, it was with older babies and toddlers who could sit up on their own or even walk. She and her husband, Lenny, didn't know what to do with the limp little newborn that came home with them. She said they treated their first daughter very delicately, as if she was glass, and were often afraid to move her around.

Amber said she was constantly worried that she wasn't doing it right, always grappling with utter uncertainty. "I was worried that [my daughter] was going to suffer because I didn't know what the heck I was doing," she said. "Is she eating enough? Am I giving her what she needs? Is she getting enough tummy time? I just questioned myself so much with every decision I made instead of just really relaxing and enjoying her more." In fact, at this point in our interview, Amber became teary remembering how hard those first few months were for her, and how much regret she feels at having worried so much. For Amber, the constant anxiety detracted from those early moments with her daughter, moments she can never recapture.

Kasie said that she felt jealous of other women who could soothe their babies more easily. She said, "I would see other moms with their babies and watch how they could just easily soothe their babies, or how they talked to their babies. I was jealous,

like, I couldn't do that." Of course, Kasie couldn't see the moments when those mothers couldn't calm their babies. Yet her feelings of envy speak to how readily new mothers compare their own performance with those of mothers around them, and how that comparison often leads to feelings of incompetence and inadequacy.

Kasie went on to describe how incompetent and embarrassed she felt when strangers, and even her husband, offered advice:

Everywhere I went, I must've just had a sign that said, "I look just completely incompetent." I didn't know what I was doing. I mean strangers were like, "Your baby needs to be wearing a hat." I hated it. I was so offended, even when it was obvious I needed help and I didn't know what I was doing, and even when Hank would suggest something I was so offended. I was so upset that I didn't know what I should be doing.

Kasie's feelings of inadequacy are not uncommon, especially for a group of similarly educated and career-oriented women who otherwise feel competent in their day-to-day lives. I heard similar comments from other mothers who described feeling embarrassed when others offered opinions and advice about caring for babies, especially when that advice was not sought out. These feelings speak to the usual anxiety one feels when placed in a new or uncomfortable situation or when one has never had to deal with feelings of incompetence, especially in the arenas of education and skill acquisition like school and work. They also speak to the expectation that women have a natural proclivity to mother and should feel embarrassed or ashamed if they come up short of that expectation.

Cassie, a doula and birth assistant who spent much of her adulthood in Portland, Oregon, expressed disbelief at how fearful new mothers are of simple tasks like bathing their baby and changing diapers. She described many of her East Coast clients as

successful, confident women when it comes to work, but timid and anxious when it comes to motherhood. While motherhood is typically framed as an institution governed by mothering instincts, Cassie's clients experienced the anxiety that comes with learning a new task just like any other. Cassie, however, was surprised at her clients' anxiety. She said,

I'm just like, "You're so confident! Why are you breaking down right now?" I see that in clients all the time, like really confident women who meet these small, to me they're small, obstacles, and maybe that's just my point of reference. I'm just like, "How can you stand up in a courtroom and defend these people, all these powerful, scary men and then you can't do something as simple as this?" She was scared to bathe her baby, you know, something like that. I'm like, "Just do it! The diaper change is not a big, you just don't think about it. Just do it."

Cassie acknowledged that her experience growing up on the "crunchy granola" California coast and her work as a birth assistant in Portland has shaped her perspective on pregnancy, birth, and motherhood, yet she views birthing and caring for a newborn as relatively easy and intuitive work. Her amazement that other women would find this work so difficult illustrates both the taken-for-granted nature of care work and how devalued it is in comparison to the labor of working professionals, in this case lawyers.

Care work takes on a whole new meaning during the transition to motherhood, especially for those mothers who give birth to children with special needs. Felicia has faced her share of challenges raising her children in a low-income neighborhood in central Virginia. Felicia experienced a surprise pregnancy with her first daughter, and she lacked any meaningful support from her daughter's father. Felicia now has three daughters, the youngest of which are twins. Felicia described her oldest daughter's particular needs as a result of having been born nearly 15 weeks early. She had little time

to prepare for parenthood during her short and unexpected pregnancy; as a result, she felt incredibly unprepared for the challenges of taking care of a baby, especially one with special needs. She said,

Taking care of India every day involved having the oxygen tank. It involved having a suction machine. It involved having trachs on you constantly, ties. Normally your diaper bag is diapers, wipes, a teething ring... My diaper bag consisted of all that, plus with ties, two different size trachs, some lube, extra suction catheters. I had to carry her, the suction machine, plus the diaper bag and the O2 tank.

Felicia explained how India's breathing problems necessitated a tracheotomy tube for the first two years of her life. As a result, Felicia had to learn how to replace the tube, administer oxygen, and spot potential problems quickly. Most new mothers don't have to face such problems, and given Felicia's limited resources and lack of support from India's father, they added to her anxiety as a new mother.

Felicia went on to explain how resentful she felt on India's behalf, and the pressure she felt to take on the sole responsibility of caregiving.

I felt resentful because, why did this have to happen with my child? She didn't ask to be here, she shouldn't have to go through this. I felt like it was my job versus anybody else's because it was my child. I didn't feel comfortable with somebody else taking care of her. I was really hurt. I was really depressed.

Earlier in our interview, Felicia told me that she felt her early labor was caused by too much physical activity and not taking better care of herself during her pregnancy. Even now, she wrestles with the past by blaming herself for her daughter's early delivery and subsequent health problems. Beyond that, Felicia wanted to prove to everyone including herself that she could take care of India on her own. This was especially important to her given her limited resources and the expectation that women in her position (unmarried,

unemployed, Black, low -income) lack responsibility, determination, and a strong work ethic. The result, however, was depression and feelings of anger. At the time, Felicia never imagined that motherhood would feel so lonely.

Shelley told me that her son, Houston, was diagnosed with Cystic Fibrosis a month after he was born. She and her husband, Matthew, were surprised at the unexpected diagnosis, especially since they underwent all of the typical genetic testing encouraged during pregnancy. Shelley said that parenting an infant is really difficult to begin with, but Houston's diagnosis has made it even more challenging. Shelley described the detailed feeding regimen that she and Matthew keep Houston on, as well as the work they do to ensure that he doesn't get sick. In fact, Shelley explained that she has felt a bit isolated since Houston was born because so few friends are welcomed into their home for fear of bacteria and other germs. During our relatively short interview, Shelley described several of the challenges that accompany caring for Houston. She must have felt self-conscious about our discussion how ever, because that very evening Shelley sent me an email in which she apologized for "complaining" so much and assured me that she loves her son very much. In a sense, that email was more telling than our interview. Shelley's concerns reflect the pressure on mothers to enjoy every aspect of parenting. It seems she has internalized these expectations even as her family struggles with a situation in which some amount of frustration and angst is certainly understood.

The transition to motherhood is difficult and fraught with anxiety and unmet expectations. Caught up in the excitement of pregnancy and planning for childbirth, expectant mothers typically give little thought to what parenting will actually entail,

particularly the day-to-day work of caregiving. Instead, they often anticipate the best possible outcomes while minimizing the potential challenges. Even those who do imagine that motherhood and parenting will be difficult are still surprised by how demanding it really is and how incompetent they feel in their parenting activities. Indeed, new mothers' experiences rarely line up with their expectations; nowhere is this more evident than in terms of how mothers expect their babies to eat and sleep.

Eating, Sleeping, and “Those Evil Books”

In his accounting of the evolution of parenting and parental anxiety during the 20th century, social historian Peter Stearns describes how both professionals and parents began to understand children as frail and vulnerable. He writes, “Unlike the 19th century view of children as sturdy innocents who would grow up well unless corrupted by adult example and who were capable of considerable self-correction, 20th-century rhetoric viewed children as more vulnerable” (2003:3). Children were increasingly seen as needing to be treated with considerable care, especially so as not to damage their self-esteem (Stearns 2003:3). Such changes were in part a result of children's basic needs increasingly being met, which left considerable social, professional, and cognitive space to contemplate and organize parenting practices around children's development and wellness.

Beliefs and advice about child development and optimal parenting practices were initially consolidated into a set of well-known books and government-published manuals typically written by doctors, psychologists, and other professionals (Stearns 2003). However, with the development and popularization of parenting websites and blogs, and

with the increasing ease with which advice books and other literature are published, authoritative knowledge about parenting has become increasingly fragmented, and locus of parental authority has become less clear. This democratization of knowledge about parenting has on the one hand given new parents access to various ideas about parenting and novel solutions to parenting problems. On the other hand, it has arguably contributed to an atmosphere of doubt and anxiety around the decisions parents make for their children, their families, and themselves as they try to decipher information.

In *Modernity and SelfIdentity* (1991), Giddens explores the role of doubt in modern society. He writes, “Doubt, a pervasive feature of modern critical reason, permeates into everyday life as well as philosophical consciousness, and forms a general existential dimension of the contemporary social world. Modernity institutionalizes the principle of radical doubt and insists that all knowledge takes the form of hypotheses: claims which may very well be true, but which are in principle always open to revision and may have at some point to be abandoned” (3). From what I could tell through these interviews, the role of doubt is quite alive and well in how modern parenting decisions are made. As Giddens suggests, even as mothers identify and join both professional and lay parenting communities who readily confirm their already existing beliefs and practices, they remain riddled with doubts about their choices. Giddens explains that in our setting of late modernity the self must be reflexively made, “yet this task has to be accomplished amid a puzzling diversity of options and possibilities” (3). This challenge is manifest in the realm of motherhood as women attempt to settle into their identities as

mothers while adrift in a sea of information, all of which suggests early childhood experiences are inextricably tied to adult outcomes.

While those who dispense advice both professionally and casually remain concerned about the development of older children, advice surrounding younger children, particularly infants, has exploded in recent years. New parents are counseled about everything from eating to sleeping to diapering to discipline. Moreover, it seems parents increasingly make decisions not only in the “best interests” of their children’s health and well-being but also as an expression of their own identity and ideological commitments, a phenomenon I will interrogate more fully in a later chapter. At the same time, the privatization of family life makes parents, and mothers in particular, feel that their children’s future success is determined solely by the parenting decisions they make when their children are just babies.

As my interviews show, most decisions are not made (or changed) without some amount of anxiety. Among the many anxiety-provoking aspects of new motherhood is figuring out how and what to feed the baby. Debates rage on about breast milk versus formula, exclusive nursing versus bottle feeding, feeding on demand, and extended breastfeeding just to name a few. Indeed, breastfeeding was one of the most troublesome aspects of parenting for the mothers I interviewed. Although public campaigns that promote breastfeeding have become increasingly visible in recent years, the number of mothers who exclusively breastfeed six months or longer is relatively low. Many women who choose to breastfeed do so for just a few months and often supplement with formula. Most of the mothers I interviewed did choose to breastfeed, some for just a few days and

others for several years. For almost all of these women, however, the early days and weeks of breastfeeding were often frustrating and painful and troubled by contradicting pressures from doctors, lactation consultants, family members, friends, other mothers, and even from themselves.

Mia described the pressure she felt to breastfeed her daughter. She named not only the source of that pressure, but how much more intense it felt once she made the decision to stop breastfeeding as a result of her daughter's poor latch:

There's a lot of pressure [to breastfeed], especially now. I feel like my parents', my mother's age, it was actually not pushed. My mom said she breastfed me for two months. I look at it now and I'm like, "I did well in school, I graduated with honors, I catch colds but I'm not this sick person." I stressed out so much, my husband really wanted me to breastfeed, and it was my first pregnancy, and I don't know. I was a stay at home mom and I didn't have anything else going on, so I felt like, "I'm going to do this," you know... And I definitely did feel the pressure, I felt the pressure from the lactation consultant at our pediatrician's. After I stopped breastfeeding I kind of walked in with my head down.

Mia's account of breastfeeding is not uncommon. It's typical to hear that more recent mothers were not breastfed by their own mothers, many of whom gave birth in the 1970s and 1980s when formula feeding was very common, and the expectation to exclusively breastfeed was low.

New mothers like Mia who experience difficulty breastfeeding typically offer detailed explanations for their decision to stop nursing. Here it is useful to invoke the work of Scott and Lyman (1968) who explore the sociology of talk as a way to understand the chasm between expectation and action, particularly when that action is considered "untoward." Scott and Lyman distinguish between "justifications" and "excuses." They write, "Justifications are accounts in which one accepts responsibility

for the act in question, but denies the pejorative quality associated with it,” while “Excuses are accounts in which one admits that the act in question is bad, wrong, or inappropriate but denies full responsibility” (1968:47). Some mothers justify their decision to not breastfeed by explaining that they themselves were formula fed and grew to be healthy adults. Others offer what Scott and Lyman consider excuses, for example, that they could not physically produce milk. Both justifications and excuses are regularly deployed in a culture wherein “breast is best” and women who formula feed are expected to explain their reasoning for choosing the less healthy feeding option.

Despite Mia’s attempts at justification, she was still affected by the pressure she felt from her husband and her lactation consultant to breastfeed, especially since she was a stay-at-home mom and “didn’t have anything else going on.” This conflict, justifying formula feeding by citing positive outcomes while facing intense criticism from others, creates considerable anxiety for new mothers. As a result, Mia felt embarrassed once she stopped breastfeeding, saying she would walk into her pediatrician’s office with her “head down” in embarrassment and defeat.

Lisa, whose jaundiced son stayed in the neonatal intensive care unit (NICU) for nearly a week after his birth, felt immense pressure to pump and deliver milk to the NICU nurses several times a day. She said, “I was so tired because I was trying to get back together and pumping just was not something that I wanted to do. So I just felt like [the NICU nurse] was judging me, like, ‘if you don’t pump every three hours your baby is going to die!’” Lisa went on to say that if she had felt a bit more supported rather than shamed, she may have been more eager to pump. Instead, Lisa decided to supplement her

breast milk with formula as the pressure to pump became too much for her to bear. Both Mia's and Lisa's accounts of breastfeeding show the kind of influence that medical professionals wield over new mothers, not just in terms of pregnancy and childbirth but also in terms of parenting. Given the frequency with which babies visit the pediatrician in those early months of life, every decision a parent makes feels incredibly consequential and highly scrutinized. I, too, remember looking away in shame when my daughter's pediatrician asked if I was still breastfeeding at two months. Having recently given up breastfeeding, I felt as though I was disappointing the pediatrician, the medical and moral authority of whom I felt held sway in the exam room.

Returning to the idea that birth experiences can have lasting effects, Jasmine faults her birth experience for the problems she experienced breastfeeding her daughter. She said, "I feel like, because of the way the birth happened, she didn't latch on right and that was just the domino effect why I can't breastfeed. That still makes me sad, and I see other women breastfeeding and I get jealous when I see that." She explained that her c-section resulted in subsequent problems with her daughter's unsteady latch, her low milk supply, and her daughter's general disinterest in nursing. As a result, Jasmine felt despondent that she couldn't nurse her baby like other mothers could, and she felt guilty about having to supplement her breast milk with formula. Her negative feelings were magnified by what she had learned about the relationship between breastfeeding and bonding in books and breastfeeding classes; for several months Jasmine was afraid she had not sufficiently bonded with her daughter.

Montana faced a unique problem with breastfeeding, but concluded that a satisfied, happy mother was worth not being able to nurse her son:

I think you have to do what feels good to you and what you feel like is right, you know, what you feel is the best for your family. What I always try to remind myself of is one of the things my children deserve is a happy mom, and that's important. So with Tucker, I had some postpartum depression and in order to get out of it, I had to go back on the pill for the hormonal support, and that dried up my milk. And so Tucker didn't get milk, breast milk, for like, another year. I mean, I probably had a trickle. But most of the supply dried up before I would have wanted to do it that way. But he deserved a happy mommy, you know?

Montana is unique in the ease with which she stopped breastfeeding. Her story is not fraught with anxiety like those of her counterparts. Her ability to see the bigger picture, and to acknowledge the importance of her own happiness both as a mother and as a member of her family, helped her to move beyond any guilt she may have felt at ceasing to breastfeed.

Some women are quite successful at exclusive breastfeeding, many for a year or longer, but not always happily and not always without struggle. Cassie said, "[Breastfeeding] wasn't my favorite thing. I did it because I felt like I kind of had to, and also because it was best for my daughter. So it was like, 'Okay, just do this because this is what she needs. Make it to 15 months and you can be done.' I don't know. That sounds bad." Even though she understands the benefits of breastfeeding, Cassie still doesn't particularly enjoy the process, and understands it as something to work through rather than enjoy. In fact, at the time of our interview, Cassie was pregnant with her second child. When I asked what she might do differently with her new baby, she said that she wouldn't worry as much about breastfeeding. She said, "If [breastfeeding] happens, it

happens, but if it doesn't work, that's okay." However, that Cassie thinks her approach "sounds bad" is not so much a reflection of Cassie's values but of the broader subculture to which she as a doula belongs, that is, a subculture which values birthing at home, breastfeeding, and attachment parenting.

Sara, who shared that motherhood was even more difficult than she expected it to be, is very dedicated to the practice of exclusive breastfeeding. However, she explained how difficult she found the process, even though she had prepared for it quite extensively:

Well, the first thing that I felt like was really challenging was breastfeeding because my attitude going into it was that it was going to be hard. I have a cousin who is a lactation consultant, so she kind of prepped me for all that. I took the breastfeeding class and everything. I mean, there were some physical demands that came into it, but for me it was like that whole process of having to feed around the clock, I felt like I was just so tied to the baby.

Sara anticipated the physical challenges associated with nursing like problems with latching or positioning, or cracked nipples. What she did not anticipate, however, was the constant sense of being tethered to the baby and how burdensome that would feel.

Of course there are some instances in which new mothers adapt easily to breastfeeding; even those who were reluctant to breastfeed at first sometimes learned to appreciate or even enjoy it. Annette, a sociologist who works in public policy explained, "It was never really a decision, it was never really an option in my mind to formula feed unless I had to. So I knew I wanted to breastfeed, and that wasn't something I weighed or we talked about. It was like, I knew that was the healthiest. I worked at the CDC, which is obviously very public-health oriented." Although it took a few tries to get the hang of

it, Annette was committed to nursing unless it was physically impossible. As a result, and because there were no physical impediments to her breastfeeding, she nursed both of her sons for about a year with relatively little stress.

Gretchen, an easygoing, adventurous, and athletic mother to nine-month-old Ethan, thought that breastfeeding was going to be an inconvenience, but found that nursing far exceeded her expectations.

I thought [breastfeeding] was going to be a nuisance and it was going to hold me back from things, but since I'm not much of a planner, it actually made it really easy because I just throw him on my back and we can go for a really long walk. He tells me when he's hungry, I stop and feed him, it's easy. I've flown with him, I've traveled on the train with him by myself. In August I took him to New York on the train and I just had him on my front, and all we had was one backpack and a diaper bag. We were just fine, just the two of us.

Gretchen's experience was a bit unusual, especially compared to the stories shared by other new mothers I interviewed. Gretchen thought nursing would be difficult and inconvenient, but soon realized that it fit well with the flexible, by-the-moment lifestyle she enjoys. While most of the women I interviewed expressed that breastfeeding, especially exclusive breastfeeding, was troublesome, inconvenient, and not at all what they expected, Gretchen's experience with breastfeeding exceeded her expectations.

Another aspect of early motherhood that is often fraught with unmet expectations is sleep. The mothers I spoke with often recollected how challenging those early months were in terms of their newborn's sleep. For some of them, their child's sleep problems plagued the family well into toddlerhood. Most of them said that they anticipated sleepless nights, but had no idea what that would really entail. Shonda, a very calm and patient mother of two said, "I knew there would be sleepless nights, but I had no concept

of what that meant, right? I was like, ‘Oh, yeah, I’ll get up with the baby and go back to sleep and it’ll be fine.’ Largely he did go back to sleep, I just never had any idea that it would be as hard as it was.” Shonda said her son had an easy temperament as a baby and was relatively easy to put back to sleep, but the constant waking was still exhausting. A good friend from my birth class, Kat, told me that her son woke up every three hours to nurse until he was about 14 months old; she had become so tired that she sometimes stumbled down stairs or walked into walls.

There is considerable disagreement among parents and professionals about how to organize a child’s sleep including whether to wake a baby for a feeding and at what age an infant should have regularized naps and sleep through the night. What is perhaps even more controversial is sleep arrangements. Some parents opt to co-sleep; they may place the baby between them, between a person and a wall, in a small infant bed on top of the adult mattress, or use a co-sleeper that attaches to the bed. Other parents put their newborn babies in bassinets or pack-and-plays in the same room, while still others place their babies in a crib in a separate room. Very few of the mothers I interviewed adhered to the sleeping arrangements they anticipated before their baby was born.

Some mothers anticipated co-sleeping with their baby, or at least sharing the same room, but found that it was too disruptive to their or the baby’s sleep. Sharon explained that co-sleeping was simply too stressful for her and her husband, though she worried about the baby being “traumatized” by sleeping elsewhere alone. She said,

We thought maybe it’d be easier waking up a million times with him in the bed, but then I couldn’t sleep at all. I’d wake up constantly worried about squishing him, and he woke up more. He was right next to me, too. It drove me crazy. I was like, “I can’t do it.” So we kept him, we had the

co-sleeper next to the bed. We did that until he grew out of it, then we put the pack-and-play in his room. It's funny, each step I was like, "He's going to be traumatized!" But he was always, like, "whatever." He didn't care.

Shonda was committed to bonding with her son through the creation of a family bed, but her son was a noisy sleeper, so she and her husband moved him to his own bed. She said, "We planned to co-sleep, that was the plan. And we did that for six weeks, but my son was a noisy sleeper and I wasn't getting any sleep... So he had to go. I was a little sad about that because I really believed in creating that bond and, you know, the family bed."

Both Sharon and Shonda expressed concern that they would somehow create lasting problems for their sons as a result of not co-sleeping. Their worry reveals a fundamental belief about the importance of bondedness between mothers and their children, a belief echoed in the breastfeeding literature, which suggests that breastfeeding creates strong bonds between mothers and babies. Sharon worried that her son would be traumatized each time his sleeping arrangement changed as he moved farther away from his parents. Shonda was worried that she wouldn't be able to bond with her son the way she wanted to if they didn't share a family bed. Both ended up making the decision to encourage independent sleep, although that was not their initial plan, and both reported having happy, well-adjusted toddlers.

In some instances this scenario was reversed. Doctors and other medical professionals typically discourage parents from co-sleeping with their children, most citing co-sleeping as a contributing factor to Sudden Infant Death Syndrome (SIDS) or Sudden Unexpected Childhood Death (SUCD). As a result, parents often plan to sleep apart from their babies. Yet that arrangement worked poorly for some families, for

nursing mothers in particular. Sue explained the relief she felt when she stumbled upon attachment parenting and a like-minded support group of mothers who co-sleep. She said,

I had just been very strict [with Edith's sleep] because I thought that's what you're supposed to do. If you didn't do it, your kid's going to be warped for life. So seeing this other perspective was just awesome. It made me realize I could do things that felt right to me instead of having to fight against that instinct because everyone else was telling me it was wrong.

Jessica shared a similar account:

With Alison, I sort of had the expectation that we would keep her in a pack-and-play for a while. This is what everybody tells you you're supposed to do, right? This is what all the books say, and I wasn't as vilely opposed to them as I am today. So we did the pack-and-play thing. I was like, "I'm not doing this anymore. Steve is exhausted, she wants to eat at night, and I'd really like to sleep laying down." So, you know, that was a change.

Both Sue and Jessica expected that they would not co-sleep with their daughters because that's "what everybody tells you." For Sue, that meant fighting against her "instinct" that co-sleeping would be better for her family, while Jessica felt that co-sleeping violated all the rules she read in parenting books, which she has since become opposed to reading. They both provide interesting examples of fragmented authority over parenting. Does authority lie in individual instinct or in a pamphlet in the pediatrician's office? Or is authority found somewhere in between the two?

Indeed, many new parents reference parenting books time and time again to answer important questions about their babies' behavior and development. Is my baby eating enough? How much should she weigh? Should we let her learn to self-soothe by letting her cry it out? Does crying it out cause brain damage? When should we start feeding her solids? What kind of immunization schedule should we use? Should we

consider co-sleeping? Many of the mothers I spoke with described the expectations that parenting and baby books set up for them and how those expectations were often unmet. While some felt guilty about their baby not being able to sleep through the night, others began to take a more critical look at the books they were reading and opt for other books instead, or in some cases refuse to read any altogether, a decision that is itself an expression of mothering identity.

The fragmentation or diffusion of authority is a hallmark of modern parenting and motherhood. Giddens (1991) explains that in an era of doubt, “Systems of accumulated expertise –which form important disembedding influences –represent multiple sources of authority, frequently internally contested and divergent in their implications” (3). The fragmentation of authority coupled with technology that allows for the mediated communication of experience around the world results in increased value placed on trust as a way to navigate the risks of modern life. In terms of motherhood, women often reported shifts in trust from pediatricians to parenting communities, from other parents to books, or vice versa which would help them to interact with both the abstract and concrete realities of motherhood. Most of the women I talked to engaged in a renegotiation of trusted authority as new realities presented themselves.

Cassie said that books influenced many of the decisions she made before she gave birth to her first daughter, yet she discarded many of those ideas once she had to confront the everyday realities of parenting:

CM: You know, after she was born, slowly but surely there were certain things that we had to do that I’d never imagined. Just silly things that people, like, when you don’t have that type of thing and you read those

books, you're like, "oh, I'm going to do that," and then when you have a kid, it's like, "I can't do that."

SM: Can you give me some examples of that?

CM: Like sleep routines. I went into it with the expectation of, "Oh, I'll just listen to my baby. I'm not going to put my baby on a routine!" Eventually, just after a few months, it got to the point where her naps were the same time every day.

Being a doula in Portland at the time, Cassie read books that supported her more holistic approach to motherhood. The books she read supported natural birthing, breastfeeding, and attachment parenting. She provided the example of establishing a sleep routine to illustrate how expectations derived from advice books do not necessarily translate into actual experience.

Like Jessica, who was "vilely opposed" to baby books, Mia refers to baby books as "evil." She said,

After those first crazy three weeks, that adjustment period, I remember reading all those books, which I have in a pile over there, and that's become the evil books pile. The mommy books about sleep, don't read them unless you're absolutely desperate... Books! Books! These crazy books that tell you that you should have your four-month-old on a sleep schedule... Do not read the books, the books are bad.

Waving her arms in the air and wagging her finger, Mia explained that the books only make mothers feel worse about their parenting decisions. Cici shared a similar sentiment when she explained how much more stressed out she felt after having read baby books. She said, "You know, everyone has their own opinion. Everyone's like, "You've got to do this, look at this website." And then you start dreading these baby trainer books and you start getting stressed out, and it's clearly not working for you and you're like, 'Everyone is saying this is a book I have to read,' so it makes things worse!" Cici's

recollection shows not only the influence of books on how new mothers' view their own performance, but also the comparative nature of motherhood, a phenomenon that does not seem associated with fatherhood in the same way. Cici wondered why these particular books were not working for her when they seemed to have worked well for other new parents.

Jasmine explained how books shaped nearly all her expectations for motherhood, but how they often left her feeling anxious. She said, "If something doesn't go the way I read it has to, or it doesn't go the way I thought it was going to go, I have to stop myself from not getting upset or crazy." She said that she sought help from a psychologist after her daughter was born and that the psychologist helped her to see things in gray, not in "black and white," all or nothing. It wasn't until she had to take her four-month-old daughter, Etta, on an emergency family trip that she let go of some of her anxiety: "We did it and it wasn't that bad and I had stress a little bit here and there, but it wasn't the end of the world and it was fine." Being forced into a situation in which Jasmine had to relinquish some control, and for which there was little guidance or time to research, resulted in enhanced feelings of competence and less anxiety about uncontrollable situations. While information can help mothers prepare for new and uncertain experiences, it can also result in overthinking and apprehension. It may be that how new mothers interpret or take up advice literature leads to feelings of either fear or competence. Perhaps mothers who use parenting books as an overarching, unyielding standards fare worse than parents who use them as general, dynamic guides.

Not everyone harbors negative feelings toward books, though. For example Alyssa, whose pregnancy was unplanned and who did little to actually prepare for caring for an infant, said, “We didn’t take other classes, but we had a library of baby books I can show you. I will say, we’re big Dr. Sears fans. We definitely were referencing *The Baby Book*, like, hourly once the baby came.” Alyssa had read a bit about attachment parenting on the Internet, and purchased the classic book by Dr. William Sears, which heralds attachment parenting and an alternative immunization schedule among other things. Although she and her husband did very little reading prior to their son’s birth, Sears’s books became a lifeline for them as they navigated those first few months of parenthood and provided a strong counter-narrative to the more conventional parenting advice found in most pediatricians’ offices.

The relationship between new mothers and the advice literature they read has a profound, and rather complicated, effect on how they experience early motherhood. Both Annette and Sara very articulately explained how new forms of media have changed how new mothers consume and take up information about parenting. Annette said,

I think technology has a huge role in that as well because, you know, you have information at your fingertips. You can do anything you want and then you get this overflow of information and conflicting views on what’s right, what’s wrong, whereas you didn’t have that resource before a generation ago, so you didn’t have so many questions you could answer.

The sheer volume of information is enough to overwhelm even more experienced parents, and that doesn’t even account for the conflicting nature of the advice literature that exists. Again, the fragmentation of advice and authority remained a common theme through nearly every interview I conducted, and through pregnancy, childbirth, and early

motherhood. Annette explained that not only is this fragmentation anxiety-inducing, but it also generates even more questions. One may quickly hop on to the internet to find out what temperature constitutes a fever and begin to question how breastfeeding affects babies' immune systems or what kind of fever remedy causes what kinds of long-term problems in children. During a time when new mothers feel a keen sense of responsibility for their babies, and when their expectations are constantly being reshaped, sorting through the plethora of information available to them can be incredibly overwhelming.

Sara compared navigating parenting advice to navigating "a minefield." She said,

I remember feeling like, and I still feel like this, that parenting is one of the hardest things. There are so many things that you want to accomplish that you can just read and find out the right way to do it. But parenting is one of those things where there is just so much conflicting advice, which is really like a minefield. You're totally in a minefield. You just have to find what works for you.

Like many of the other mothers I interviewed, Sara acknowledged how difficult parenting is, and how it is made even more so by the volume of conflicting information that exists. Her remedy is to "find what works for you," a sentiment that was shared by several new mothers. Yet finding "what works for you" unfolds in a society that both trends toward individualism and is permeated by parenting ideologies and social networks that serve to both lock similar-minded mothers together and keep opposing ideologies out. In a process indicative of late modernity, mothers must make decisions about whose authority to trust, though trust is negotiated and renegotiated on an ongoing basis and often with considerable consequences (Giddens 1991). More than one woman I interviewed described how she walked away from friends and even family members when she

decided that baby-wearing (i.e., holding the baby at all times, or keeping the baby attached by sling or carrier) wasn't for her or she stopped breastfeeding.

The few women I spoke with who described a rather easy transition to motherhood found what worked for them relatively easily, and most had low expectations for what motherhood and parenting would be like. Cokie's experience was unique in that worked as a nanny for several years before her son was born. She said she was quite accustomed to the constant needs of crying babies. She explained, "I feel like I was conditioned into having crying babies and having the 24/7 need. Because when he would cry it wouldn't bother me as much as it does other people. I didn't always respond to him right away because I knew he was okay, he's not going to die. So I feel like I was sort of conditioned into motherhood." Although Cokie didn't know what nursing would feel like, or what the consistent lack of sleep would feel like, she was undisturbed by the often distressing cries of an infant; this is in comparison to the many women I spoke with who were exceptionally unnerved by the constant crying.

Gretchen said that her incredibly low expectations for sleep, like for breastfeeding, led to an easier transition to motherhood:

Well, I knew you'd never sleep a whole night again, and I didn't expect to. It helped that I had siblings. So I didn't think he'd sleep through the night, so I didn't stress about it happening. He never slept through the whole night and I don't expect he will until he's a few years old. I think if I had a different expectation it would have been upsetting.

Although some mothers explained that low expectations didn't necessarily lead to feelings of happiness or contentment, the fact that Gretchen imagined that her nights would be sleepless caused her much less stress when her son still had not slept through

the night at nine months old. What's more, Gretchen's expectation that he won't sleep through the night for years to come seems not to bother her.

Gretchen went on to explain that her laid back approach to motherhood stems from her belief that a baby is an individual, is not necessarily predictable, and that low expectations are the key to a smooth transition. When I asked her what advice she would give to a parent struggling with new motherhood, she explained,

Just that your baby is an individual. You shouldn't have any expectations. Your baby has a personality, you'll figure it out, it's really simple. People I talk to who are really stressed out, it's because they try to force a schedule on the baby. They think that x should be happening, but y actually happened. Luckily, I didn't really look into it all, so I didn't have to worry about it.

Gretchen reported that she only cracked a baby advice book once, and when it suggested that she put her baby on a schedule, she immediately put it down. She said she was intuitively disinterested in creating a schedule for the baby, and that because she refused to read any more advice books, she is a much happier and flexible parent.

Perhaps more cynically, Sue explained,

I think it was good I didn't think too much about it because I know a lot of people who expected it to be a lot easier than it was, and they're the people who've had the worst time with a newborn... I think that was much smarter not to think too much about it, or if you're going to expect something, expect that it will be just so completely exhausting you'll lose everything and then maybe you'll come out a little bit ahead.

Sue agreed that low expectations, and even pessimism, are essential to surviving early motherhood. Contrary to other mothers who said they wished they would have done more to prepare for motherhood, Sue believes that her lack of preparation is what helped her

get through that first year with her daughter. Perhaps Jessica and Mia are onto something; perhaps those “evil” books aren’t doing anyone much good after all.

Conclusion

One could easily argue that life is a collection of expectations. For better or worse, expectation is what moves us forward. Of course, expectations are not always met and they’re constantly in flux, each one springing forth from some new lived experience. Motherhood is no different. In this unique historical period, which is characterized in part by feelings of entitlement to personal fulfillment (Cherlin 2009), from the moment women begin to negotiate, plan, and time their pregnancy, from the moment each woman finds out she is indeed pregnant, she begins to think about what this new change will mean and what she should expect. (I mean, *What to Expect When You’re Expecting* is as popular a pregnancy book as there is.) Her chest may tighten with fear and anxiety, she may laugh with excitement, or she may cry with joy. She may begin to draft an elaborate low -intervention birth plan, or she may begin to worry about how she can possibly afford a baby on a limited income. In any case, it’s virtually impossible for a woman to find out she is pregnant without beginning to think about the future.

Expectations about childbirth become increasingly concrete as pregnancy progresses. These expectations are sometimes manifested in written birth plans that women carefully craft in anticipation of the big day. Women’s expectations for birth typically come from television, films, books, even YouTube videos, but also from their own mothers, their friends, and those they meet in online communities. Some women encounter information that challenges conventional notions of birth, while others are

happy to step back and let their care providers make their birth decisions for them. As the stories I shared above suggest, however, no birth experience is without consequence. Experiences that meet mothers' expectations for childbirth, like Kasie's, often leave women feeling empowered, fulfilled, and secure. On the other hand, unmet expectations, birth experiences like Jasmine's that deviate considerably from the plan, often leave women feeling vulnerable, angry, and depressed.

Mothers' expectations also provide a means of anticipation and excitement over welcoming a new baby into their lives. Expecting mothers often find themselves preparing for motherhood, or engaging in anticipatory socialization, by thinking about what motherhood will require of them. Expecting mothers engage in concrete activities like purchasing breast pumps, setting up diaper stations on every floor of the house, and arranging the nursery. At the same time, they begin to think about how their lives will change, how tied they'll be to the baby, how little sleep they'll get, and how their work commitments and arrangements might change. In short, they begin to think of themselves as mothers. At the same time, most of the women I talked to described how unprepared they felt for motherhood despite all these preparations, and that no one activity, purchase, or class can really prepare someone for what parenting will really entail.

To be sure, some expectations for early motherhood are easily met. Women who expect to breastfeed turn out to be quite adept at it; women who expect their baby will be an independent sleeper have a well-rested baby who sleeps easily in his own crib. Sometimes some of those expectations are not met, however. Breastfeeding turns out to be a disaster; co-sleeping becomes the norm. Women who fail to meet the expectations

they set out for themselves are often left feeling insecure and alone, failing at the one thing they're supposed to know how to do because of their supposed inherent mothering skills and instincts. This anxiety is clearly one of the liabilities of naturalized and essentialized discourses of motherhood.

As with pregnancy and childbirth, expectations about motherhood often emerge from books, websites, and other kinds of advice literature, but also from friends, family members, and other mothers. While new mothers' expectations about motherhood typically take shape before their children are born, they're often reshaped during the experience of caring for a child and in response to even more literature and advice as well as observing other women interacting with their children. New mothers constantly evaluate themselves in light of advice literature and other mothers' performances of their role. What's more, given the value still placed on women as primary caregivers to their children, they are more easily subject to comments and evaluations from other parents than men are. Expectations shape women's experiences with early motherhood, but they are but a piece of a larger puzzle. Support from others also plays a critical role in how women experience the transition to motherhood as well as how they begin to think of themselves as mothers. It is to that topic that I will now turn.

CHAPTER FIVE: MOTHERS AND OTHERS

Introduction

Mothering isn't learned or practiced in a vacuum. Rather, there is a relational dimension of motherhood wherein new and seasoned mothers alike learn how to care for and parent their children in part by observing and talking about how other mothers perform their role. Mothers also learn how to navigate motherhood alongside their partners, their family, their friends, child care providers, and others. This chapter focuses on the kinds of support pregnant women and new mothers receive, or expect to receive, during the prenatal period and early motherhood. Specifically, I describe how support, which comes from various sources and takes multiple forms, influences how women experience the transition to motherhood as well as the development of their identities as mothers.

In order to provide a clear discussion of the role social support in shaping women's transition to motherhood, I developed a typology of support that reflects the stories new mothers shared with me. The support they talked about typically fell along two dimensions: informal versus formal support and lay versus expert support. Informal support is characterized by easy and casual interactions, while formal support is typically mediated by the institutional environments in which they occur. Lay support is typically offered by non-professionals and is usually based on personal experience while expert

support is offered by professionals and based on some kind of formal training. New and expecting mothers described the support they received from family, friends, online communities, doctors, doulas, acupuncturists, and therapists among others, all of which fit into this typology of support. Together, they make up a composite of outside influences that shape the process by which women become mothers.

Informal lay support is characterized by a casual provision of information and resources by non-professionals. Actors in this category typically include family and friends, participants on online message boards, and in some cases complete strangers.

Formal lay support involves a less casual provision of information and resources by non-professionals. Actors in this category include bloggers and other writers who provide some insight into pregnancy, birth, and motherhood through more mediated and

institutionalized channels such as professional parenting websites. *Informal expert support* involves a casual provision of information and resources by professionals. Such professionals might include doulas, home midwives, and other birth attendants who are both formally trained in their work, but encourage an easy exchange of information with expecting and new mothers. Informal expert support may also come in the form of support group leaders who are trained in counseling, but also in facilitating informal

supportive gatherings. *Formal expert support* is characterized by a less casual provision of information and resources by professionals. This kind of support is typically provided by doctors, hospital midwives, and birth instructors among others. Expert formal support is typically provided in highly institutionalized and regulated settings.

To be sure, each category of support involves various types of activities. For example, the informal lay support that new mothers receive from their family might include over-the-phone advice about weaning, providing money to help with childcare, or a physical presence in the home. It's important to understand that the lines between each category can be fuzzy. For example, the formal expert support that expecting mothers receive from their obstetricians might include tests and diagnoses (more formal support) as well as emotional comfort and reassurance (support that may be perceived as more casual). This chapter includes several examples of each category of support as well as specific activities within each category. Where useful, I point out these categories and types of activities.

The chapter begins with an exploration of how women share the news about their pregnancy with others. I describe some of the challenges women face when announcing their pregnancy as well as the thought they give to how and when the news should be shared. Through this discussion I explain how reactions to pregnancy illuminate fundamental beliefs about the appropriate circumstances under which pregnancy and parenthood should occur. I then describe the kinds of support women receive from their friends, family, partners, coworkers, and even strangers during pregnancy and childbirth. I explain how that support helps to shape women's expectations for motherhood and may ease their transition into the role of mother. At the same time, I highlight instances where women felt less than supported during pregnancy and childbirth, and how that lack of support affected their transition to motherhood as well.

The final section addresses issues of support during early motherhood. In this section, I explore the kinds of support women receive during early motherhood, including material support like used baby items and childcare as well as emotional support like empathy and validation. I describe how women take up this support during early motherhood, and how the care and advice they receive from others helps to shape not only their own experience with motherhood but also their identities as mothers. I also focus on the salience of gender in how house and care work is taken up by women and men after their baby is born. Specifically, I talk about how gender remains a relevant organizing principle when discussing infant care even as expectations for mothers and fathers have changed considerably to reflect shared duties in the home. Taken together, these sections show that the kind and quality of support mothers receive during the prenatal period and early motherhood plays a considerable role in shaping how new mothers experience the transition to motherhood.

Maternal Support during Pregnancy

In many ways the kind of support expecting women receive during pregnancy sets the tone for how they will experience the transition to motherhood. The kind of responses they get from others when they announce the news of their pregnancy may shape their beliefs about the kind of mother they're going to be, the kinds of challenges they may face, and ultimately their feelings of efficacy after having a baby. I remember when my husband and I announced we were going to have a baby. Knowing how much I value my independence, flexibility, and social life, some people asked, "Are you sure you're ready? You're going to have to give up a lot." Knowing how much my husband and I love to

read and learn, others said, “Your baby is going to be so smart!” Knowing how long it took for me to get pregnant, still others said, “You’ve waited so long for this! You’re going to be such a patient and thoughtful mother!”

Now that I’ve survived the first couple years of motherhood, I can say that I have indeed given up a lot, including my social life, that my daughter is a clever little girl, and that I’ve summoned an incredible amount of patience that I never knew I had. Would these things have happened regardless of how people responded to my pregnancy? Maybe they would have, but maybe not. During my pregnancy I was constantly encouraged to enjoy my “last days of freedom,” to think about the kind of mother I wanted to be and the kind of child I wanted to raise, and to prepare to tap into emotional resources I’d never needed to access before. In the same way, many of the mothers I interviewed talked about how the kind of advice and support they received during pregnancy shaped how they approached motherhood, for better and for worse.

Sharing the News

Many of the mothers I spoke with described how they shared the news of their pregnancy with their friends and family. Some described how excited everyone was to hear the news of their pregnancy, while others described being the target of disappointment and wariness. I was particularly struck by Bethany’s story. Bethany is a young mother of two: a seven-year-old daughter who was born when Bethany was just sixteen years old and one infant son who was born just last year to Bethany and her new husband, Bryan. Bethany is a bright, well-spoken woman who is currently balancing work and motherhood with college classes. She explained that she was a “cool girl” in

high school; she was active in cheerleading, had a lot of good friends, was an active member of her local Mormon church, and had a good relationship with her family.

Bethany has two sets of parents, her biological parents and the parents who fostered her from a young age and eventually adopted her. She has always maintained a relationship with her biological mother despite the fact that she mostly lived with her adoptive parents growing up.

Bethany said that she realized she was pregnant just after a family vacation during which time she was supposed to get her period. Bethany's adoptive mother, who usually kept track of her teenage daughter's periods, didn't notice while they were on vacation.

The realization sunk in for Bethany when the family returned home and she took a pregnancy test.

BC: Well I didn't get the period while we were on vacation, and I don't think it hit my mom that I didn't either, and so when my period was, like, a week late I was like, "Hmm," and me and him had been messing around, so I was like, "Hmm." So I took a test and it came out pregnant like at 2:00 in the afternoon. So that was on a Friday and I took one again Saturday morning and it was the same. And then actually it was on a Sunday, we had went to church and everything, and so Mom was like, "Well, let's sit down and talk about boys and this in general," and I was like, "Okay," and then of course she was like, "You know , this little girl looks up to you so much and that's why she's been coming to church," and I kind of felt like this big, you know, because I hadn't told her and I knew.

SM: You just found out you were pregnant and you hadn't told her yet.

BC: Yeah, and then she was like, "You're super quiet. What's going on?" And I was like, "I have to tell you something, but you can't get mad," and I just started crying. And she's like, "What? What is it? I won't get mad." And I was like, "I'm pregnant," and she's like, "What?" And so I had to muster up the strength to say it again, and I was like, "I'm pregnant," and so, you know, she kind of had all the questions.

Bethany explained that she'd been really nervous about telling her parents, and that her anxiety was ratcheted up in that moment because her mother was in the middle of complimenting her about what a good role model she was for other youth in their church.

After she told her parents, both Bethany and her family began to think about how her life was going to change. Bethany felt sad that she had to delay the plans she had to graduate early and join the Marines. Bethany's parents, on the other hand, and her mother in particular, immediately encouraged Bethany to arrange for an adoption:

I had a lot of plans. I was even approved to graduate early to go in the Marine Corps. But I told my parents and they responded a lot better than I expected, but over the course of the pregnancy, well, and then the father was absolutely oblivious to the whole thing, so it was kind of rough, but then over the course, up until about two weeks before I delivered, my mom tried every resource there was to persuade me to put her up for adoption. But then about two weeks before I gave birth, like, I don't know. Something clicked with my parents that I was going to keep her and that this was meant to be, so that made that a lot better and they became a lot better support system.

Like some of the other women I interviewed whose pregnancies were a surprise or occurred outside of marriage, Bethany felt considerable pressure to give up her baby. She held strong in her plan to raise her daughter despite this pressure, yet she was also reluctant to engage in certain preparatory activities for fear her mother would be angry with her. For example, she was reluctant to buy baby supplies, an activity that signals a coming change in lifestyle and an important aspect of anticipatory socialization. Finally, toward the end of the pregnancy, her mother became more settled with the idea that Bethany would keep the baby and even secured some baby furniture and other hand-me-downs for Bethany's daughter.

Bethany, who had been an active member of her church, said that sharing the news with her church family was difficult. She said that while no one said anything to her directly, church members clearly disapproved of Bethany getting pregnant at such a young age, especially having not been married. At church Bethany was taken out of the group for young women and placed into an adult study group, signaling a shift in how she was viewed by members of the church, and parishioners even arranged a presentation from a Mormon adoption agency.

BC: I think it was mostly at church a lot of people had stuff to say... They never really said anything directly to me, but you could tell. Like, well, number one, as soon as I got pregnant, I was only 16 and we had a young women's group and you'd go until you graduate high school, until you're 18, and as soon as they found out I was pregnant, they put me on Relief Society, which is the women's group, you know, so I hated it.

SM: Is it because they thought that's what you needed, or they didn't want you to be with the other young women?

BC: I don't think they wanted me to be with the other young women, and I think that changed a lot of my relationships with the young women because I never saw them. So the girls my age I never got to see, and then there was a woman who had had a child young and she gave it up for adoption, so they wanted me to meet and talk with her, and they just said a bunch of stuff to try to persuade me. Like they even, I know it was directed towards me, but in general they had a woman from the Mormon Adoption Agency come and do like a presentation for the adults, during the adult hour and I was like, "Wow."

The church leaders' decision to move Bethany out of the youth group reflects a broader tendency to shame and isolate teenage mothers for their seemingly untoward behavior, almost as if Bethany's perceived immorality would rub off on the other young women.

The decision also signified the church's beliefs about how events should unfold along the life course, namely that babies follow commitment and marriage and not vice versa, but it

also signaled the church's recognition of Bethany as an adult. Bethany explained that because of the poor treatment she received from the church when they found out she was pregnant, she soon stopped attending altogether. The effects have been even more far-reaching in that Bethany now eschews any kind of religious belief. She believes most religious groups like the Mormon Church are more concerned with passing judgment and keeping people on the "straight and narrow" than they are with supporting people in need.

Bethany's high school teachers, counselors, and friends were nothing if not supportive, however. She said that although her cheerleading coach was initially disappointed that such a promising competitor would no longer have the opportunity to compete, she eventually came around to the news and offered Bethany her support. She explained,

Yeah, people were supportive and so it was nice, and I wasn't ever really treated different... So, and you know, there were three of us that were pregnant that year, so I think it was kind of a common thing. No one ever said anything to me, so I didn't ever hear anything... I don't think I was ever treated different. Like I had to, I did the tryouts, my coach would call me and she was like, "Why aren't you here yet? You need to be here." And I was like, "I'm coming to talk to you." So I got there and she was like, "Why aren't you dressed? What's going on?" And, you know, football was going on at the same time and they're practicing and stuff and I was like, "Well I need to talk to you," and I told her I was pregnant and she like, you know, was upset for me because she knew a lot of the opportunities I was going to miss out on. And then some of the girls that I cheered with forever ran up to me, and their boyfriends were on the football team, they were like "I already knew. Jamarcus told me." And I was like, "What do you mean, Jamarcus told you?" I was like, "Well, that's funny for someone who's denying her." You know, he was denying the baby, then telling his friends on the football team. So I was like, you know, "He's just in denial," but then he's telling his friends. So they kind of all knew, but I wasn't really, actually more people like flocked to me.

While there was some drama that unfolded around Bethany and her boyfriend, Jamarcus, regarding paternity and eventually child support, Bethany found that people “flocked” to her while she was pregnant. Her friends even organized a baby shower despite the limited resources teenage girls typically have to throw parties and buy gifts for their friends. Bethany explained that she was also given special considerations in school like being able to eat or drink in class or take walks during class time. Her school also offered parenting classes for the girls who were pregnant, which was where Bethany learned about labor, delivery, basic baby care, and the benefits of breastfeeding. While many schools lack such resources, the frequency of teenage pregnancy combined with the relative liberalism of the region where Bethany attended high school, led to the establishment of programs and resources to support teenage mothers. Ultimately, for Bethany, support meant being excited about her pregnancy, or at the very least providing her with the resources to cope with it as she prepared for motherhood. Most of all, it meant withholding judgment. It’s worth noting that Bethany’s coach explained that she was disappointed *for* Bethany, for all the things she would miss out on, rather than *in* Bethany for getting pregnant in the first place.

Bethany’s story illustrates some of the unique experiences teenage girls face when the news of their pregnancy becomes public. For Bethany, those closest to her and most invested in her future felt strongest and the most disappointment in her decision to become sexually active. While her parents and her church family encouraged her to give the baby up for adoption, her friends showered her with attention, and her school provided resources for her to get through her pregnancy with relative ease. Bethany’s

experience illustrates the multiple meanings that people attach to pregnancy. For her parents, Bethany's pregnancy meant new responsibilities and new challenges in terms of Bethany being able to meet her personal and professional goals in life. For the church, her pregnancy reflected compromised moral values and irresponsibility as well as a departure from a mapped life trajectory and strict adherence to rules about relationships and sex. For the school, Bethany's pregnancy was an increasingly typical situation that required the implementation of new educational tools. For Bethany's friends, her pregnancy was a marker of adulthood, a tendency that is unsurprising considering how teenage motherhood has increasingly been talked about by young women as a marker of adulthood rather than a product of marriage (Edin and Kefalas 2005). These different meanings emerged through Bethany's sharing the news of her pregnancy, and they provide some insight into how different groups, institutions, and institutional actors understand and address teenage pregnancy.

Both May and Felicia described the challenges they faced in sharing the news of their pregnancy with their family, or in Felicia's case, her partner. May now has four daughters and one son, while Felicia has three daughters, and her youngest are twins. Living in public housing and on a limited income, they both face considerable challenges in their day-to-day lives, challenges that often feel all the more real because they're each raising several children in a community where resources are limited. Although it has been several years since they first got pregnant, both described vivid memories of sharing the news of their pregnancy.

Like Bethany, May faced a difficult situation when she found out she was pregnant shortly after she turned 21. Although May had a good relationship with her parents, they believed the man she was dating at the time was trouble. They even told May that they didn't want her seeing her boyfriend, and that so long as she lived in their home she wasn't allowed to spend time with him. This demand made things all the more difficult when May discovered that she was pregnant. She was worried that her pregnancy would be understood as an act of defiance, not so much because she was having a baby, but because she continued to have a relationship with her boyfriend despite her parents' protests. She described how she eventually came to tell her parents about the pregnancy:

I was in denial. I hid it as long as I could fight it. I was 21 but I was still living with my mom and my dad. I couldn't even tell them. I'm pregnant by somebody I wasn't even supposed to be around. So I just hid it and I was in denial and I knew it was close. I started getting bigger and I knew I needed prenatal care, so I just got sick and let them see me getting sick. They were like, "What's wrong with you?" And I just turned around and said, "I'm pregnant," and all hell broke loose. I cried, ran out of the house, you know how girls do. And I came back and they called me in the room and they was like, "We're here for you. You should've told us," you know, all that stuff. So it got better, it did get better. What I thought was going to be the worst, it wasn't.

May believes that she made the situation worse than it may have otherwise been by storming out and being dramatic. However, May also said that she was worried that her family was going to pressure her to give her baby up for adoption or to have an abortion. She said, "Yeah, because I'm going to keep my baby. You know, I'm going to keep my baby. I graduated from school. They don't understand. You know how you be in the beginning. I was just, I don't know, scared." Fortunately for May, that pressure never

manifested. To her surprise, her family was nothing but supportive during her pregnancy and after her daughter was born.

Felicia explained that, unlike May, she was pressured to terminate her pregnancy. Although she was in her twenties when she had her first child, and was well outside the purview of her parents' influence, her partner kept pressuring her to have an abortion:

FW: For me, [depression] started during my pregnancy because I was being constantly hounded to terminate the pregnancy.

SM: By India's father?

FW: By her father.

Although Felicia ultimately had to give up a relatively stable job in information technology, it never once crossed her mind to terminate the pregnancy. What she did feel, however, was loneliness and depression. She wasn't living near family, she didn't have many friends to rely on for advice and support, and her partner not only withheld support but was actively pressuring her to terminate the pregnancy.

Bethany, May, and Felicia all became pregnant during a time in their lives that most people consider problematic when it comes to having a child. Women are typically expected to have children once they're older and their lives are more settled. Bethany was a teenager, May was still living at home with her parents, and all three women were unmarried. Further, May and Felicia were living in public housing and both feared being dismissed as just another low-income, single, Black mother. None of the other women I interviewed described anticipating feeling pressure to give their baby up either through adoption or abortion regardless of whether their pregnancy was planned or unplanned. Most of the other women I interviewed were older, in a committed relationship or

married, or had a stable career or income when they got pregnant. Such achievements in the life course legitimize pregnancy and make it seem as though it's a matter of course. For younger, unmarried, unemployed women, pregnancy is often considered a complication rather than a cause for celebration. This is the case despite the fact that more children (53%) are being born outside of marriage to women under 30 (DeParle and Tavernise 2012). One might think that this trend would make it easier for women to experience birth outside of marriage, but in reality, birth outside of marriage combined with factors like race and income reveal hardened categories of appropriate motherhood. Regardless of whether the pressure was real (in May's case it seemingly was not), Bethany, May, and Felicia all faced some concern that they would be expected to give up their babies.

Like Bethany, May, and Felicia, Arielle and her partner, Lenny, were not married when they found out Arielle was pregnant. They were, however, engaged and planning their wedding after about a year of dating. Arielle was still in college, and Lenny had recently graduated and was planning to enter a graduate program in education. Arielle explained that although their pregnancy was planned, she and Lenny felt anxious about sharing the news of their pregnancy with their parents. Arielle explained that their parents expressed reservations about the pregnancy. She said, "I remember our parents weren't as thrilled about it. They thought it was too soon, but that didn't really deter us. It didn't really change my feelings about it, and Lenny was excited, too. Now right after we found out I was pregnant, Lenny had discovered he was going to get laid off at the end of the school year. So that kind of put a damper on things and just added some fear into it, not

just the transition of becoming parents, but just not being able to, you know, really support our kid.” Arielle explained that their parents reactions coincided with the news that Lenny was about to get laid off from his teaching job. Although she initially took their parents’ reactions with a grain of salt, combined with the news of Lenny’s job, both Arielle and Lenny began to feel anxious about being able to provide for their child. However, because Lenny and Arielle were in a committed relationship, planned their pregnancy and timed it during an “appropriate” moment in the life course, had some plans for the future (however tenuous they may have been at the time), and had two families willing to support them if necessary, they never experienced any pressure to terminate the pregnancy or give their baby up for adoption. Although they recognized their parents’ disappointment, the thought of not having their baby never even crossed their minds.

Some of the mothers I spoke with described the process of deciding exactly when to disclose the news of their pregnancy. Several women wanted to wait to share the news until after the first trimester. This isn’t an unusual practice considering that most miscarriages occur during the first trimester; women often want to make sure they get through that period without incident before telling others about their pregnancy. The act of sharing the news of a pregnancy reveals, firstly, the relational nature of pregnancy. Telling others about the news indicates to them that one is preparing to take on the role of mother, which also signals the beginning of an identity shift from individual person to parent. Sharing the news is often an early step in the process of anticipatory socialization as well; many of the women I spoke with used the moment at which they shared the news

to start talking about some of the concrete activities they would engage in in preparation for motherhood. Telling others of a pregnancy also unleashes the steady flow of advice, both wanted and unwanted, that pregnant women receive about pregnancy, childbirth, and parenting.

Lisa, whose husband was deployed when she got pregnant, didn't want to tell any of her friends or family until she felt confident she would be able to carry the baby to term. She explained, however, that she needed additional physical and emotional support because her husband was stationed overseas. Lisa decided to tell her in-laws who lived close-by, but as a result felt it was only "fair" that she tell her parents, too. She explained,

It was hard because I would go to the appointments and I would look around and everybody kind of had, like, their mom, significant other, whatever the case may be. My family lives in Japan and I was living with my brother. So it was just me and my brother, and initially, because I hadn't told anybody, it was even more kind of lonely, I guess. So eventually I couldn't take it anymore, so I had to tell my parents—we were trying to wait until the first trimester was over—I gave in and told my mom, and then I had to tell his dad just to be fair. But then it got a little better because his mom... would come once a week and help out and bring food.

Once Lisa shared the news, she felt much better about going through the pregnancy without her husband nearby. What's interesting about Lisa's explanation, though, is how she felt it was unfair to tell her husband's parents without telling her own. Perhaps this sentiment illustrates how obligated women feel to tell certain people about their pregnancy, or how sharing information can be used as a marker of the strength or intimacy of a relationship. It may also illustrate how entitled people feel to knowledge about others' pregnancy, particularly as receiving the news serves as a meaningful symbol of durable bonds. At the same time, this sense of entitlement goes hand in hand

with the surveillance that permeates women's pregnancy experiences, that is, the tendency of others to remark on or intervene in women's prenatal experiences and decisions.

Annette explained that she, too, waited to tell family and friends that she was expecting. Waiting was particularly important to her because she had previously experienced a miscarriage toward the end of her first trimester. Annette explained,

I was having trouble getting pregnant and then I didn't have trouble getting pregnant, you know, but then it never occurred to me that I wouldn't be able to keep a pregnancy, and so and I ended up getting pregnant again several months later and that was my first child. And so the sort of transition to motherhood and the pregnancy, it was very, you know I guess it wasn't what I would've pictured as this romantic notion of being pregnant since I was scared. You know when you first found out you were pregnant, and we didn't want to tell anybody and it took so long to sort of emotionally invest in the pregnancy or think about it for a while. We didn't want to tell our family and have them ask me every day like how we were doing and yada yada. So I just didn't want to have to, you know, so I was very attentive and cautious and so we were at least three, almost four months pregnant when we even told our parents.

For Annette, telling her family and friends about her pregnancy was tantamount to an emotional investment in the baby. Because of how her first pregnancy ended, she was incredibly reluctant to feel excited about the next one. As a result, the anticipation and joy she once expected to feel was disrupted by fear and anxiety. Moreover, no amount of support was worth possibly having to go through the pain of explaining a miscarriage to her family or friends again.

Sharing the news of a pregnancy often makes the experience feel more real, more exciting, and more inevitable. Not all of the women I spoke with talked about how they shared the news with their friends and families. Those who did, however, experienced

particular challenges when it came to telling others about their pregnancy, whether those challenges were because they were young or unmarried when they got pregnant, or because they wanted to have some control over how and when the news came out. How the news of pregnancy is received by others often reflects broader notions about when and under what circumstances pregnancy should occur in the life course. At the same time, however, it doesn't always reflect the kind of support expecting mothers receive over the course of their pregnancy. Support during pregnancy comes in different forms and to varying degrees.

Advice and Support during Pregnancy

Opinions and advice are rarely in short supply when it comes to pregnancy. Everyone from parents, sisters and brothers, friends, Facebook friends, coworkers, celebrities, and bloggers has an opinion about how to proceed through pregnancy. People tell pregnant women how they can guess the sex of their baby, how they can minimize stretch marks, what to register for, what to eat, how often to exercise, how to exercise, how to plan a baby-moon (a short vacation first-time parents sometimes take as a “last hoorah” to their lives as non-parents), and the list goes on. Support, on the other hand, isn't always as readily available. Women often experience pushback from others about their pregnancy decisions; indeed, the experience is nearly universal. In the following section I describe the various kinds of advice and support that the mothers I interviewed received during their first pregnancy. I share how they interpreted and took up or rejected that advice and support.

Some of the women I spoke with described the informal lay support they received through online communities on websites like *Baby Center*, *Babble*, and *Parenting*. These online communities, which typically offer a high degree of anonymity, allow parents to ask questions and share experiences they may be reluctant to ask or share in face-to-face interactions with people they know personally. Judy described how her *Baby Center* community not only eased her mind about typical pregnancy aches and pains but also gave her new insights into birthing options that she hadn't even realized were available to her. She said,

Oh, *Baby Center*, you could join the birth clubs for babies who are born at the same time. So we joined the birth club and then found other boards that I was interested in. And, um, you know, it was a way to compare aches and pains. "Is this normal?" And, "Yes, my doctor said this is normal." And I had some concerns, nothing specific, just general stuff, you know. But then you find out other things, like, "Oh, I didn't even know that was an issue," that sort of thing. That was actually when I started learning that people still do home births... so I actually started discovering lots of choices that I didn't even know were available.

Although Judy proceeded with a hospital birth for her first child, her experience chatting with and reading about other expecting and new mothers on *Baby Center* opened her eyes to the world of birthing at home, which she chose to pursue for her four subsequent births. Of course, her experience online also opened her up to new concerns and worries that she hadn't even been considering. Online communities are also sites of considerable disagreement and conflict as women argue with one another about the "right" decisions or "good" choices in terms of prenatal care and birth plans. As such, these communities and message boards are simultaneously sites of validation and criticism.

Indeed, the anonymity of message boards can be both a blessing and a curse. In my own experience, I found that online message boards were sites where women were able to provide support and comfort to one another but also where women engaged in intense, and not always courteous, debate about pregnancy, birth, and parenting decisions. I heard this sentiment echoed in many of the interviews I conducted; women sought out message boards for support, but often felt worse for having read them. Without having to identify yourself, and able to disengage without reprisal at any moment, message boards and online communities have the potential to be vicious forums where judgment is not filtered through rules for polite interaction. Yet even when mothers knew that they could potentially experience hurt feelings or serious doubts, they still sought out these connections with other mothers. In one case, which I describe in greater detail in the following chapter, a mother I interviewed continued to look at a message thread that would upset her. It was almost as if she was punishing herself for the relatively innocuous decisions she made about work and family balance.

While some women looked to online communities for support, many of the women I interviewed talked about the role their friends played in providing informal lay support in preparation for childbirth and motherhood. Jasmine explained that she already knew a lot about pregnancy and birth because she provided support to one of her close friends when she was pregnant. Jasmine said,

You know what's funny is that I think was prepared for a while, but I know a lot has to do with when we were overseas and he was deployed the second time. The first time he was deployed there was probably, like, six of us wives. None of us had kids and we just hung out or whatever. But the second time around one of the wives got pregnant, and so the guy was deployed while she was pregnant, and so I kind of felt like I was that

husband. So we hung out all the time, and then I was in the room when she had the baby because she had it, like, two weeks early. And I was kind of reading all the books she was reading on motherhood, so I read all those baby books years ago because my friend was pregnant.

Jasmine's experience provides an interesting example of how readily women support one another in the absence of a partner, particularly in close-knit groups like military wives and partners. Not only did Jasmine provide support to her friend but she also began to mentally prepare for going through the process of pregnancy and birth herself. In that way, providing intimate support and being engaged in friends' or family members' pregnancy can help guide the process of anticipatory socialization for an expecting mother. As such, this kind of engagement allows for the projection of a future self by navigating a given experience with others.

Sharon explained that she spent a lot of time researching how to prepare for motherhood during her pregnancy, but ultimately found her friends' advice most helpful. She explained that she and her husband are both researchers in their professional lives, so they spent a considerable amount of time researching pregnancy and birth options as well as what they would need to buy in anticipation of bringing a new baby home. However, Sharon also explained that friends and family willingly shared with her advice about what to buy and what to start thinking about. She said, "Well, because we're both researchers, um, actually a friend of mine told me about this baby bargains book that tells you everything you need to register for. So we read a bunch of stuff and tried to figure out, 'What do you need for a baby?' And because I'm a little older, a lot of our friends already had kids, so they gave me advice. And my sister is into the, sort of, attachment parenting thing, so I'd heard about that a ton." In part because Sharon focused more on

her education and career earlier in life, she had many friends who had already had children and were able to pass on both advice and baby goods to her. Indeed, resource- and information-sharing is one of the benefits of delayed childbearing.

Again, Bethany explained that because she felt pressure to make arrangements for adoption, she delayed researching and purchasing baby products. However, once her parents became more settled on the idea that she was going to keep her baby, the family rallied friends and other family members to help prepare their home for a baby. Bethany said,

Well I hadn't bought anything. Like I kept buying stuff and then I would take it back because I was like, I don't know. I knew I was going to keep her, but then I was like, "Okay, if I buy something, will Mom be mad?" So stuff like that. And I had had a lot of nieces and nephews, they were like, "Oh, I can pass stuff down to you," and I'm like, "Okay, cool." And it was my best friend who did a surprise baby shower... and I got, like, everything. And all these girls went to high school with me, so it wasn't even, you know they didn't have money like now adults have baby showers. But so I was blessed and I got everything I needed. And Mom knew someone, they gave us a crib, so everything was either from the baby shower or was handed down. So it was really, it was helpful.

Fortunately for Bethany, her large social circle of friends, family, and even some church members provided her with the kind of material support she needed to prepare for bringing her daughter home. This was all the more a relief because until just a few short weeks before Navi was born, Bethany believed her family wouldn't support her decision to keep the baby.

Family often plays a crucial role in providing the kind of informal lay support women often benefit from during pregnancy. Some mothers explained that their family was a huge help in preparing their home, offering advice, and generally supporting the

decisions they and their partners made around pregnancy, birth, and early parenting. Others, however, described how difficult their families were or how lonely they felt because they lacked much needed support from family, friends, and in some cases even their partners.

Amber explained that both her family and her friends were incredibly helpful when it came to providing support and encouragement during her pregnancy. She said,

She's the first grandbaby, so our families were so wonderful. My in-laws bought all her bedroom furniture. My parents bought her crib. We had, like, three showers. I mean it really felt like our community here just was so excited and came together, and so really when she came there was nothing that we needed. It just, yeah, I mean our friends brewed a beer for her in her name, because my husband is a brewer. Like, it really felt like we came together, especially because we have no family here.

Amber explained that the support she and her husband received from their friends was especially valuable given how far away both sets of their parents lived. Other mothers from the Washington DC region expressed a similar sentiment, explaining that the DC area lacks the feeling of a community where people are born and raised and live through adulthood. Instead, the region is full of people who move here, away from their families, looking for education and job opportunities. As a result, new parents often lack the immediate, physical support of their families and rely increasingly on friends. This transformation of support is typical in other urban and suburban areas of the country as well given that family arrangements are increasingly characterized by neolocal residence rather than patrilocal or matrilocal residence signified by the younger generation's geographic proximity to their parents.

While taking me on a tour of her baby's room, Anna, who was 38 weeks pregnant when we first met, shared, "My father-in-law came in a couple of weeks ago and painted the walls yellow, which I really like. And this [points to a nicely appointed daybed] is for when Grandma comes over, this comes out into, like, almost a king-sized bed.... Some friends gave that [swing] to us. They have a child who's seven now, so we got his old bassinet and his swing." Leah, an Indian woman working as an architect in Northern Virginia, described the emotional support that she received during pregnancy from her mother and sister in India. She maintains a strong relationship with them by talking via Skype or phone nearly every day. She also described having met other expecting mothers via a Meet-Up group she found online. The group of expecting moms both chat online and meet in person to share their feelings of both stress and excitement as well as to share information and their experiences with one another.

The kind of support that Amber, Anna, and Leah received from family and friends played an integral role in how they experienced their first pregnancy. Amber's parents certainly played the typical role of grandparents eagerly awaiting the arrival of their first grandchild by providing both emotional and material support. Their friends came together for them as well, which Amber pointed out was particularly important in a region where many people are transient or grew up elsewhere. She went on to describe how their friends, both with and without children, typically play the role of their parents and other family members by providing care and encouragement when needed. Anna was incredibly grateful for eager in-laws who, although they live several hours away, were ready to help her and her husband at a moment's notice during the pregnancy. Although

Leah's family lives on a different continent, technology has made it possible for her to feel as though she's getting a comparable level of support that she would have gotten had her family lived in the next town over.

Of course, sometimes family support can be a stressor, as was the case with Arielle and Lenny who had to move in with Arielle's parents shortly after she got pregnant:

We figured out that we were going to have to move back in with my mother, and the down side about that is that my parents were going through a divorce and my younger two teenage brothers at the time were still living at home and so we were having to uproot ourselves to move back home. And then there was planning a wedding and then assessing whether your dress is going to fit over your growing belly... So a big part of the pregnancy was spent, you know, very stressful where I had moments. It was usually at night when everyone was asleep, the day was done and especially when it was quiet, that was like the one time during each day where I was actually able to calm down and focus on Isobel and just tell her and assure her, "Yes, I'm sure you hear all the stressful things going on around us and the fact that Mommy is crying, and you know I snapped at Daddy," but you know I would tell her that I wanted her no matter what and that even though her grandparents weren't exactly thrilled about the timing, they were thrilled about the fact that she was coming into the world.

Arielle and Lenny felt ambivalent about the role their family played in their pregnancy and even into early parenthood. They clearly weren't thrilled at the prospect of having to move back home, yet they were grateful to have the option when it became necessary. The support that Arielle's family provided in terms of providing a home was both useful and stressful. As a result, the stress of the situation compelled Arielle to articulate that while their situation may have been unwanted, their baby was very much wanted by the whole family.

Of course, partners also play a role when it comes to the level of support women receive while they were pregnant. At the same time Jessica expressed disdain for the pregnancy advice books she read, she also talked about how supported she felt by both her husband and his parents.

I read *What to Expect When You're Expecting* like every other idiot in the world. It's the worst book. If you get anything from this, like, tell people not to read it because it's so bad. I mean, I just started doing some additional research just sort of on my own online and talking with friends of mine whose children were born at home. And Steve's mother, who had two boys and no medication, she had really good, easy births. So I talked to her more than anyone else just about how this is a natural process and Steve is really good support to me. He was very involved, read a lot with me, which was nice.

Jessica was very focused on the kind of birth experience she wanted and spent much of her pregnancy planning for how best to achieve that. For that reason, Jessica seemed to define support during her pregnancy as any kind of support for natural, low -intervention childbirth. She felt that her husband, in particular, was very supportive because he did the reading and research she asked him to in an effort to achieve a natural birth. Unlike her own mother, who felt sure Jessica would have a c-section just as she did, Jessica's mother-in -law also supported Jessica's low -intervention decisions about pregnancy and childbirth.

Carol explained that her husband was supportive during her pregnancy, but that his support was rarely needed because she had such an easy experience. She said,

He has been very engaged but I think because I had a very easy pregnancy, I'm not bragging about this, it's just the luck of the draw, but up until two weeks ago, I'd felt great, I had no morning sickness, I've been able to get up every morning and walk the dog, you know, stay active, as active as you can be. So I think that him going to the appointments was great, but I don't think he has, and he's been very

supportive, but he didn't have to take care of me a ton. Um, in fact when I would sit down on a Saturday afternoon for fifteen minutes, he'd be like, "You need to get this stuff done," and I'd be like, "You realize I'm carrying your child?"

Carol explained that it wasn't until late in her pregnancy, around the time I interviewed her, that she began to experience the more typical aches and pains that accompany pregnancy. She implied that while she has a good relationship with her husband, and even though her husband is an engaged partner, he seemingly took for granted how easy the pregnancy was for Carol. Had it been more difficult, had she had more appointments or been physically limited, Carol wondered if he would have been as helpful.

Advice, encouragement, and support may come from any number of other sources beyond friends and family. Indeed, formal expert advice and support is just as crucial as the informal lay support I described above. As I mentioned above, Bethany received considerable support from her high school when she told her counselor she was pregnant:

BC: With being in high school, because of course I had to go to my counselor and get some things situated around with being pregnant, and they actually, she told me about they had a pregnancy class.

SM: At school?

BC: Yeah. So it was my first period, a teacher came in from the community who she did it for all the schools and it was like a pregnancy, child-birthing, like, learning class, so I learned a lot from that. So the pregnancy class really helped out, gave me a lot of info, you know what to expect.

The quality of prenatal care women receive during their pregnancy also plays a role in how supported and cared for expecting mothers feel. Mia told me that she loved her doctor's warmth and personal touch and that it helped her achieve a pleasant and worry-free pregnancy. She said, "My prenatal care was awesome. I love my doctor, he's

awesome... I need a lot of babying and he's very good with women. I don't know what it is, when he comes in, he always gives me a big hug and kiss on the cheek, 'You look beautiful! This baby is just going to be so beautiful!' He's just so positive." Because Mia responded so well to her doctor's style, she felt less anxious during her pregnancy and felt more relaxed and confident that she would have a good birth experience.

Annette described her relationship with her midwives, which evolved after she miscarried during her first pregnancy. For Annette, feeling supported by her practitioners meant that they made her feel relaxed and secure in the knowledge that her baby was safe and growing properly. She shared with me how her relationship with her midwives took shape:

This was my first pregnancy that I ended up miscarrying, I called as soon as I found out I was pregnant from a home test, I called. So at that point I was seeing an OBGYN in DC and had just been there ever since I was in college several years ago, and they're like, "Well we could get you in on this date," and I was like, by then that's my second trimester, and I was like, "Doesn't everything happen in the first trimester? Don't you need to tell me what to do and what's important?" And I was just kind of horrified that, okay, well you hear how the first trimester is so important for the development and yet my doctor won't see me until later. I don't know what the hell I'm doing. I've never been pregnant before. What am I supposed to do? So I was sort of looking around and I found a physician, a midwife collaborative practice, and it was actually here in Alexandria. So I was really happy with them. I think I'd gone to see them right away, and that first pregnancy ended right after that, but I felt much better coming back to them the second time around and the midwives were just much more home-centered and, "How do you feel?" And much more understanding of my fears and things like that. So the midwives gave me ultrasounds a lot in the beginning just to sort of reassure me that, yeah, there's the heartbeat, and all that kind of stuff. So I was really happy with that and was able to feel more comfortable talking to them.

Annette was understandably frustrated by the response she received from her doctors since, as a first time mother, she was incredibly anxious about how that critical first

trimester might unfold. For her, support meant prioritizing her concerns, an expectation that was most keenly felt when she miscarried several weeks later. Other women described similar feelings about their practitioners, both midwives and doctors alike. Whether true or not from their perspectives, practitioners had the power to make or break their pregnancy and birth experience, which is reflected in how carefully many of the women I spoke with selected their providers. In fact, many mothers talked about switching practices during their pregnancy, a decision I describe in greater detail below.

Some mothers described how valuable they found their doula to be during their pregnancy and how having quality support from birth professionals helped to both ease their fears and build their confidence about birth and motherhood. This kind of informal expert support helps women acquire reliable information about pregnancy, childbirth, and early motherhood; at the same time, it provides opportunities for more casual and personal conversations. Anna explained that she worked to build a network of professionals while she was pregnant who could support her in terms of breastfeeding after the baby is born. She said, “I don’t know I can really anticipate, I think the first weeks are hard, getting him to latch. So I’ve tried to build up a support chain or have numbers of people to call, but I don’t know what else I can do. You can’t anticipate everything, but I know who to call if I have a problem. And I have girlfriend who’s weeks ahead of me. She just had her baby. Now she’s working on getting the baby in a baby carrier so she can nurse the baby and walk around.” Anna, who is both highly educated and always prepared, was able to draw on networks she built outward from her friends, her prenatal yoga class, and her doctors and midwives to construct a system of

support to meet the needs she anticipated having after her baby was born. This makes sense given the value of social networks in helping women to make connections and access resources that may have otherwise been unavailable to them. Social networks not only enhance one's social capital, that is, who one knows; social networks also allow for the flow of information and services across groups of people so that they can more effectively navigate their life experiences. Given Anna's concerns about nursing, the contacts she made with a doula, a breastfeeding consultant, and her local Le Leche League (and therefore all the people and services they in turn have access to) gave her entrée to various points of information and helped her to feel a bit more confident that she could master nursing.

Carol and Arielle both explained how, in addition to family and friends, complete strangers would talk to them about their own pregnancy and birth experiences:

It is interesting how it becomes, and you hear every woman who's had children or is pregnant say this, that everyone wants to give you advice. But it's all good natured advice, I mean, people will tell you their crazy birthing stories and how they felt when they were pregnant and what that meant and how they were carrying their baby. But it's all from a good place. I mean, occasionally people say things like, "Your life will change and it's going to be so tough," which it is, but I think having friends around me that have had children and then also having friends around you but don't have children and are maybe a couple years behind, they're excited for you, too. So I have them, and my in-laws moved here two years ago and they've been very supportive. But I think people are much more supportive of a pregnant woman than they are with a woman with five babies or toddlers. Like if you're pregnant and you need a seat on the Metro, they're fine, but if you're carrying a baby in your arms, people aren't as nice. (Carol)

While I was anticipating the arrival of Isobel, I definitely surrounded myself with information. I actually experienced information overload. I, of course, asked my mom to tell me her birth stories over and over and over again, and I asked my mother-in-law, because she had c-sections with both

of her sons, and which is great because I ended up having c-sections with both of mine, too. Like, my best friend had her baby before I did, so I asked her. And of course, you know, you have the women who, when it's obvious you're showing, you know anybody will come up and tell you their birth story. I actually welcomed it. I didn't reject anything that I heard, I mean even if it was kind of scary, I took it all in like a sponge. (Arielle)

Although some expecting mothers are easily frustrated by strangers' stories and comments, others like Carol and Arielle welcomed them. Carol believed such comments came from a good and helpful place and was willing to overlook the intrusiveness of strangers while Arielle was truly welcoming of them. A mother's first pregnancy can be a time of confusion and anxiety and oftentimes expecting mothers will take reassuring advice where they can get it. Some will even eagerly listen to horrific birth stories in the hopes that they can avoid whatever problems befell others.

To be sure, I heard of more than a few instances where expecting women felt either intruded upon by others' opinions and advice or that they didn't receive the kind of support they wanted during their pregnancy. June described how frustrating comments from her coworkers became, especially later in her pregnancy:

I worked in a small office and there were three other women in the same room as I was and we had a computer in each corner. And the other women were all significantly older than me. Um, one of them had grandchildren, one of them had smallish children or grown, and the other was childless. And that was a really different dynamic for me because they worked with me all day, so they felt like it was okay to be in my space. So, you know, they would touch me or ask me about my doctor's appointment or comment on how often I went to the bathroom or what I was eating. You know, I was gestational diabetic, so I couldn't come in with a sandwich without them going, "Is that okay for the baby?" And I was like, "This is horrible, leave me alone and let me eat. I'm a pregnant, hungry woman and I have cravings!" And they would always lecture me when I came back from the soda machine, just craziness, absolute craziness!

What June experienced, pregnancy as a collective experience, is not altogether unusual given the extent to which women's bodies are watched, discussed, critiqued, and become objects of opinion for others. This is especially the case with pregnant bodies. Under the guise of helpfulness, June's coworkers constantly tried to referee June's eating choices by exercising their disapproval over her decisions. June certainly fell under that category of mothers who didn't want to be touched or approached with advice from strangers or acquaintances unless asked, so her coworkers' intrusion into her "space" was incredibly unwelcome.

Carol, Arielle, and June all experienced unsolicited attention and advice, both wanted and unwanted, from others. Their experiences reflect what Balin (1988) considers the sacralization of pregnancy. Specifically, through her research with pregnant women and new mothers, Balin argues that pregnant women are often elevated to a sacred status by others as they prepare to take on the role of mother. Such elevation both reflects the collective dimension of pregnancy and motherhood and encourages the internalization of mothering norms for pregnant women. This was certainly the case for June, whose coworkers felt entitled to have some input into her daily activities while pregnant. Interestingly, the women in Balin's study who discussed receiving undue attention from strangers talked about the difference between male attention and female attention. While men tended to distance themselves from women's pregnant bodies, women tended to "eschew the social boundaries of public settings" (1988:286) by offering unsolicited advice and sharing their own pregnancy and birth stories. While the women Balin

interviewed were caught off guard by the attention, like Carol and Arielle, they liked and appreciated being on the receiving end of special consideration.

The idea of sacralization provides an interesting counterpoint to Giddens' image of modern identity as untethered to a single set of expectations (1991). Using the theoretical framework of sacralization, one could easily argue that expectations for pregnancy and motherhood are actually quite clear and are reflected in how others treat pregnant women and new mothers. Moreover, it's that very clarity that instills in women both the need to experience a perfect pregnancy as well as the anxiety they feel around unmet expectations. In other words, while Giddens' (1991) framework locates existential anxiety in diffused authority and expectations, a sacralization framework locates that anxiety in standard yet often unattainable expectations. It's also worth noting that the sacralization of pregnancy doesn't always translate into the sacralization of motherhood. While motherhood is often understood as an exalted status, not all mothers are given the support they need in both the public and the private sphere, a point I will elaborate further below.

Not all women feel supported much less sacred, during pregnancy, however. One of the more striking interviews I had was with Leona, who had just given birth to her son a couple short months before we spoke. While Leona talked at length about how challenging she found early motherhood to be, she also described how difficult pregnancy was with few people around to support her. She said,

Even though it was planned, I wasn't expecting the mixed emotions that surfaced. I thought I would be completely elated and overjoyed, and I was, but I was also instantly nervous and frightened at the prospect of giving birth and being responsible for a little baby for at least 18 years, I mean,

totally responsible. I was worried about, you know, the possible issues with the pregnancy, you know, what if he has Down Syndrome? Things like that. I was worried about another miscarriage, and then I become worried about money because I was laid off a few months after I got pregnant. So there, so the pregnancy was difficult emotionally because of all the mixed feelings I had. And I didn't really have anybody I could turn to. My best friend, she lives in Florida, we spoke a lot on the phone, she was available as much as possible but the distance, you know, really, she has her own family, but she did what she could. And my husband doesn't have any siblings, I don't have any siblings, we just don't, I didn't feel very connected, like I could reach out to someone immediately and discuss my ambivalence.

Kasie shared similar feelings. Like Leona, she didn't have family close by and few of her local friends had kids, yet she had a strong desire for some kind of shared experience.

I remember when I got pregnant I immediately started thinking about, "How am I going to meet other pregnant people?" And I don't know anybody who's pregnant, and I really missed Texas and being home because I wanted my mom to help me go register for baby stuff and I wanted, my friends in Texas already had babies or were having babies. I think down in the south people, and you know I'm from a big city. I'm from Dallas, so the people, they have babies younger. I mean most of my friends in Texas are done having their kids by their like 30, 33-ish or something, and here most women, I don't think, probably start in their late 30s.

Kasie went on to describe a rather humorous situation in which she, desperate to meet new people, accosted another expecting mom in a salon:

I just remember being pregnant and feeling desperate to meet other pregnant people. I was stopping pregnant ladies on the street, asking them random questions, "Oh have you picked a pediatrician?" They were like, "Uh, no," and they were looking at me weird. I could remember one time getting like, just finding out I was probably like three months pregnant, I wasn't even showing, or maybe two months, and I was getting a manicure or something and I saw this woman who was really pregnant sitting next to me getting her manicure and I was like lovingly looking at her the whole time, and she was thinking I was so weird, and then I remember I just, in my mind and I'm thinking you know a million miles a minute in my mind and she's not obviously hearing what I'm thinking and I just busted out. I was like, "Are you going to breastfeed?" And she was like,

“Um, you know, I don’t know yet,” and then she like got up from the drying station and left.

While Leona wanted friends to be closer so that she could talk to someone about her anxieties about pregnancy and parenting, Kasie simply wanted to share the experience with someone and ask for advice. Both women had limited social networks and support elsewhere, but both placed considerable value on in-person interaction.

Lisa, too, wanted in-person support from her husband, who was deployed for most of her pregnancy. She said, “I was lonely in terms of the doctors’ appointments and whatnot because [my husband] wasn’t there to do the ultrasound, but I’d scan and email him pictures, but there’s a little bit of something missing when you’re not actually physically there with the ultrasound and finding out the facts. It was just me, but in terms of support, it was nice to have his parents be very supportive, and my brother be there for me.” While Lisa found comfort and support from her in-laws and her brother, who was actually living with her at the time, she wanted her husband to be there as well. Like many other expecting mothers, Lisa had a vision of going to doctor’s appointments with her husband and of him being there to see the baby’s first documented heartbeat or to watch him rolling around during sonograms. Lisa explained that she wanted her pregnancy experience to unfold like it does in our popular imagination: the caring husband holding the hand of his loving wife who is donned in a hospital gown, both doting over sonogram pictures. Even though other family members were present for those occasions, Lisa felt the keen loneliness of having a husband deployed abroad.

Anna explained that although her in-laws, friends, and partner had been very supportive, what she really wanted was to be cared for by her own mother. Anna

explained that despite a strained relationship, she had invited her mother to visit and be there for her first grandbaby's birth. When Anna's baby was born, however, Anna's mother was on rotation with her sisters to care for their own sick mother. Anna was frustrated because even though her aunts offered to temporarily relieve Anna's mother of her responsibilities when Anna's son was born, Anna's mother decided to wait for a few months to visit Anna and the new baby. Anna said,

I don't have my family here as it is. I've had some issues with my mom. She hasn't really wanted to come and participate so that's been kind of, I've been kind of like an orphan. I thought she'd want to be more involved. I don't understand why she just doesn't, she just chooses to be with her mother, but no, I need my mother! She feels like if she waits to visit, we'll have more time together, and I kind of understand it, but I don't know. I just think I'll really need my mom. I guess I'm being selfish, but I just told her, "Do whatever you need to do."

I sympathized with Anna:

SM: There's nothing like having a parent around who's gone through it. Like, even though for my mom it had been 28 years, things obviously change, but knowing someone's gone through it and can be there for you, it's helpful.

AH: Yeah, and tell you you're not doing it wrong, someone who can give that positive reinforcement that you're not going to kill your kid, it's fine, it'll be fine, you know? You sort of need that, you're doing it okay... And I think it'll help de-stress me and have someone to support me rather than it be like it's just you.

Anna felt entitled to her mother's time, and her feelings reflect the broader social convention of having parents, particularly mothers, stay with new parents when they bring their new baby home. Interestingly, Anna believed that this convention should supersede any tension in her relationship with her mother. Indeed, many families expect

babies to repair broken relationships and transcend familial disagreements. Given the celebratory nature of childbirth and new motherhood, and that childbirth itself is rife with the symbolism of new beginnings, one could easily assume the arrival of a new baby would evoke merriment and feelings of unity. In reality, however, childbirth occurs within a complex constellation of family relationships, and in some cases brings to the forefront feelings of resentment and derision.

Like Anna, Jessica described wanting to involve her family in her pregnancy:

JW: I'm not close with any of my family. I have a sister. My parents divorced when I was 4. My mother has Borderline Personality Disorder, so every time you speak with her, there's something with her brain. It's like she forgets that we've had prior conversations, and you know she's had a bad day, she's not very stable. My stepdad is kind of a control freak. My stepmother is a little bit crazy. My dad's got issues. There's all sorts of drama. So when I was pregnant, I was still making an attempt to work on the relationships and it was important to me that they'd be part of the process.

SM: Can I ask why that was important to you?

JW: Because I wasn't seeing a therapist! That was good at the time, I guess. I don't know. I think that I still, having a baby is a big deal, right, like starting my own family is a big deal. And because I didn't have any children yet, my family was still my family. Does that make sense? Even though they're crazy, I still wanted from them things that I couldn't get.

Jessica ultimately acknowledged the futility of trying to repair broken relationships with her family, but only after fixating for some time on the image of her family rallying around an expecting or new mother. In many ways, however, her failed expectations of her family were more difficult to cope with than her failed expectations around pregnancy and childbirth. In a society where new mothers expect support and encouragement from their own family, perceived apathy or a lack of excitement during

such a momentous occasion often comes across as an unforgivable slight. What is often lost on these women, however, is that the ideal responses they imagine receiving from their families frequently echo an unrealistic image of the happy and whole family of yesteryear (Coontz 1992), a family that sets aside differences to celebrate the birth of a new child. Indeed, the ideal supportive family and the celebratory nature of childbirth remains a powerful social imaginary (Taylor 2004) that leads to the construction of sometimes improbable expectations for support.

Not only do expecting mothers seek support and advice from family, friends, and others during pregnancy, they often place a high premium on support during childbirth. In the following chapter I describe how advice and support intersects with preexisting beliefs about how pregnancy and birth are supposed to unfold. Such beliefs are typically tied to women's ideas about themselves and their role in the pregnancy and birth process, but they often include ideas about how they should be supported during the prenatal period. In the following section, however, I describe some of the concrete ways that support is manifested (or not) during childbirth.

Maternal Support and the Birth Experience

The decisions women make about where and how to give birth are increasingly wide and varied in an era when most women have access to hospital, birth center, and home births. Laboring women typically have access to various kinds of pain management techniques and interventions as well. In making plans about birth, however, several women mentioned the role their partners or others played in helping them to develop their birth plans. While some women received considerable support and encouragement, others

experienced a distinct lack of support. For example, Jessica explained that after a disagreement with their obstetrician, she and her partner, Steve, considered pursuing a home birth:

Steve and I talked a lot about switching to a home birth, a midwife, and his parents were not opposed to the idea. They were just like, “Whatever decision you make, you make.” So at this point we started having this conversation, I’m probably seven months along. I mentioned it to my parents. They flipped out. That was the last conversation I had with my mother. I didn’t want to go to Arlington, and at the time that was the only one that was open, and you know Steve was like, “I’m going to be there with you. My mom will be there, his mother was there as well, you’ll be fine. You can do this.”

While Jessica’s in-laws were supportive of her decision to consider a home birth, Jessica’s parents were less than supportive. As a result, Jessica didn’t talk to her parents for the remainder of her pregnancy. Jessica and Steve ultimately decided to stick it out with their doctor and simply try harder to get the kind of prenatal care and birth experience they both wanted, specifically, a natural and low -intervention birth. Unfortunately Jessica had to put up quite a fight during her labor to avoid a c-section, but she did have a natural birth experience without the support of her own mother or father.

Montana was attracted to the idea of giving birth in the water, which she initially believed could only happen at home. Both Montana’s partner, Mike, and her mother refused to support the idea, however. “I was intrigued by having a birth at home, but Mike and my mother were both like, ‘Hell, no!’ at the time. So with no support, I’m not even going to talk about it.” Montana didn’t hold it against her family that they wouldn’t support a home birth; she simply acknowledged that she couldn’t possibly pursue that option without the support of the two people closest to her. Montana’s experience

illustrates the collective dimension of pregnancy and childbirth. Specifically, expecting mothers often make decisions about pregnancy and childbirth by taking into account the feelings and concerns of others. (Another illustration of the collective nature of pregnancy bears mentioning: the use the word “we,” as in “we’re pregnant” or “we’re expecting,” a phrase I often heard as women described finding out “we were pregnant.”) It’s worth mentioning that after a water birth in a freestanding birth center, Montana successfully gave birth to a second son in a birth pool at home, and at the time of our interview she was weeks away from a second planned home birth.

Shonda also described her husband’s feelings about a potential planned home birth :

I wanted my husband to be on board, he wasn’t [laughs]. You know, it took a little bit of convincing for him to, um, be comfortable with the idea of a home birth. He’s an awesome guy, he’s never going to tell me I can’t do something, um, and, you know, he said that basically, 99% of that decision rested on me because I’m the one birthing the baby, which I think is awesome because not all fathers feel that way. Um, he didn’t like it, but he knew that I wasn’t an idiot and that I had researched, and that if I was saying to him that statistics support home birth as being safer than hospital birth for low risk mother and low risk baby, then there must be some truth to that. So he was okay with our plans.

Whereas Montana simply mentioned the possibility of a home birth to her husband and her mother, Shonda spent considerable time researching the process and outcomes of birthing at home before talking to her husband about it. She did say that she had to “convince” him, but ultimately found him amenable to a home birth. Shonda valued her husband’s support, and believes he is an “awesome” guy in large part because he deferred to her, thereby giving her control over her own body and her own decisions about childbirth. Shonda’s experience also illustrates the collective dimension of pregnancy and

childbirth, particularly as Shonda had to negotiate with her partner for the kind of birth experience she wanted.

Sara explained that she was interested in birthing with a midwife years before she even got pregnant. When she did get pregnant, she and her husband registered for a Bradley Method birth class at a local birth center where the midwives delivered babies both in homes and in their center. Sara said that during the Bradley class, which focused on partner coaching, Sara's husband became increasingly interested in natural childbirth at home. She said, "I think, like, the whole birth experience, and the whole Bradley class thing, really opened his eyes more to, I guess, that there's an alternative way to see things. And it was just a really positive experience for both of us. Just being at home I think he just got into, like, the baby books, like Ina May." Sara said that their time in the Bradley class convinced them to have their baby at home. She went on, "We took the Bradley class and over time we decided from talking with [the birth center staff] and realizing that the majority of their births were actually at home, we thought about it and it's like, 'Well, what's really the difference?'" Sara talked about how making decisions about birth was a collaborative effort with her husband, which she felt made the birth experience even more meaningful for both of them.

Partner support for women's decisions during childbirth was considered one of the most valuable tools mothers had at their disposal. However, mothers' perceptions of their partner's experience during childbirth varied quite a bit. Some said their partners were incredibly supportive, brave, and unyielding in their support. Others reported their partners having fallen short of expectations. One common theme running through

mothers' birth stories involved women shielding or protecting their partners from some of the more emotionally difficult and graphic aspects of childbirth. For example, Montana described her partner's experience with their first son's birth:

Mike found it incredibly traumatizing. Mike, if you were interviewing Mike right now, he would tell you that was a hard one, that it was a bad one. He felt like the midwife wasn't telling him enough about what was going on. Then not finding the heartbeat for a second was a big thing, but it wasn't, he was just behind my pelvic bone, and the midwife was telling me to push him out some more so she could find the heartbeat. That's all that was really going on. There was a point when you're not on the fetal monitor, you know what I mean, where the baby hides behind your vertebrae and you just have to get it out another inch and you have to find the heartbeat, that's all it was. And she didn't see where it was her job to make sure Mike was okay. And some of that is because of the kind of person she is, you know what I mean? But I felt like she took good care of me and really communicated to me everything I needed to know about it. I mean, it was an interesting disconnect between our perceptions of that.

While Montana sympathized with Mike's fear and anxiety, Arielle gave considerable thought beforehand to how Lenny would experience their daughter's birth:

I just had this vision of being cut open and that I was still going to be awake, and honestly I was very worried about Lenny because Lenny was so squeamish. You would think for someone who has to give himself an IV [for hemophilia], you know, like, once a week, that he would be okay with that, but just the sight of any sort of slightly gross thing, and he was so worried that he was going to faint. When they wheeled me in, I begged them not to let him see me and to make sure that someone shielded him from my innards because I think he wouldn't have been able to watch this kid come out.

Montana and Arielle had two distinct birth experiences, but both described their experiences with some sympathy toward their partners' anxiety during birth. Montana described her husband as "traumatized," but she worked out that the source of the problem was the disconnection between her husband and the midwife. Having reflected on that experience, she and her husband both felt much more prepared for their second

son's birth at home two years later. When Lenny and Arielle found out that their daughter was breech and would need to be delivered via c-section, Arielle immediately began to consider Lenny's squeamishness. She ultimately talked with the surgery team to make sure they understood and would anticipate *his* feelings during *her* birth experience. These efforts reflect broader cultural expectations that, even in childbirth, women should nurture and care for others, in this case their partners. They also illustrate the tension between childbirth as an individual experience versus a collective one. One could easily argue that pregnancy and childbirth belongs to a woman alone, yet the increased focus on partners as participants in childbirth leaves room for questioning, to whom does the birth experience belong? Who is entitled to opinions and information when it comes to birth? Many of the women I interviewed provided a more complicated picture of childbirth in these terms.

Some women described the interactions, and sometimes the tensions and struggles, between their birth coaches. When tensions between birth coaches did arise, they were typically between partners and women's mothers. For example, Alyssa described how her mother had to rally her husband when they found out that Alyssa's son would need to be delivered via a c-section:

His heart rate started to drop considerably, and so did mine. I remember feeling like something was tearing inside, and then I started to pass out, and then literally within 7½ minutes I was in the operating room. They had cut me open and taken the baby out. I remember, my husband, it's funny, both sides of the story, because my husband and my mother will tell you they immediately put me on a stretcher and wheeled me out of the room and the surgery room was literally right next door to my room in the wing of the hospital, and it was almost like everything just, like all of the papers like floated to the floor and then everything was gone and they were both just standing there. So my husband kind of stood there crying

and my mom was like, “Wait a minute. You’ve got to go in there!” So she started telling everybody to get him in there and all I remember is looking at every face like, “I need my husband.”

Lisa described at length how unsupportive her husband was during labor and birth as well as the tensions that arose between her husband and her mother:

I was trying to tell my husband, “This is how you have to keep track [of the contractions].” So I was trying to get my husband to get through, to be more hands-on, and he was just saying the baby wasn’t going to come. Whatever, he was stressed with work. But then in the morning he went to work regularly, and I said, “You might want to pack your bags because I really feel these contractions coming,” and he was like, “Okay, whatever,” and he left. He comes back and he just stood there. He was paralyzed, like he didn’t know what was going on. He didn’t know what to do, and I don’t know if he, I think in his head he didn’t believe that I was going through labor, that this was labor. He just thought that I was having a bad day or something, yeah, because he hadn’t read any of the books, and even though, like, I showed him all these books, but he had just been so busy that he hadn’t really read them, but in the Lamaze class he was pretty active, so I had a feeling like he had absorbed it all. I guess, like, in the heat of the moment it just all left his head and he just stood there, and I was really frustrated with him. I wanted him to hold me, like coach me, and he was just standing there, and so that made me even more worse off and just really upset... And so he calls the clinic, but he doesn’t tell them that I’m having regular contractions. He just says, “Oh I think she’s having some contractions,” and so they told him, “Okay, just come to the clinic. We’ll just check her out.” And so I’m yelling at him. I’m just telling him that I can’t go to the clinic. “I hurt. I’m bleeding. I’m throwing up. I need to go to the hospital,” and so my mom calls the doctor and tells him the situation and they said, “Yeah, you need to go the hospital.” So we didn’t have any gas in the car and so my husband is like, “Oh, you know, do you want me to get gas? Let’s all get in the car. Let’s stop at a gas station, fill up the gas and go to the hospital.” “The hospital is about 15 minutes away, and there’s no way I’m going to sit in the car and wait for you to pump gas. Go get gas and come back.” And so all of this, he’s getting really frustrated because he’s like, “It’s a waste of time for me to go do this,” and so we’re arguing while I’m having contractions and I’m stressed out and exhausted, and then finally get to the hospital and the car ride just was really, really excruciating pain and we get there. He gets the wheelchair, and I have this bowl from the kitchen that I’m throwing up in. He’s like, “Can we just leave the bowl in the car? This is really embarrassing that you have this kitchen bowl with you,” and I’m just yelling at him telling

him, “I don’t care if you think it’s embarrassing. I’m not going to throw up on myself. I’m going to take this kitchen bowl,” and finally we get in. You know he’s pushing me and there were a lot of like little bumps getting up to the labor and delivery room and he just kept going over them really fast and this and that and I just kept yelling. I was literally yelling at him the whole time...I was feeling really weak from the fever, and then eventually I got to 10. I was able to last. I got to 10 and I started pushing. And I wanted my husband to really be my coach, but then I guess because he hadn’t been very active up to that point, my mom had stepped in a lot more often, but she thought, okay, that she should just be the coach to the end. So I think there was a little bit of a power struggle between my husband and my mom about who was supposed to coach me, and so like I’m supposed to push every time I had a contraction, but they kept arguing about when I was contracting, and so eventually I just didn’t want to deal with that and I asked the nurse to coach me instead and I just got so tired.

Lisa’s account of her husband’s role in her birth was striking in its detail. Most of the women who described their partners as being aloof or as not having lived up to their expectations provided limited descriptions and explanations, revealing the extent to which memory is both selective and shaped by the present. For example, June, who is now divorced, said, “My husband basically slept through the birth.” Lisa’s description, however, was far more detailed and revealed the extent to which the event negatively affected their relationship. In fact, Lisa said that for her, the stress she experienced during her son’s birth has left her questioning whether or not she and her husband could ever go through that again. Her husband’s disengagement wasn’t particularly surprising, however, given that he was deployed for most of Lisa’s pregnancy. Despite the fact that they took a last-minute Lamaze class, the reality of Lisa’s pregnancy and his role in the birth never really sunk in for her husband. Lisa’s mother, too, was physically absent for most of the pregnancy, but she was at least able to rely on her own experience to help Lisa through childbirth.

Of course, some women described how helpful their partners were during the birth process. Courtney explained that she was almost neurotic about her husband being present during birth and even during recovery:

I remember being very scared, absolutely petrified for my husband to leave after I was in recovery and after sort of the overnight because you've got a catheter and all this sort of thing, and I didn't want them to take the catheter out because I was worried about getting up and walking around, and I was absolutely petrified for my husband to leave me because I thought, "They're going to bring this child in. I've just had surgery. I'm scared to pick him up. I'm scared to do all these things," because again I'm hypochondriac. I mean not a real one, but I tend that way. So he went home to take a shower or he went home to get something, whatever it was, and every time I was in fear, and the c-section, I was in there for four nights and on the third day or whatever it was he was gone and the nurse brought the baby down and I was like, "Well, can you hand him to me?" She's like, "No, you need to pick him up." I'm like, "I can't get out of bed," and she's like "No, no, no." So that was all really stressful for me to go through all that and just be very scared.

Like other mothers I spoke with, Courtney felt so anxious about her abilities as a new mother that she didn't want to be left alone with the baby. As I describe in greater detail in the following chapter, Courtney's anxiety about taking on her new role left her feeling incredibly dependent on her husband, a feeling which was totally new to her; she considered herself a very secure and independent person prior to motherhood. Her reliance on her husband, and ultimately his role in parenting their children, led Courtney to feel both less secure as a parent but more grateful as a partner.

Both Megan and Kasie described how their relationship with their partner was brought into clearer focus, evolved, and became stronger during childbirth. Megan said,

We couldn't get a hold of my parents at all, but it was just Russ, so it couldn't have been, at the time we were freaking out, but it couldn't have been more perfect of like, here we are as adults about to be parents and it's just us, and I really thought back to like our honeymoon. We literally got

married and hopped a plane, landed in Seattle, all within like 24 hours of each other to make a football game. So it was the same experience I had that like we just flew across the country, his first flight ever, and looking down and seeing a ring on my finger and like, “Holy crap, I’m married!” It was that same, “Holy crap, we’re going to be parents, but yet we’re in it together” feeling. You know, at the same time, my 23-year-old self was freaking out, “I need my parents!” But it was the relationship bond.

Kasie described how grateful she was for her husband’s support and excellent coaching during childbirth:

The contractions were hard, and Hank was like my ultimate labor coach and was right above me and talking me through and breathing me through every contraction, and I remember they came in and said, “Do you want to get an epidural?” And I was like, “I think I do,” and they said, “Well just so you know, you’re about to have the baby, so you know you’re about to start being able to push and you may have a lot of time to push or you may have a little time to push, but if you get the epidural, it takes about a half an hour to kick in. So if you don’t have to push that much, you may never feel the epidural.” And Hank looked at me saying, “We can do it. You can do it, Kasie.” And I was like, “Okay.” So I said, “No, I won’t do the epidural,” and within two pushes I had him.

Kasie went on to talk about how her relationship with her husband has changed since she was first pregnant, and certainly since they’ve been raising their son, who is now a toddler. She shared that she and her husband have rediscovered what a great team they make, which they knew early on in their relationship but never really understood the value of until Kasie gave birth to their son.

To be sure, support during pregnancy and childbirth comes from many sources and takes shape in many different ways. While some mothers reported a considerable lack of support during pregnancy and birth, others described how much deeper their relationships felt for having gone through the experience, not only with their partners but also with their own parents and their friends with children. Pregnancy and birth are

relatively discreet events, however, destined to last only a short time. What happens in terms of social support when new mothers bring their babies home, however, can have a lasting impact on how women experience and attribute meaning to motherhood.

Going It Alone at Home?

I remember the day my husband and I first brought our daughter home. We asked our friends, Marisa and Annie, to look after our cat while we were gone and had given them the keys to our apartment. When we arrived, we were greeted with a large basket of fresh fruit on our kitchen counter and a refrigerator stocked with fresh vegetables, assorted cheeses, and several freshly prepared entrees wrapped up and enclosed in storage containers. Marisa and Annie made sure we wouldn't have to cook for at least a week. Later that evening my husband left to buy more diapers and Annie stopped by to keep me company. She brought red beans and rice and donuts, and sat with me while I tried to rock my daughter to sleep. By that time, the panic had set in for me. I was already exhausted, recovering from a c-section, and clueless about how to soothe my crying baby. I remember sitting in the glider with Emerson in my arms, Annie sitting next to me on the edge of the bed. I looked at Annie and sobbed, "I can't do this! I don't know how to do this! I don't even know how to swaddle her!"

Annie and I look back on that moment now and laugh. While I can't say I've mastered parenting, I certainly don't feel the helplessness and anxiety I felt that first night at home with my daughter. What helped me through that night was Annie, and what has helped me through every day since is my husband, friends like Marisa and Annie, and parents who step in at any moment when help is needed. In many ways my expectations

shaped, and continue to shape, my experiences as a parent, yet the people around me have played just as a big role. Indeed, family, friends, partners, and other mothers have a profound effect on how women experience early motherhood. The following section describes the kinds of support new mothers received after welcoming a new baby into their home, and the role that support played in ushering women into their new roles as mothers.

Friends, Family, and Other Mothers

Although support during early motherhood comes from many different sources, the most immediate and responsive source is often new parents' parents. Many of the new mothers I spoke with said that they both longed for and appreciated their own mothers' wisdom during those early weeks and months of parenthood. Women whose mothers, and in some cases their fathers, were physically present for a sustained period of time after their birth typically reported an easier transition to motherhood than those whose parents were not present.

Sharon explained how grateful she was for her parents' presence after the birth of her first son:

My parents, it was really nice, they came for five weeks after he was born. I felt so lucky because a friend of mine had told me that most people have their parents come for a week or two, and to tell them to come as long as they can, and you won't regret it. They did that and I was so grateful because my mom got sick about a month after they left here and she passed away soon after. I was so happy they had him for five whole weeks.

Sharon's parents cooked and did household chores so that she could rest or spend time with the baby. Her father liked to stay up late to watch television and he would often

tend to her son during those late nights. That Sharon's mother died shortly after returning home made those moments even more special for Sharon. She was happy not only to have had the postpartum help, but also to have encouraged a relationship between her son and her mother, however fleeting that relationship was.

Cici explained that having her mother present for the first month of her baby's life was invaluable, particularly in terms of confidence-building. She said that her mom took a more "tough love" approach that proved to be quite valuable: "[My mom] was like, 'Listen, I had to do this on my own and figure it out and you can do it, too.'" In fact, it may have been her mother's words that helped Cici realize that babies and mothers need to time to "figure each other out," a belief that Cici held through subsequent children.

Bethany remembered her parents being helpful, but she was careful not to rely on them too much and to be respectful of their time. She explained, "My parents did help me out, but I still, I wasn't, you know, you've seen the teen mom shows. I never put my daughter off on my parents and just left to do stuff. You know, I asked them, 'Can you watch her so I can go to prom?' And if they would say no then I would find someone else." Yet Bethany's story provides some evidence to suggest that the physical presence of a parent can have an immensely calming and efficacy-building effect on a new mother, especially a young mother like Bethany. Bethany reported a very easy transition to motherhood, even though she was teenager when her daughter was born. She said that being with her newborn daughter was "a lot of fun," a sentiment I rarely heard from any of the other women I spoke with. Although Bethany said that her parents did not take up a lot of the physical work that came with caring for her daughter, her parents' presence

provided her with the emotional support and encouragement that made the transition easier than it might have otherwise been.

For some new mothers, however, too much support becomes a problem. This is particularly the case for support that involves long and intrusive visits from family. For example, Annette explained,

The bigger thing that was stressful about that transition was all the family that came because both our families live really far away, and at least for my husband's side, this was the first grandchild in the family and they were very, very excited about coming... But I felt like I couldn't relax in my own home. The stress of all the people coming to descend upon us and the baby, that got to be much... Just, like, "get out of my house, give me my space so I can sleep, so I can nap with the baby if I want to."

Interestingly, Annette described the first few months with her son as relatively easy.

While she found herself surprisingly anxious about how her son's circumcision was healing, she expressed little anxiety about breastfeeding or a lack of sleep. Rather than wanting help from family during that period, she wanted to be left alone to spend time with her son, and eschewed most of the advice that her family offered. Rather than thinking of her family as a community of support, Annette felt burdened by them and was eager for them to leave.

May still lived with her parents when she had her first baby. When May gave birth to her daughter, her mother took charge:

MJ: When I had my first baby my mama just took over. I never got a chance to buy the first Easter dress and the hair bows. She just took over.

SM: How did you feel about that?

MJ: In the beginning it was good because I had somebody to help every step of the way... [But then the depression] came from the fact of having

too much help... I remember days like that. I'd be like, I'll be glad when everybody leaves me alone, telling me what to do.

May went on to explain how her mom helped with the caretaking, while her father helped to buy things for the baby. While she appreciated the support, her parents' involvement ultimately made May feel as though she couldn't take care of the baby herself. In essence, their support felt more like distrust and control. Moreover, in this instance, an abundance of support led to feelings of inefficacy, which according to May felt like depression. May felt that her family didn't trust her to take care of her own baby, a feeling she internalized early on until she eventually took greater control of the parenting.

Indeed, while some new mothers appreciate their families' help, others like Annette and May felt that they couldn't get into their parenting "groove" until they were left alone with their baby. They both felt as though they were parenting under watchful eyes, which led to feelings of uneasiness and disrupted bonding with their babies. Lisa explained it well: "Everybody has their own advice and their own opinions and we didn't know, and so we tried to read the books, and it was just pediatricians or the doctors or whatever. I don't think we actually got a groove until probably Emmett was a month or something like that, when everybody finally left and we finally had to do it on our own." For some mothers feelings of confidence and efficacy emerge when they are intensely supported by their own parents; for others, however, those feelings emerge when being thrown into the deep end of motherhood so to speak. For the latter group, tackling the challenges of motherhood like nursing, managing night waking, and overcoming anxiety around every day decision-making, typically led to feelings of confidence and success.

Support during early motherhood, both physical and emotional, also comes from friends both new and old, and particularly from friends who are also mothers. Many if not most of the women I interviewed described how critical friends and support groups were as they navigated those early moments of motherhood. Kasie's story highlights the particular desperation that new mothers sometimes feel about finding "mom friends" who understand what it is to become a mother. Her rather humorous story is worth quoting at length:

It took me about a year to really get used to working from home because I was this new mom, I was having a really hard time finding mom friends and I didn't leave the house. It was really hard, and to not find your friends at work was different for me. So I remember [meeting a new neighbor]. She was outside vacuuming out her car and she had her little baby with her or something, and my husband walked in the house and said, "Kasie, I have a surprise for you. The neighbor is outside!" I rushed downstairs as fast as I could and I was like, "Hi! So you have a baby? How old is your baby? This is how old my baby is!" We started talking and I even took a picture of that first day. Her husband was in the Navy and I said, "My husband used to be in the Navy!" So I called Hank down and she called her husband down and I took a picture of the men holding the babies, and I was like, "first play date!" And I remember when we came inside Hank was like, "Kasie, that was overkill. You probably scared them away." I was so psycho about wanting to be friends with somebody with a baby so bad. And then I remember it being really difficult to figure out how to take it to the next level. Like, I just saw her, and if she's my neighbor, could I just knock on her door? Like, no. Do I need to wait until she's out again? I lived there for a month and had never seen her and it was such a big deal that she was out, so I wrote a letter, like a note to her, and invited them to come over for drinks one night. I left our phone numbers and left it on her door for her and she got it and replied, called me and said, "Sure, we'll come over," and I was so excited. And I remember I was done breastfeeding and she wasn't done breastfeeding and I offered her this half-used tube of Lansinoh or whatever, the nipple cream, and after she left I remember Hank was telling me, "Well, you came on really strong. What were you doing giving her nipple cream? You just met this woman!" That's how crazy I was to meet people!

My interview with Kasie was full of laughter in part because she truly is just so excited to meet new people, learn their stories, and share her own experiences no matter how embarrassing they may be. In any case, Kasie's story illustrates the importance of shared experience in helping new mothers overcome the feelings of isolation and loneliness that often emerge during early motherhood. As I describe in the following chapter, the transition to motherhood often results in a major identity shift for women, which itself can be an isolating experience when a mother believes she's going through it alone. The physical loneliness that many women reported experiencing once family and friends left or once partners returned to work felt unbearable at times as well. In being relegated to the private sphere, new mothers felt removed from the complex world of social relationships where they once found meaning, purpose, and a sense of self. Moreover, the feelings of isolation they described, that no one else could possibly understand the frustration and fear of those early months of parenthood, left new mothers with a strong desire to find someone who could understand. Through this lens, Kasie's desperation to reach out and make a new "mom friend" who was going through a similar experience is unsurprising.

Sharon, who works for a large government agency, said that she gained a whole new set of friends at work when she shared the news that she was pregnant. She said, "It's actually pretty surprising and cool working at such a huge agency because a ton of the women were all having kids at the same time and they all really help each other. Like with Facebook, people talk all the time and a bunch of people I know gave me baby gear... I've gained a whole new group of friends at work." Sharon was able to draw on

information, resources, and even friendship from pre-established informal social networks. She looked to these friends not only for baby carriers and onesies, but also for emotional support as she navigated her new part-time work schedule once the baby was born.

Other mothers chose to seek out more formal support groups for new parents. Sue explained how support groups, particularly an attachment parenting support group, helped her deal with some of the more the emotional aspects of parenting and served as a safe place to air her insecurities and vent her frustrations. She found these support groups particularly helpful because her family often didn't understand her particular circumstances. Sue said,

Support groups have helped me a lot, like the attachment parenting group I'm part of. We meet and we're always just trying to be better parents, you know, not like the mean parent. And how do you find a way to do that when you have your own emotions to contend with? ...We bond over our gripes about the kids and it's just our way of getting it off our chest. It's like, when I get together with my mom friends, it's all like, "Oh my god, this is so annoying," and we don't mean it because at the end of the day we love what we're doing. We wouldn't trade it for anything. Whereas with my sister-in-law everything is this kind of rosy view for her and I'm just, I'm waiting for it to like really hit that instead of when I say this really irritating thing is happening or I'm so tired, like, I don't need platitudes.

Like some of the other mothers I interviewed, Shonda meets frequently with parents from her Bradley birth class, though she explains that there is sometimes a sense of conflict within the group:

One thing that was really helpful to me was having another group of women who were going through the same thing at the same time. The moms from my Bradley class all had babies within a month of each other. We continued to meet up every month. It's really nice to have that support. But I think I also felt a little bit of judgment from some of them

because I was going to work and only a few of them were going back to work. Most of them stayed home after having their children. So it would've been nice to have another group of moms who were also working moms who were kind of going through the same things, you know, having the freedom and space to say the judgmental things or talk about those issues that we don't talk about often, like depression or sexual intimacy, or how much you hate your husband, that he sucks at everything!

The networks mothers talked about building were both extensions of old networks, like Sharon's coworkers, as well as new ones built around shared experiences, like Shonda's birth class. Both Sue and Shonda honed in on one particularly important aspect of support groups, however: connecting with people who share not only similar experiences but also circumstances. Sue thrived in a support group that valued attachment parenting, and most of the women in the group had both the desire and the resources to stay home with their children. As a result, they faced similar challenges with being around their children constantly. Shonda, on the other hand, found it somewhat difficult to navigate her group of friends in part because of the "working mom" versus "stay-at-home mom" dynamic. She felt she would have fared better in a group in which other mothers worked outside of the home and relied on childcare as well.

Sue talked at length about the divide between women who have children and those who do not, and how that invisible line affects the kinds of support each group feels it receives from the other. According to Sue, friends and family who do not have children cannot possibly understand the fears, challenges, and frustrations she feels every day. Conversely, Sue has little patience for what she considers to be the trivial concerns of childless women. She said, "I think it gets frustrating for the people who don't have kids, like my sister-in-law... I get frustrated with her because she'll 'blah, blah, blah' about

work –she’s a teacher. You know, maybe a few years ago I would’ve been able to relate, but now I’m just like, ‘Oh my god, I don’t have enough brain space for this and I don’t really care,’ which is mean.” Sue knows that she is being judgmental and callous, but she feels that her day-to-day experiences present bigger challenges than those someone without children might face.

Sue explained, however, that she was once that childless woman. She, too, had little patience and understanding for her friends with children. She described an incident when her family first moved into their new house. Sue asked if friends with a new baby could sit and wait for the cable person to arrive:

I asked my friends and they were like, “Well, you know, we can’t because we have the baby.” I was like, “God, what’s wrong with them? Why can’t they just bring the baby over? There’s nothing there, just bring the baby over.” Now I’m like, I can see why people wouldn’t want to do that, or like when you’re watching a TV show after the baby is sleeping and they turn it way down so you can’t hear and they’re like, “Shush, be quiet!” I’m like, “That baby should be sleeping through anything!” No, no. Now I understand. It’s okay.

Sue also talked about how judgmental childless friends and relatives could be of the parenting decisions Sue made about her daughter:

Edith has a difficult personality. She’s actually a lot better now, but she was a little difficult and my friend just wasn’t quite getting it. And then after she had her first one, she was like, “I am so sorry. I didn’t know. I was so wrong to say all those things. I shouldn’t have judged. I had no idea what it was like. I don’t even need apologies from my sister-in-law . I just want some understanding. There’s no need to apologize. I was there, too.

This was perhaps the most frustrating kind of exchange Sue experienced with her childless friends. That friends without children have different priorities is to be expected,

but what Sue found particularly galling was when childless friends critiqued her parenting decisions or offered advice. At the same time, Sue acknowledged a sort of “mom’s club,” into which one is automatically inducted once they have a child. Membership in the “mom’s club” forgives a multitude of previous transgressions, and it seems that the harder time a mother has with parenting, the more solid her standing becomes.

I’ve described women who crave support from family, and those who don’t, and those who rely on support from other parents. There are also new mothers who desire support but feel they lack the means to receive it. Cassie and Courtney explain that despite making efforts to meet other new mothers and families, they’ve found it difficult to cull together a strong support system in their respective communities:

I’ve tried a little bit to meet other families and moms that I feel like are like us, or kind of like in a similar lifestyle as my husband and I, and I’ve met some people, but certainly not like Portland where it’s the norm [to be surrounded by families]. (Cassie)

I felt very lost, I felt very separated. We had moved to this new neighborhood with all these kids and I thought, “This will be great!” Nobody reached out to me, nobody. And I never chose play groups because I work part-time and I felt like play groups were for stay-at-home moms. So I was caught in this world where I wasn’t working full-time, so my kids weren’t in daycare all the time. (Courtney)

While Cassie attributes her difficulty finding mom -friends to living in an area that seems more hostile to families and alternative work arrangements, Courtney attributes her difficulty to her hectic schedule and feeling caught between the world of stay-at-home parenting and full-time work outside of the home. Both Cassie and Courtney echo a sentiment I heard throughout these interviews, specifically that the kinds of experiences

women have with motherhood are very much influenced by work, that is, whether they work, how often, and where, a problem I explore in greater depth in the following chapter.

Some women lack support from friends while others lack support from family and partners. Felicia, whose daughter's special needs were described in an earlier chapter, had little to no support from anyone when she brought her daughter home from the hospital. She faced similar circumstances when she brought her twin daughters home a few years later. She said,

I didn't have the support with mine, any of it that you guys might have had with family members giving you all help. I didn't have that support system, somebody coming to the house and helping me out... It was just me. When I brought the baby home, you know, most of the time people would have somebody come home with them. It was just me and baby. It was very depressing because everything that you see on TV is a family, a welcoming, and it was just me and the kid.

Felicia's story struck me as a particularly painful memory, especially as I thought about the all food, gifts, friends, and family that awaited my husband and me when we brought our daughter home. While Felicia acknowledged that the lack of support she experienced encouraged her to be a stronger mother, it was not with consequences. Even now that her children are a bit older, she still feels waves of loneliness and depression from having to handle everything on her own. Not only does Felicia lack the support she needs from family members or a partner, but she also struggles with the day-to-day challenges of living in a challenging neighborhood on a very limited income.

Several mothers explained that the key to maintaining their sanity and surviving those first few months with a new baby was open and honest communication with other

parents, especially other mothers. Of course, some women find that level of openness terrifying if not impossible. For example, Courtney told me that she would never tell anyone about the therapy she receives in order to deal with her feelings of inadequacy and frustration with being a mother. She said,

I come out of this therapy and I'm constantly saying to my husband, "I swear to god this is worth every penny." It really is, and it's one of the things that I would never tell anybody. I would never, never tell my mother. I would never tell anybody. And, you know, just because I feel like I don't want, you know, I'll tell people I miscarried. I'll tell people I've done all kinds of stuff, but never this, never in a million years.

For Courtney, there is no greater shame than to admit defeat in parenting, or at least admit that she doesn't always enjoy being a parent. In fact, she'd rather talk about having a miscarriage, which was quite traumatic for her, than talk about the parenting challenges she faces. Courtney's inability to admit that she doesn't always like parenting is not simply a reflection of her own insecurities, but also an illustration of how pervasive the image of the happy mother is. Despite the confessional status updates on social media, blogs, and articles written by mothers all across the United States, women are still expected to enjoy motherhood. Feeling unfulfilled as a mother is interpreted as problematic if not pathological.

Megan, on the other hand, places a high premium on forthcoming parents. She explained that the so-called advice literature she likes to read comes in the form of memoirs that portray parenting as dirty work full of highs and lows, proud moments and embarrassing ones. She explained, "You just have to be honest, I think. Just because you say, you know, like with the blogging and all that. It's just people are being honest now. 'Oh, I'm not the happy parent that everyone says you should be.' Not everyone embraces

it and not everyone loves it. Some people have kids and they didn't really want kids, but they still love their kids." Unlike Courtney, Megan proclaimed her parenting foibles loudly and with laughter. She explained that sharing those awful mothering moments in a public away, either with a friend over drinks, on Facebook, or on a blog, is the key to maintaining sanity during challenging times. Brutal honesty, she declared, is the only real way to garner the support that new mothers need. For Megan, honesty allows women to see that they're not alone in their experiences, and that they need not feel ashamed when they feel overwhelmed or angry with their children.

Partner Support and the Salience of Gender at Home

Partners play a crucial role in helping women adjust to their new roles as mothers. Given that all the women I spoke with were in heterosexual relationships either at the time of their first birth and/or at the time of our interview, the partners I refer to here are men, and typically the babies' fathers. In some instances, the women I interviewed were single at the time of their first birth, and I draw insights from their experiences as well.

Stearns (2003) explains that the dominant view of children as vulnerable that emerged in the early 20th century reorganized the relationship between fathers and their children. From the Great Depression onward, the image of men fulfilling family obligations simply by being breadwinners decreased in relevance as more women entered in the paid labor market and families' prosperity grew (Stearns 2003:4). As a result, men were increasingly expected to engage with their children on a more intimate level. Stearns writes, however, that "while this was an encouraging and potentially rewarding trend, the question was how to do so" (2003:4). Men typically found themselves

deferring to women's knowledge about parenting (Stearns 2003:4), a trend which persists even today, as I found throughout my interviews.

The internalized assumption that women possess some kind of natural inclination toward caregiving and parenting has come under considerable scrutiny in the last half century, particularly as such an assumption has historically propelled women and men to take on differing roles in the home. Yet the image still persists of the mother who knows exactly which infant cry means hunger, a soiled diaper, or pain, or of a mother patiently nursing her child with love and without soreness or frustration. These are the very images many women described when I asked them how they imagined motherhood before they had their baby. Kasie remembered, laughing, "I envisioned that I would have this baby and he would fuss and I would hold him to my bosom he would just know that I was his mother and he would just be at peace." In reality, Kasie's son was colicky and cried constantly during those early months. Kasie laughs now at how unrealistic her expectations were, and how ultimately unprepared she was, realizations that dawned on her before she even left the hospital where her son was born.

Not only does the idea of natural, instinctive mothering persist, so does the idea that maintaining the household falls under the purview of women, or in this case, mothers. Cokie and I spent a significant part of our interview talking about her husband's disengagement with household chores, their son, and even Cokie. When I asked Cokie what she felt was the biggest challenge she faced in adjusting to motherhood, she talked at length about her husband's role in the family.

CW: I think the biggest challenge was learning how to do it without my husband.

SM: Can you tell me a little more about that?

CW: I learned that he's not a baby person, so at the beginning, when it was really hard and there was a lot of crying, he'd just hand him off to me because he didn't know what to do with him. And he didn't get comfortable until he was close to a year, walking and starting to talk. The first year was really difficult because I was doing it all myself. And now I can sort of just hand him off. But it's taken a toll on our relationship. Babies do that.

Cokie went on to describe the kind of work she does at home. She said, "I mean, I do the laundry, I fold the laundry, I put the laundry away, I do the grocery shopping, I buy everything for the house that's in the house. I clean up from dinner, I make dinner, I make the bed. I do all of it." While most other women describe their challenges as learning to nurse, dealing with a lack of sleep, or contending with their child's constant need to be held, rocked, or fed, Cokie found her husband's lack of help to be the biggest problem.

Alyssa described her husband as being a helpful partner and an engaged father, yet she also described the primacy of her role as mother in navigating the baby's first few months. This was especially challenging because Alyssa was trying to finish her MBA at a top-ranked, highly competitive school at the same time. She described having to come home to relieve her husband, who often felt overwhelmed by the baby's crying. She said, "My husband's personality is to be a little bit of a Nervous Nelly when it comes to some stuff, so I would sometimes get that frantic text [during class] like, 'He won't stop crying!' He was always awake from 4 to 7, and the class started at 6:30, so sometimes I would get up and leave halfway through, and go home. But, yeah, we worked it out." Alyssa didn't seem resentful, however, that she had to take over the primary role of

caregiving. Rather, she seemed to believe that she should be the primary caregiver, that it's the mother's role to soothe her child. If a partner can help, that's a bonus, but it makes sense to her that a mother would be better able to calm a crying baby than a father.

Some women accounted for their partners' disengagement by describing their own emotional issues or hang-ups. Shonda explained her frustration with her husband's lack of help within the context of postpartum depression. She said,

I felt that he just really wasn't doing his share of the parenting, of the home maintenance. I just felt this enormous pressure to do everything myself. In retrospect I think he didn't know what to do and because I needed everything else to be right because I was so wrong, everything else had to be right. And he felt that pressure of doing exactly the right thing, and so since he didn't know exactly what the right thing was, he didn't do anything.

Shonda explained that her husband, while not particularly ambitious about work at home or in the workplace, is an engaged parent who will help out when asked. Like many women, however, Shonda doesn't want to have to ask her husband for help; rather, she wants him to engage in family time and housework without having to be asked. While this is not an unreasonable expectation, Shonda put the onus on herself for her early dissatisfaction with her husband by explaining, "I needed everything else to be right because I was so wrong."

Courtney explained that her husband was not helping out enough after their son was born because she was not communicating as well as she should have been. She said, "I know my husband cannot read my mind, so it wasn't that I was expecting him to read my mind. It was that I felt like my demands were too great on him and that what I was asking for, I shouldn't need to ask for. And not because he should just provide it, but I

shouldn't need this help. I shouldn't need it." Courtney not only took responsibility for the lack of help, but she also explained that she "shouldn't need this help," again reinforcing the idea that mothers should naturally be able to manage taking care of a child and a home, and in some cases work outside of the home at the same time.

Sara takes not only a personal interest, but also an academic and intellectual interest, in the inequality between women and men. She explained to me how women end up on the "stay-at-home track," which entails taking on most of the responsibility for childcare and housework. She said,

I guess it was in *The Price of Motherhood*, [Ann Crittenden] talks about how women who end up getting in a stay at home track, a lot times they're married to men who have these higher employment but less flexible positions and I was like, I really kind of fell right into that trap. So just because of the dynamic of me being home full-time and him working full-time, like I just ended up picking up a lot of things... I definitely felt like my whole world had changed and I didn't feel like his had, you know? It just didn't impact him the same, to the same extreme.

Earlier in our interview, Sara described the reluctance she felt to have children at all in part because of this tendency to be "mommy-tracked," or to end up staying at home with children rather than going back to work. This was particularly troubling for Sara as she was in tenure-track position at a respected university in the south. Despite her concerns, however, Sara decided to have a child (and then two more) and stay at home with them. As I describe in greater detail below, Sara is ultimately satisfied with the decisions she has made, but she does recognize how she has fallen into the pattern of sacrificing her own work for her better-compensated husband's work.

Sara points out that broader structural inequality often gives way to inequality on a more interpersonal level as well, namely, within the household. For example, Sue

described her husband's feelings of entitlement when it comes to free time. She said that when their daughter was first born, her husband, a doctor, was working and living out of town during the week. When he returned home on the weekends, he wanted to "relax," a pattern that persists even though he now lives with them full-time. She said, "My husband expects a lot of free time to himself and I'm like, 'really?' ... Once I asked him, 'You know I'm changing our baby's diapers on the floor? Do you think you can set up the pack-and-play?' 'No, I deserve to have some leisure time.' Like, really?" Although Sue loves motherhood and spending time at home with her children while her husband earns most of their family's income, she is often frustrated by his expectations for free time and his assumption that domestic labor and care work isn't actual work.

June explained that the unequal distribution of housework in her home was made worse by her ex-husband's Attention Deficit Hyperactivity Disorder (ADHD) and sleep disorder. She said,

Home was a challenging environment. My ex-husband and I divorced because of his lack of support. He's severely ADHD and he also has a sleep disorder. So he falls asleep at odd times, he's difficult to wake up, and he's just a space cadet, but that's a nice summary of it. So I would be up and down all night with the baby, trying to get the baby to sleep, trying to work. And he would just sleep through the whole thing.

Although both June and her husband worked outside of the home when their daughter was born, much of the cooking, cleaning, and caring for their daughter fell on June. Her husband was reluctant to take his medication or otherwise be treated for his challenges, which in turn led to a more chaotic and unsupportive home environment. June left him several years after their two daughters were born for this very reason.

Of course there are some parenting activities in which only women can participate, one of which is producing breast milk. Sue and Sara both explained that no matter how equitable a couple's relationship is, breastfeeding always demands more from a mother than from a father. Sara said, "With pumping, your partner can feed a bottle once a day, but to me, that just created as much work for me. It wasn't like I got off of a feeding. I still had to pump my breasts for it." Similarly, Sue said,

I don't think husbands quite get how hard wives work because they're not really on-call, especially if you're nursing. It's all you. I think a lot of people think, well if I need a break in the middle of the night, I'll just let him. Unless you have a fantastic supply, you're going to have to pump, so it's not going to help. And if you do have a fantastic supply, you probably will leak, so you've got to pump it out.

Families who choose to bottle feed with breast milk often do so to make feedings more equitable, but as Sara pointed out, bottle feeding still requires that a mother pump, a process that can be quite laborious even with an automatic breast pump. Sue pointed out that even when there is extra milk to be had, the sensation of engorgement that women feel can only be relieved by nursing or pumping. Essentially, in those first few months, there is little "time off" for nursing mothers as they're typically either nursing or pumping.

Sue went on to explain that the "mom role" is indeed biological, yet she also expressed a need to feel recognized for her work:

I think it's biological, just the mom role for women, that we want to take care of the kids. Like with the caretaking aspect, and I actually think my husband is one of the better ones, he's actually very good with the kids, but it's still never going to be the same. And I think to some degree, like when you formula feed and the husband does as much as the wife, like maybe. But I still think most of the time it falls on the mom, and that's

okay. I wouldn't want to switch places with him, but you know, sometimes I just want more recognition or something like that.

In our interview, Sue told me again and again how happy she was to give up her boring desk job to stay at home with her family. She is very committed to attachment parenting and to spending all the time with her children that she can. Yet Sue explained that all this work constitutes a sacrifice on her part, a sacrifice for which she wants to be recognized by her husband. In fact, recognition was a significant type of support that new mothers wanted. Others' recognition, and in some cases validation, of frustration, struggle, and sacrifice often goes a long way to helping new mothers feel both understood and supported.

May, whose five children have three different fathers, explained that her children's fathers' lack of involvement in their lives has had a limited effect on her ability to parent them successfully. All of her children are well-behaved, well-educated, and stay out of a trouble, even in a neighborhood where trouble typically finds children in the form of drugs, gang involvement, and violence. May said,

They say God don't put no more on you than you can bear, because my kids' fathers would not always be there. I was the baby mama that had to follow their behinds in jail, in the penitentiary, taking the babies in there, getting their Pampers taken off them because they were making sure we ain't got drugs or weapons and stuff like that. But I kept it in my mind that even then, we going to make it...I was the mama and the daddy. I taught my son how to throw footballs, how to ride bikes, how to beat up other boys, and whatever they came with.

May views her kids' fathers' disengagement as unfortunate, but not necessarily troubling. Instead, she views their lack of commitment as a welcome challenge as she has worked to fulfill the role of both mother and father to her children. While other mothers like Felicia

and Niyah who experienced similar circumstances insisted that children need both mothers and fathers, May stood her ground, explaining that it's hard work, but women can "do it all."

Some women explained that the division of labor in their household is more equitable, especially now that their children are a bit older. Courtney said,

I did marry Mr. Mom, I really did. He cooks, he is a fabulous cook. He wants the house clean and he cleans it. He's really good at cleaning it, and he doesn't wait for me to do the dishes. He travels all the time. He'll come back tomorrow and there'll be a pile of dishes in the sink. He will not even change out of his travel clothes and he will clean those dishes because he cannot do anything else in the house until the dishes are clean. And I know that, so I'll allow that, those dishes to lie in the sink. It's kind of a reverse role. I know that men don't like it. It's the women.

Courtney explained that she does maintain the family calendar, buys gifts for birthday parties, and plans for special events among other things. Most of the day-to-day housework, however, falls to her husband. A few other women described similar partnerships in which men picked up more household work than women, but those accounts were rare. It seems families have some way to go to achieve a more equitable distribution of housework and childcare, especially considering that women tend to overestimate men's contribution to housework (Lee and Waite 2005). These challenges are made even more difficult during those first few chaotic months after bringing home a new baby.

Lisa and Mia both explained that their primary concern about their partners was not how much they helped out at home; instead, it was the level of intimacy they shared after having a baby. Several mothers talked about how their relationship with their partner changed since having a baby. In fact, changed relationships often contributed to

the “mourning period” some women engaged in after having a baby. Lisa said, “I think we realized that having Emmett was going to be a big responsibility, but I don’t think we ever took the time to realize that me and my husband weren’t really going to have a lot of time for each other anymore. Everything is about Emmett now.” This is unsurprising given the amount of time parents tend to invest in their children. In *Changing Rhythms of American Family Life* (2006), Bianchi, Robinson, and Milkie explain that the “accepted story of modern parenting” (1) typically argues that, given the rise of “working moms” and “latchkey kids,” parents are spending less time with their children. In reality, they argue, “parents are spending as much –and perhaps more –time interacting with their children today than parents in 1965, the heyday of the stay-at-home mother” (1). By using a time-diary approach to data collection, Bianchi et al. were able to document just how much time parents actually spent interacting with their children. They found that by increasingly engaging in multitasking and involving their children in their own leisure activities, parents’ day-to-day activities increasingly revolve around their children. In Lisa’s case, these kinds of activities have left less time for one-on-one time with her husband.

Mia described how she thinks about her relationships with her kids and her husband:

I hate to say this, this is really bad to say, this is my own weird thinking, but kids do grow up. They do have their own lives and they move on... So the relationship that really needs to be cultivated along with your family is your husband. You want him to be there. I feel like there’s been a lot of stuff that’s been taken away from my husband and me. Intimacy, romance, and spontaneity, that’s gone away because of pregnancy, having a newborn.

Bringing home a new baby often limits the kind of intimacy new parents experience, both emotionally and physically. Shonda talked about how breastfeeding her son fulfilled her need for interpersonal connection until she realized how it also affected her relationship with her husband. Indeed, more than one advice columnist has explained that in order to achieve intimacy after having a baby, couples must “fake it until you make it,” or have sex and spend time together even when you don’t feel like it so that eventually you will feel like it. Lisa expressed remorse at having less time for her husband but voiced little desire to do anything about it, while Mia and Shonda both made more concerted efforts to remain connected to their husbands.

Kasie, on the other hand, felt that the challenge of having a new baby ultimately brought her and her husband closer together. She said,

I felt like we were on *Survivor* and every day was a new challenge and you just had to make it through the day. Thank god my husband has a really good sense of humor. Hank can make the funniest jokes and that was all that I feel like got me through. Prior to that in our marriage, I just blew him off because he was so corny and cheesy, but in those complete stressed-out, sleep-deprived states, he would make a joke that would just make me laugh. I would think, “I’m so glad you’re my partner and we’re doing this together.”

Qualities Kasie once found “corny” in her husband soon became a lifeline for them both. Beyond that, Kasie explained how involved her husband was in every aspect of her son’s care, especially when Kasie went back to work ten weeks after their son was born. She described how when one of them was on the verge of melting down, the other would step in and take over. Kasie said that they rarely argued and worked together almost intuitively.

Although the division of labor in terms of housework and childcare is less entrenched than it was fifty years ago, gender remains a salient issue when it comes to how the household is managed and navigated when a family brings home a new child. Inequalities persist in terms of household chores like cooking, laundry, diaper changes, and even night waking. For couples for whom this kind of inequity exists, mothers express resentment and a need for greater recognition, even while they describe the “natural” tendencies of women to care for children, and even as they recognize that micro-level inequalities reflect problems of inequality on a macro level. For example, differences in the amount of childcare men engage in reflect broader cultural expectations for men to turn down paternity leave, work over-time, or otherwise put more hours in at work. The mothers who seem happiest with their home lives, and who made the transition to motherhood a bit more smoothly than others, are those whose partners were engaged in nearly every aspect of parenting from the moment their child was born. This is consistent with research that finds higher levels of satisfaction among women who perceive their marriages as more equitable (Suitor 1991). Women like Courtney and Kasie whose partners are engaged at nearly every level seem much happier with their home life than women like Sue and Sara who bear most of the responsibility when it comes to domestic life. It’s worth mentioning, however, that while Courtney and Kasie work outside of the home, Sue and Sara stay at home with their children. As a result, they have more opportunities to feel undervalued and unrecognized in terms of the work they do at home.

Conclusion

Having talked with mothers about the kinds of support they received during their first pregnancy and through their early years of motherhood, it's impossible to ignore the extent to which pregnancy, childbirth, and parenting are collective and shared experiences. The process of becoming a mother, and the everyday practice of parenting, unfolds amongst multiple, sometimes fragmented, and oftentimes complicated relationships. During pregnancy, women are given advice and encouragement, but are at the same time subject to scrutiny and criticism about everything from the timing of their pregnancy to the birth plans they make. Women like Bethany, May, and Felicia faced criticism about the timing of their pregnancy and the fact that they were young, unmarried, or unemployed when they became mothers. It's worth noting here, however, the double standard of expectations for employment. While many Americans still hold up the stay-at-home mother as an ideal, mothers like Felicia, Niyah, and May continue to face criticism because they're low-income unemployed mothers. This reveals a powerful ideology that constructs low-income mothers as irresponsible and higher-income mothers as having earned through their maturity and good decision-making the opportunity to stay home with their babies.

Arielle's in-laws expressed concern about the timing of her pregnancy as well, a situation that was made all the more complicated by her husband's job loss. To be sure, plenty of the mothers I spoke with described excitement about getting pregnant, but those women had little to say about how they shared the news or how it was received. When a pregnancy is planned and occurs at a seemingly "appropriate" moment during the life

course, how the news was shared and received was worth little mention. Across the board, however, how women were treated and supported during their pregnancy played some role in how they began to think of themselves as mothers. In some cases women responded to the negative reactions of others by striving to be responsible and capable parents. In others instances, women who received help planning for their newborn from doctors, doulas, other mothers, their own mothers, and school-funded pregnancy programs found themselves feeling more confident about motherhood.

In making decisions around childbirth women are typically supported by a team of care providers, family, and sometimes even friends who coach and reassure them, yet they sometimes face criticism about the birth plans they develop or the way they choose to give birth. Women like Kasie and Sara achieved the birth experience they wanted with active and positive encouragement and coaching from their care providers and partners. At the same time, Montana, Shonda, and Jessica faced some scrutiny from others about their birth plans. While Montana gave up her plans for a home birth relatively easily, Shonda worked hard to convince her husband to support her decision to have their baby at home. While Jessica found support from her husband and in-laws for a low - intervention birth experience, both her mother and her care provider took Jessica's plans with a grain of salt, assuming she'd want the drugs or the c-section when the time came.

During childbirth, a mother's birth team can have an incredible effect on her birth experience. While some of the women I talked to reported having excellent attendants and coaches, other described birth teams who were lacking. In either case, however, the actions of others played a significant role in how women experienced and remembered

childbirth. As the previous chapter made clear, a woman's birth experiences often shapes how she views herself as a mother, especially in the early period of motherhood. The role of support during childbirth therefore cannot be understated.

Early motherhood is when advice, encouragement, and support become truly invaluable and have lasting effects, although as I have shown, the kinds of support that women expect and benefit from varies. The adjustment to motherhood comes with all kinds of unanticipated challenges, small victories, and innumerable doubts. The kinds of support new mothers receive during this period can make or break the early motherhood experience. Women like Sharon benefitted from the presence and advice of her parents, while May felt overwhelmed and distrusted by her mother's involvement in her life with the baby. Kasie desperately tried to make friends with other mothers in the hopes they could share questions, insecurities, and experiences. Annette was grateful for friends who visited for a bit, lent an ear or offered gifts or food, but was frustrated by family who stayed too long and took too much bonding time away from her and her son. The mothers I interviewed often talked at length about the kinds of support they received from their partners, in this case all of whom were men. While some reported supportive partners who were eager to help with childcare and housework, others talked about the persistent divide between the kinds of work they and their partners do at home. Namely, women continue to bear most of the burden when it comes to domestic labor.

The kinds of support women want vary from family to family but are culturally-patterned nonetheless. For example, nearly every mother I spoke with valued immediate access to information, the source of which varied, but their desire reflects the extent to

which technology has made this expectation valid. The extent to which they draw on the multiple dimensions of support outlined at the beginning of this chapter also varies. Some women tend to place more value on the informal lay support provided by family and friends, while others place incredible value on the formal lay support provided by parenting websites or the formal expert support provided by doctors. It's difficult to make the case that these differences exist along specific group lines. In reality, while some lower-income women felt stressed out by the abundance of physical help they received from family, others had hoped for more help. This was also the case for middle and higher-income families, some of whom appreciated the support they received during those early months of motherhood while others wanted space to figure out parenting on their own. To be sure, the lower-income women I interviewed focused more on how they struggled to navigate pregnancy, childbirth, and early motherhood on a severely limited budget and with fewer social resources. At the same time, like the middle and higher-income women I interviewed, they expressed the same desire to be recognized for the mothering work they perform. Indeed, the meaning they attribute to mothering is in part shaped by how their work is perceived recognized by others.

Indeed, recognition came up several times as a type of support that mothers value. Some women were happy to be stay-at-home mothers, a theme I explore in greater depth in the following chapter. While these women feel fulfilled by performing domestic work and child care, they also want some acknowledgement of the hard work they do. Women like Sue want that acknowledgement both from her partner and from family who don't seem to understand the kind of work that's involved with taking care of children. Sue,

like others, seeks that kind of acknowledgement from support groups, yet she remains frustrated at the lack of acknowledgement from more proximal sources. Sara seeks similar recognition from her husband but also from other mothers. She wants to feel as though her work in the home is meaningful, and at the same time make peace with the fact that she has chosen to stay home with her children rather than return to her successful career as a university professor.

It's worth noting that while different categories and types of support exist, support also varies in terms of its proximity. For example, Leah felt she was very well supported emotionally by her family in India, although they weren't geographically close and were unable to provide physical care and support during her pregnancy. Lisa, on the other hand, felt that her husband was incredibly unsupportive during childbirth, both emotionally and physically, even though he spent much of that time by her side.

Material support is also worth mentioning once more, especially given the state of the economy during the time these interviews were conducted. The mothers I spoke with largely viewed hand-me-downs as great gifts, especially women like Bethany who had little resources to prepare her family's home for a baby. Women like Niyah, May, and Arielle benefitted from parents who made their homes, food, and other resources available during pregnancy and early motherhood. Although it's impossible to make clear distinctions about wanted and unwanted support among groups, I do feel confident in asserting that most women want access to quality expert support, both informal and formal, and that they want relatively easy access to reliable information and resources. Additionally, although not all of the women I interviewed focused on the importance of

proximal physical support, nearly all of them wanted easy access to childcare (including babysitting), help with nighttime waking, and help with meals and housework.

The kinds of the support new mothers receive truly does shape their experience with motherhood, and in some cases, their identities as mothers. Support groups that encourage breastfeeding and attachment parenting help ossify women's identities as "granola" mothers, an idea I address in the following the chapter. Older parents who play a significant role in teaching women how to care for and interact with their children may also have an effect on new mother's beliefs about parenthood, childhood, and childrearing. Family, friends, and other mothers also provide a looking glass for how women imagine themselves as mothers (Cooley 1902). These interviews show that those mothers who are helped, encouraged, and complimented tend to view themselves as more efficacious than those who are not. The role of institutional support also plays a role in women's transition to motherhood and this, too, is discussed in greater detail in the following chapter. Indeed, the following chapter illustrates how advice and support, as well as expectations, both shape and are shaped by women's beliefs about motherhood and their identities as mothers.

CHAPTER SIX: MOTHERHOOD AS AN IDENTITY PROJECT

“The minute we left the hospital, I’ll never forget that feeling when I was wheeled outside. It was like, in this instant, I was a parent. I mean, the sky didn’t look the same, my car didn’t feel the same sitting in it. Everything seemed different, like completely different. That’s when it really hit me that I was saying goodbye to my old life.”

-Leona

Introduction

As I said goodbye to Leona, I assured her that she could email me if she had any questions or wanted more book recommendations (yes, those “evil” books). Leona and I spent the last minutes of our interview talking about how difficult those first few months of parenthood are and how differently we felt about ourselves as a result. Her son was just ten weeks old, so Leona was beginning to think about transitioning him to a crib and letting him “cry it out.” She was also just a few days away from returning to work, in fact, Leona was starting a new job. She was certainly in a moment of transition; it was written all over her face and woven throughout our interview. Her manner betrayed feelings of anxiety and listlessness that existed side by side. I could tell she felt lonely, longing for friendship, and uneasy with her new role as mother.

For most women, the transition to motherhood ushers in a new period in the life course. The profound changes that occur during pregnancy, childbirth, and early

motherhood are often the result of new questions being raised, new answers being uncovered, physical and physiological changes occurring in the body, and new and changing relationships taking shape. The following chapter explores the effects these changes have on women's identities as mothers and as women. As I've described in previous chapters, from the time a woman finds out she's pregnant, she begins to think about and plan for the future. Trite as it may sound, she begins to think for two rather than one. The choices she makes during and around pregnancy, childbirth, and motherhood reflect both the learning processes women engage in in preparation for motherhood as well as the construction of a mothering identity.

At the outset, it's useful to define what I mean by "identity." The sociological study of identity draws from a rich tradition in microsociology that focuses not only on how identity is ritually enacted through ongoing social interactions (Goffman, 1959; Blumer 1969) but also how identity is historically contingent and shaped by particular changes in the life course (Best 2011). Interpretive and interactionist sociologists understand identity as being made meaningful through activities and interactions as actors manage and project a self that's situationally contingent (Fenstermaker and West 2002; Bettie 2003; Best 2011). According to Giddens (1991) identity, or "self-identity," is built upon the idea that "to be a human being is to know, virtually all of the time, in terms of one description or another, both what one is doing and why one is doing it" (35). At the same time, "modernity introduces an elemental dynamism into human affairs, associated with changes in trust mechanisms and in risk environments" (33), an idea that I described in an earlier chapter. According to Giddens, the modern age isn't

characterized by an increased sense of anxiety; he rightly points out that plenty of generations before ours experienced considerable anxiety. Instead, the “the content and form of prevalent anxieties certainly have become altered” (33). Anxiety in modern times typically emerges from a nascent emphasis on reflexivity as constitutive of the self.

Giddens elaborates this concept further:

The reflexivity of modernity extends into the core of the self. Put another way, in the context of a post-traditional order, the self becomes a reflexive project. Transitions in the individuals’ lives have always demanded psychic reorganization, something which was often ritualized in traditional cultures in the shape of *rites de passage*. But in such cultures, where things stayed more or less the same from generation to generation on the level of the collectivity, the changed identity was clearly staked out –as when an individual moved from adolescence into adulthood. In the settings of modernity, by contrast, the altered self has to be explored and constructed as part of a reflexive process of connecting personal and social change (1991:32-33)

Giddens goes on to explain more succinctly that self-identity is “the self as reflexively understood by the person in terms of her or his biography” (53). That is, identity is not simply about the behaviors one engages in; rather, identity is about the ability to keep a narrative going about who one is. For most people, this effort is reasonably achieved through maintaining and communicating a continuous sense of self and through establishing early trust relationships that help filter out, in a very practical way, the doubts that creep in about routine activities in everyday life.

Giddens points out, however, that people under certain circumstances experience what he calls “ontological insecurity.” Ontological insecurity is temporally ordered and emerges at particular moments in the life course. Those who confront ontological insecurity experience considerable challenges when it comes to keeping the reflexive

narrative going. Giddens explains that these individuals typically meet one or more of three characteristics: they may lack biographical continuity and experience a considerable level of anxiety about feeling engulfed or overwhelmed; they may be preoccupied with risk and danger in an environment that is rapidly changing and may therefore feel immobilized; and, they fail to develop or sustain trust in their self-integrity, which may lead to feelings of moral emptiness (1991:53-54).

The story of modern motherhood is indeed fraught with reflexive anxiety about who one is, and who one is becoming, as well as the abundance of expert and lay advice about how to achieve good motherhood. The interviews I conducted revealed that new mothers must figure out not only how best to take care of a baby in an sea of conflicting advice, but also who they are *as mothers*. It's unsurprising, then, that many new mothers experience some measure of ontological insecurity. New mothers often feel overwhelmed, they fixate on the long-term effects of even the smallest decisions, and they sometimes experience a deep self-distrust that stems from the constant doubt that plagues their every move. To be sure, not every mother I interviewed felt this way. Some described taking to motherhood quite easily. Most, however, described feeling adrift in new motherhood and struggling to find some sense of security in their new status as a mother. Some achieved this by trusting and taking up new parenting philosophies, either in part or on the whole, while others are still struggling to make sense of what it means to be a good mother. In this chapter, I explore how these shifts in self-identity occur and how decisions around motherhood and parenting are reflexively made and re-made in an attempt to achieve ontological security and a stronger sense of self-identity.

In the first part of this chapter, I describe how women's decisions during pregnancy and childbirth reflect broader beliefs about the roles mothers should play in caring for their children. I pay particular attention to the ways in which mothers challenge medical authority to advocate for themselves and their children in pregnancy and childbirth. Such advocacy takes place in various moments during the course of pregnancy and childbirth including early genetic testing, choosing a birth location, and making decisions about interventions and pain management during childbirth. I argue that, for some mothers, such advocacy plays a critical role in how women take up the role of mother.

The second part of this chapter focuses on how women's identities as mothers take shape during early motherhood. I focus first on the construction and appropriation of "parenting ideologies," that is systems of belief about how children should be parented. Such parenting ideologies include ideas about feeding and sleeping as well as beliefs about the appropriate roles of parents and children. Second, I describe the decision-making process for women who choose to stay at home with their children or work outside of the home. I also describe the consequences of that decision for the women I interviewed. Finally, I show how women talk about establishing a mothering identity as a process of uncovering their true identity, which was only ever possible when they had children. Having to tap into physical and emotional reserves they never knew they had, the women I interviewed talked about how motherhood allowed them to reveal an inherent part of themselves that remained covered up until they brought home a baby, an idea that I will trouble a bit in the pages that follow. Taken together, these themes show

how motherhood is itself a project of identity formation, both actively and latently constructed through pregnancy, birth, and early motherhood.

Pregnancy and Birth Decisions as Expressions of Identity

Women's beliefs about what it means to be a good mother vary. For some women, good motherhood involves tapping into natural mothering instincts. For others, it means taking the time to learn the skills required to care for a baby and raise a child. Pregnancy and birth are times during which women begin to think about what it means to be a good and efficacious mother. Although these beliefs often change once the reality of caring for a new baby sets in, these initial ideas about motherhood and plans for parenting reveal how identity is constructed and negotiated during critical moments in the life course.

The following section explores how mothers' identities are constructed in part through the pregnancy and birth decisions they make and the experiences they acquire. I explore identity formation through the more concrete practices and decisions women make, particularly their decisions about their and their baby's health, medicine, and medical intervention. In doing so, I show how ideas about what it means to be a good mother take shape and are enacted in part as an effort to engage in anticipatory socialization.

Pregnancy

The women I spoke with described their identities as mothers in different ways. Some described having gotten in touch with their intuition and instincts, while others

described becoming a mother by engaging in the more performative acts of motherhood. For most of the mothers I interviewed, however, their transition to motherhood, and the emergence of mother as an identity, began during pregnancy. Maggie, who describes herself as an “intuitive,” explained that she has always had a sixth sense of sorts. She claimed to have been aware of the very moment she conceived, a feeling she attributed both to her intuitive nature as well as her readiness to become a mother. She said,

I knew the month before I got pregnant that I was going to be getting pregnant. I have actually been pregnant twice. I miscarried the first one just a few days after I confirmed. Both the times I’ve been pregnant, I knew the month before that I was going to get pregnant... It happened, it was during sex, I knew. There was just this feeling. I am actually, I’ve been going through a whole thing this year and I’ve always been intuitive to a degree, but it’s coming full circle now and I’m actually taking classes now to make myself feel better about what I’m doing and stuff. So that’s just a part of who I am and I’m trying to accept it and so, yeah. So I just knew that he was coming.

For Maggie, her capabilities of intuition and foresight laid the foundation for her new status as a mother. Kasie, on the other hand, took a more conventional approach to understanding her status by taking on new tasks like quilting and crafting in preparation for motherhood:

I wanted to do home-made things. I actually took up quilting when I was pregnant... I still haven’t finished my baby’s damn quilt. It’s, like, four years later. I took quilting lessons. I took private lessons and this woman came to my house and gave me weekly lessons, so I would get, like, so far on the quilt and she’d come over and show me the next step. I wanted to, like, make things for my baby. I wanted to be, like, so domestic, and, like, I made a lot of his nursery decor. I was really sentimental about all of it... Somebody bought me a pregnancy calendar, and so, like, “Oh, first kick,” and “Started my maternity clothes,” and blah, blah, blah. I wrote a little journal to him the entire time I was pregnant. We’d be traveling and be like, “I’m traveling,” and I wanted to, like, record. I wrote like, “This is how your mommy and daddy met,” and blah, blah, blah.

While women like Kasie and Maggie eagerly anticipated the new roles they would perform as mothers, others like Leah, Anna, and Niyah felt anxious about the lives they were going to have to give up to assume their new position. Leah, who was thriving in her job as an architect in Washington, became increasingly worried about how her life would change when her baby was born. She said,

I have spent the last 12 years of my life, you know, everything has been about me. My time has been mine, my resources and my money has been mine. The whole concept of having, you know, something in your life being introduced at this stage, um, I was not very comfortable with that. I was like, "How can I," and then I was worried that I was going to be the worst mom ever because I would want time for myself or money for myself and do things that I want, not sort of what this child wants.

Leah also described the anxiety she felt about the changes taking place in her body. In fact, during our first interview she explained that she had just had an appointment with her doctor who told her she was gaining weight a bit too fast in her second trimester.

Leah said that she'd been telling everyone, even strangers, that she was frustrated and anxious about her weight gain. Leah also described how conflicted she felt about "losing her figure." She said,

The other night I was just looking at myself in the mirror, like, my body, I just noticed the other night, I might start losing my figure. My sister did, too, so I'm somewhat prepared for that, um, but I'm not quite there yet, but it put me, emotionally, in a really weird place, like I couldn't identify my feelings, I was not feeling great, it was depressing, but I don't know why. I couldn't place it. It maybe was just, like, this is not supposed to be, doing this kind of process, it just put me in a very funky mood... And I was just really very surprised, like everything I read about pregnancy, there's just a mere mention of that and then it goes on to other things.

Leah's anxiety reflects the dual tensions that women feel both around their bodies and what it means to be a mother. Leah worried about losing her "figure," which she feels is a

defining aspect of her identity as a woman, in part because she was feeling unhealthy but also because women are expected to look young and fit. Women's value is still counted in part by how physically attractive they are. At the same time, women are expected to bear and breastfeed their children, which can have a lasting effect on women's bodies such that they're no longer considered youthful, attractive, or ideal. It's worth mentioning that in a subsequent interview with Leah, when her daughter was five months old, she shared with me that she had gone from a pre-baby size two to a post-baby size twelve. She said she was trying not to worry too much about it because she was still nursing and needing to eat a lot, but it was clear she was very troubled by her weight.

Niyah explained that when she found out she was pregnant she had to make several changes to her lifestyle. While women like Maggie saw motherhood as an extension of her previous self, Niyah felt that pregnancy signaled a necessary distancing from her previous self. She explained, "I had to change completely. I was just, 'Let's go to the bar tonight,' and just cigarette smoke everywhere. It was just a good time. I was 24 when I got pregnant, and from the time I was 17 to 24 I had a good time. So therefore, when he came, I instantly got it together and was a mom. It was no more party." Niyah said that she didn't particularly miss the party scene; in fact, she said that she was about ready to end it before she even got pregnant. When she did find out she was pregnant, though, and especially when she developed hyperemesis gravidarum, Niyah began to think back on her life before pregnancy. While she spent less time missing her friends and her late nights out, she became increasingly worried about ever being able to find

work again. She couldn't imagine being a stay-at-home mom, but at the same time she felt so ill that she couldn't imagine returning to work anytime soon.

Some of the mothers I spoke with described how they began to both listen to and discipline their bodies during their pregnancy, in a sense crafting a pregnant self based on their beliefs about what it means to be a good and responsible mother. These women talked at length about their relationship with nutrition and exercise when they were pregnant. While some of them described their pregnancy routines as an extension of their usual diets and activity levels, others described the greater attention they paid to their eating and physical activity, though not everyone was happy to do so.

Anna explained that she spent most of her pregnancy simply "listening" to her body. In fact, several of the women I interviewed used similar language, which attributed agency to the body and revealed a dualistic understanding of the mind/body relationship. She said, "What was really strange was when I first got pregnant I was so hungry, like obsessed with food. But my body was like, 'You need to gain ten pounds right now.' So I gained, like, two pounds a week for the first month. I was eating everything in the world. So I gained those ten pounds and the doctor was like, 'Okay, that's what you need to do.'" At the same time, Anna explained, "I don't diet necessarily but I like to eat good food. Like I try to eat fresh, organic stuff, I just prefer the way it tastes. But I'll also eat three cupcakes in one sitting. But in general, we do try to eat, cook our own food and eat more healthy food, so I never really changed that. I'm sort of doing yoga but not to any huge degree. I didn't try to take on a marathon or anything, just tried to maintain a lifestyle." Anna described feeling surprised by her body's needs, which reflects the

cultural understanding of a baby's needs as separate from its mother's such that the mother surrenders control to her growing child. This sense is reflected in women's reports of "cravings," that the baby wants something that the mother very consciously does not. At the same time, Anna talked about maintaining some control over her eating and needing to make only minimal changes, for example consuming less caffeine, to her relatively healthy preexisting diet.

Jasmine explained that working out was a major component of her prenatal care. In the Bradley Method class that Jasmine and I took together, the instructor focused quite a bit on the physical demands of labor and how consistent exercise can help build a foundation that would make unmedicated labor easier to work through. Jasmine described to me her prenatal health and fitness regimens:

For prenatal care, I think a big thing was working out. I mean, I've always been a person who works out, but in that time period I knew that we're going to try to get pregnant, I really tried to step it up a little bit because I wanted to have a good foundation so I could continue to work out, and I thought that would be important for my care, for the baby's care, because I read something about that somewhere. Then I took the folic acid, you know, before we tried starting to get pregnant, and so I thought that was important. I was really bad about taking my vitamins, they made me nauseous, and then, I don't know, I'm not one of the people that believe in taking Advil unless like I'm really in pain, so I'm just not one of those people that wants to put things in my body, and I think that is a big part of it. And I'm like, "I'm eating okay, so I think we'll be fine." And then I got through trying to eat healthy. I didn't eat any caffeine, any kind of soda. I'm not a big soda person anyway. I didn't drink coffee, so that was no problem, and I didn't drink, you know, any alcohol. So I was really following the basic rule with no alcohol, no this or that. I tried not to eat anything processed while I was pregnant either. Just trying to eat healthy was my main thing, and then if I was eating healthy, I'd think, everything will be fine.

Jasmine's approach to pregnancy was very much tied to her pre-pregnancy identity, the kind of person she has "always been," namely her intense focus on health and well-being. While Jasmine was eager to eat good food, work out regularly, and maintain good health during her pregnancy, Mia described making poor food choices, and feeling guilty about it. She said,

I was very bitter. I got this book, it's called *Feed the Belly*, and it was talking about all these nutrients you should be eating in your first trimester to help because the baby's developing. And I'm like, "Oh my gosh, I've been eating McDonalds! I love nachos!" I remember I got a plate of nachos from Rio Grande because I craved Mexican so bad. And I ate, like, the whole thing and I just felt so guilty because I could not follow what was in that book. And I remember being so excited when I did it in my second trimester and I didn't eat bad food anymore, and I'm only going to eat salads. I was so excited. But then I just had to let it go because it was all that I could stomach. And I still ate out almost every meal. I couldn't prepare any meal here, I couldn't touch food or prepare it. I had to have it cooked for me.

Like other women I interviewed, Mia described having little control over her food cravings and aversions. Mia craved both fast foods and salads, but she also felt averse to preparing her own food. It was at this point that Mia began to internalize the idea that good mothers should be willing to make sacrifices for their babies, in this case, to stop eating whatever she wanted without considering nutritional value. As Mia explained, however, making such sacrifices isn't always easy, and the inability to do so is often accompanied by feelings of guilt.

Of course, the decisions women make in pregnancy are not always tied to the decisions they make later on in motherhood. Women who avoid caffeine and exercise frequently may give their toddlers chocolate on a regular basis or stop working out altogether once their baby is born. Yet pregnancy and childbirth decisions still reveal

much about how women's identities shift and change during the transition to motherhood. They also reflect broader cultural trends and expectations about the decisions "good" mothers make. Carol described the tension she felt in her prenatal Pilates class between her own laidback approach to prenatal care and childbirth and her classmates' more rigid expectations for a natural birth experience:

It's a little intimidating because people in the class, my first prenatal yoga class, the instructor wanted to talk about our birth plans, which I think is, I share everything. I'm an over-sharer, but I kind of thought, I'm about to be judged here, and it was definitely, I think with this area in general, I think there's a lot of casting judgment, which maybe that's a thing with all moms, but we're just a little more sensitive to it. But our instructor said that for her birth plan she was going to have a home birth with a midwife and a doula, and after two and a half days of being in labor she decided to go to the hospital and so she went to the hospital had an epidural and then her baby. Well, they were in the class and people wanted, they were going to get doulas, they were going to have water births, they were going to have this and that, and I just want a healthy baby. I don't really care how I get there. So I thought I'd be funny and I said, "I just want to walk into the hospital and be blacked out and then walk out with a baby." Obviously not meaning that I want to be gassed, you know? I just meant, like, I'm going to leave it in the doctor's hands and I'm not going to be stressed... Maybe it's just being in yoga and Pilates class, it just draws a certain person to the class.

Several of the women I spoke with talked about the judgment they felt from others mothers about their own pregnancy and birth decisions –the opposite of support, really. Feelings of insecurity were especially pronounced for women who decided to birth in a hospital rather than in a birth center or at home. In a highly educated region such as the DC Metro area, with plentiful birthing options available, birthing at home or in a birth center and unmedicated childbirth are increasingly popular. Those who decide to pursue more conventional birthing options are sometimes left feeling ill-informed or even selfish about their decisions. This was particularly the case for women who asked for pain

medication, many of whom believed such medication caused other problems for them and their babies during childbirth.

Women who did decide to pursue alternative birth arrangements or low intervention experiences frequently challenged the authority of medical professionals. These women typically gathered knowledge from books, message boards, websites, and other kinds of media. Like many of the women I spoke with, Jasmine discovered a new way to approach childbirth because she watched the film, *The Business of Being Born* (Epstein 2008). She said, “I watched *The Business of Being Born*, which my friend that at the time was pregnant was like, you have to watch that, and so I watched that, and I did. I was obsessed with reading. I was obsessed with reading about the medical system in the United States.” *The Business of Being Born*, which explores the social, cultural, and financial benefits the medical system reaps from the medicalization of childbirth, affected a number of the women I interviewed. Though not all of them made significant changes to their plans in the wake of seeing the film, most described how it made them rethink their role in the birthing process and even their roles as mothers. Some women began to think of themselves not only as advocates for their own health care, but also as activists who could reform modern obstetric care by pursuing alternative arrangements like birthing at home.

Several women talked about how their own research into home birth or unmedicated childbirth led them to be more critical of, and in some cases rethink, the kind of prenatal care they were receiving. As such, they took on what one mother referred to as the “mama bear” role by becoming vocal and persistent advocates for themselves

and their babies. Amber explained that she frequently engaged in self-advocacy by arguing with her doctor about her health, especially after she was diagnosed with gestational diabetes. She said, “I remember fighting with my doctor because the one doctor was like, ‘Well, this is a high [glucose] number.’ I’m like, ‘That’s because I had a bagel. I was hungry and I don’t do it every day.’ ‘Well, I think we’re going to have to increase your medication.’ I’m like, ‘No, I had a bagel. It happened one time. Let it be what it is.’” Because the treatment for gestational diabetes requires constant monitoring and recordkeeping of what is being eaten, Amber had a good sense of why her glucose numbers might be high. Rather than blindly accepting what her doctor suggested about increasing her medication, Amber felt confident she knew better than he did about why her numbers might be elevated. That she felt she could challenge her doctor not only speaks to her own skills in self-advocacy, but also the recurring idea that in modern society authority increasingly resides in multiple locations, not the least of which is the individual actor.

Some of the women I spoke with talked at length about the genetic testing they were encouraged to undergo during their pregnancy. Most mothers opted to do the least invasive form of testing, the nuchal translucency test. Older mothers who were over 35 years of age were typically encouraged to undergo additional testing, and while some conceded to the testing, others, like Sharon, were more reluctant. Sharon explained,

I kind of felt like most of the things they tested for, that they focused on, I didn’t read tons about it. First of all, I don’t like the idea of sticking a giant needle in your stomach [for amniocentesis] that can cause miscarriage and other problems. And I knew we didn’t have any genetic diseases on either side of our family, so I didn’t feel like I was high risk, just the age thing if anything. And those kinds of diseases would be like Down Syndrome, and

we're not religious or anything, but people with Down Syndrome have a very happy life, so if we found out the baby has that, we wouldn't have done anything. I did do one non-invasive test, the nuchal translucency. It can't harm the baby, though I was little hesitant because there are false positives and then they'll pressure you to do other things. And then it came out negative and I felt pretty reassured because that was the only thing I was worried about.

Despite the fact that Sharon was well over 35, she was hesitant to undergo testing that might cause harm to the baby. She was also worried that some testing would lead to more testing, a reality she faced when abnormalities were spotted during her 20-week ultrasound. She said,

The one incident kind of related to testing that stressed me was the 20-week ultrasound. So we had already done the nuchal translucency and they said no for Down Syndrome. So at the 20-week ultrasound they said, "We don't want to alarm you but there's a white calcification spot on the heart, and if you're under 35 it can correlate with Down Syndrome, and we recommend additional testing." So we said we already had the other test, and we didn't want to risk the pregnancy to find out, so we said no. And that was when we had a doctor that was really rude and was like, "you have chances of genetic abnormalities," and she was being really bitchy about it. So I switched after that... And the other doctor said, "In the next couple of years we're probably going to take that off the list of something to consider for further testing."

Alyssa explained that she was also pressured to undergo amniocentesis, an invasive genetic diagnostic procedure, although she was not yet 30 when she found out she was pregnant. Alyssa explained,

They wanted to do an amniocentesis. I'm conflicted with those still today because they still do that. I certainly wanted to know. However, I remember having the conversation where my husband's like, "So what? So what if it comes back and they say that there's a chance that there's a problem? What are we going to do then?" I'm very conflicted about that, especially after the first trimester. And then the screening happens, I think they're like 12 weeks or something, so it's not that early in the pregnancy. Anyway, thankfully for me, both times that has gone smoothly and there's been no problem, but I don't know what choice I would make if that came

back differently. I'm pretty sure I know that I would do nothing, but I would be more prepared.

Both Sharon and Alyssa were reluctant to undergo invasive genetic testing, particularly amniocentesis, in large part because they worried about the possible complications that could result. Moreover, both were fairly confident that they were the kind of people for whom a diagnosis of Down Syndrome or some other condition wouldn't affect their decision to carry the baby to term. However, while Sharon refused the testing, Alyssa ultimately conceded. Alyssa explained that she underwent the testing in part so that she could be more informed and prepared if the testing revealed issues with the baby. The decisions both women made reflected their feelings not only about testing itself, but also what it means to be a good mother. For Sharon, good motherhood meant avoiding all unnecessary interventions while for Alyssa, it meant being prepared for possible problems and the attendant identity shifts these problems might necessitate. Also, because Sharon is an older mother, she may have felt that if the test caused a miscarriage she may have difficulty getting pregnant again. Alyssa, who was relatively young and for whom the pregnancy was unplanned, may not have felt that the stakes were so high.

Niyah faced an even greater challenge when she underwent genetic testing, which came back positive, albeit falsely, for Trisomy 18:

NC: When I was five months they told me Jabar had Trisomy 18 and I was like, "What the hell is that?" Never heard of it.

SM : But he doesn't have it?

NC: No, no, you couldn't live with it. They said it's very rare. Nobody lives with it, and they said that the baby usually dies inside or moments after being born. So I said, "Okay, well, if he does have it, what would y'all do?" They said, "We'd start your labor now and let you deliver," or I

can go full-term just to have those few moments. I was like, “I’m not that mentally sane to have no few moments. I want to terminate this pregnancy if there’s something wrong with it...” So I had to wait a couple of weeks for the results and they said he didn’t have it.

Unlike Sharon and Alyssa, Niyah felt confident that if her baby really did have Trisomy 18 she would not want to carry him to term. Niyah’s situation was complicated, too, by the fact that her pregnancy was a surprise, that she was experiencing extreme illness, and that she had limited social and financial resources to care for her baby. Niyah summed these complications up by referring to her lack of “sanity,” but she also explained that she was in a particular situation at that moment that left her feeling unable to cope if her son was indeed diagnosed with this rare genetic disorder. Fortunately, additional testing revealed that her son did not have Trisomy 18. Niyah also explained that if she had gone through the same scenario with her second child, when she felt much more capable of handling her pregnancy, she would have been ready to make a different decision, that is, to carry the baby to term. This suggests that Niyah’s experience with motherhood has reshaped the narrative she has constructed about herself and her capabilities as a mother.

Women’s ideas about what it means to be a mother begin to take shape during pregnancy, and are manifested in their beliefs and practices around health, fitness, prenatal care, and genetic testing. Genetic testing in particular allows women to make reflexively achieved moral claims around what kind of person they are. Sharon asserted that she and her partner aren’t the “kind” of people to terminate a pregnancy if a disability was detected. Alyssa made a similar, yet less confident claim. Niyah, on the other hand, had a strong sense of what she could or couldn’t handle when it came to having a child with a severe disability. These claims reflect women’s self-identities, that

is, what they believe to be true about themselves. At the same time, these claims also reflect the moral landscape of motherhood; that is, the cultural assumptions that surround what it means to be a good mother. Women's beliefs about motherhood, and their internalization of the mothering role, also take shape during their preparations for childbirth. Their ideas about what it means to be a good caregiver and advocate for their children are often reflected in their birth plans and decisions. These ideas also shape and are reflected in women's birth experiences.

Birth

Most of the mothers I spoke with talked about their expectations and preparations for childbirth, and many talked about their preference for natural, unmedicated, or low - intervention childbirth. Many of women's decisions about birth come from an initial place of excitement and anticipation combined with anxiety. Cici explained that while she was excited to be a mom, she was incredibly anxious about childbirth at first. She said, "I was nervous about childbirth. That was just kind of a scary thing, and you hear about all these horrible things. And in our society, childbirth is portrayed as something that's scary and crazy and painful, blah! So I was nervous about that, I was trying to get beyond that. And I was, I don't know if 'scared out of my mind' was the right word." Cici believed that the best way to combat anxiety about birth was to research, revealing a deep belief in the power of knowledge. She began to read about natural childbirth and prepare for labor by learning hypnobirthing techniques. In fact, Cici now tells other women that she gets through birth by using "hypnobirthing and Hail Mary's." While Cici

explained that she thought unmedicated birth was the healthiest option for the baby, she also felt like the experience itself was important and not something to be numbed.

Other women shared similar sentiments when it came to experiencing childbirth.

Anna said,

I guess I sort of think that, I don't know, if you're going to do it, you should do it and not have your experience dulled or numbed, you know what I mean? I realize there's going to be some pain involved, though I don't how much that's going to be until I get there, and I give myself the authority to get an epidural if I want one. I mean, it's such a crazy experience, to not have the whole experience, whatever that experience is, for better or for worse. It's also healthier for the baby, there's just, I don't see any reasons why you would want to do anything else.

Montana very succinctly shared, "I want to give birth. I don't want birth to be given to me," reflecting her desire to have some control of the kind of birth experience she would have. Kasie explained that giving birth naturally was not only the healthiest thing to do for the baby, but also that she wanted to have the full experience of birthing a baby. She explained,

I felt like it was the healthiest thing. I wanted to be able to experience it, and I just didn't think it seemed natural to numb your body from the waist down and not be able to feel yourself contracting, and then take Pitocin to speed up your contractions. I felt like, I watched that documentary, *The Business of Being Born*, and it spoke to me. I mean, there was, I think, a Lamaze brand like magazine that I read that talked about the moments that your baby enters the world how you want them to be, you know, and I was really in tuned to that, so I really wanted to be present and to feel everything...And I didn't want to, I've always kind of been against taking unnecessary drugs and medicine, and I didn't want to be numb and I just wanted to experience it all, and I didn't want to have to take more drugs to counteract the other drugs. And I was a little disappointed because they did give me Pitocin in my IV drug after I had the baby to shrink my uterus back down. So I thought I was totally in the clear, but, you know.

Arielle romanticized the idea of natural birth, explaining that it seemed like a rite of passage for women. This is unsurprising given the considerable value placed on childbearing and motherhood; childbirth is indeed viewed as a rite of passage in many cultures (Davis-Floyd 2004). For Arielle, however, natural childbirth was not itself a marker of womanhood, but rather a moral marker. Natural childbirth was a way to mark out her strength as a woman:

But the natural childbirth, there's a part of me that, you know, I felt like I had something to prove because I have always been kind of a wimp when it comes to pain, and I've seen like a natural child birthing as sort of like a rite of passage, or just even giving birth in general, kind of like a rite of passage for being a woman... And I thought, you know, just to prove to myself that I could do this, you know, if I can create a life, I can try to bring it into this world without altering the experience in any way... I guess maybe I romanticized the natural child birthing. There was just something so impressive about it, I guess.

Women like Anna, Montana, and Arielle, who described wanting a “natural,” low - intervention, unmedicated childbirth talked about not wanting the experience to be “numbed,” both literally and figuratively. They placed value on going through the experience without any of their senses being numbed, believing that the experience itself would be both rewarding and elevating. Arielle went so far as to talk about childbirth as a rite of passage for women, though she acknowledged that childbirth doesn't necessarily make one a woman. Some women talked about the health benefits of birthing with minimal intervention. However, while they spoke at length about how they wanted the experience to unfold for them, they actually spent relatively little time talking about the health advantages for their baby. As such, their explanations were at once bound up in

moral claims about what is “right” when it comes to childbirth, but they also left out the most crucial piece of the puzzle, that is, what effects interventions have on their babies.

When pressed on this topic, this is how Cici described her priorities in terms of childbirth:

SM: So in those two experiences, when you were thinking through how you wanted to birth, were you thinking about it in terms of the experiences that would make you feel best about the birth, or the experiences that would be best for the baby, or did you see those two as intertwined?

CM: Um, I definitely think they’re intertwined. I think there is a lot of, well, there’s a lot of defensiveness. People are very defensive when it comes to birth and birth choices on both sides, regardless of which way. And I mean, I find myself being the same way, and I try not to, but yeah. It’s like, there’s always that whole, “Well, the most important thing is a healthy baby.” And it’s like, “Yes, that’s extremely important, but I don’t necessarily agree with you as to how to go about getting a healthy baby.” And, um, healthy mom is important, too... So people feel really concerned about what’s best for the baby. Number one, I don’t agree with you about what’s best for the baby. I believe an epidural can be, I’ve heard lots of horror stories on the moms’ side and babies’ side about epidurals and their effects. And, you know, Pitocin, and I think you’re totally messing with the natural state that your body is supposed to be doing. It’s something women have been doing since the beginning of time. Clearly it was working, you know. So I just, I think they’re very interrelated. I would say, when I was thinking of what I felt was best, I was absolutely thinking, “I’m going to do what’s best for this baby.” Because let me tell you, 14 hours of Pitocin-induced labor with no drugs is not a whole lot of fun. What’s best for me probably would have been to take an epidural. But I strongly believed, “No, I’m not going to do it, I can do this, and it’s better for the baby. So I would say my feeling was always, the choices that I made were always in the mindset of, “I feel as though I’m doing what’s best for the child inside of me.”

That the mothers I interviewed talked first and at greater length about how their birth experience would affect them rather than their babies suggests that the decisions they make are as much an expression of their identities as mothers as they are an expression of

concern for their babies. This is true even as most women viewed the experiences of the mother and the health of the baby as intertwined.

Some women began thinking about how they wanted to birth long before they even decided to have baby. Sara explained,

I think it started with the home birth, which the way that that happened was, the way I think I planned it was, well I have a graduate certificate in Women Studies, and in my Women Studies classes, I definitely heard references to midwives and it was in a positive light with the history of midwives and whatever. And then when I lived in Philadelphia, I remember hearing about this place. It was like a birth center, and I thought, "Well that's interesting," and then I remember seeing a program on TV about babies born under water and I was like, "Oh wow, that's really cool." So, I mean, I thought, "Oh maybe I'd want to do that one day"... You know we took the Bradley class and over time we decided from talking with them and realizing that the majority of their births were actually at home, we thought about it and it's like, well what's really the difference? I mean it's working for most of them, so we decided to do that.

Montana explained that her birth decisions were tied to her innate feeling of comfort in the water:

Where it started for me was, many years before I began even thinking about getting pregnant, but it was information about water births. My family, being on water is something that was gifted to me by my family and, you know, to choose that was at a spiritual level and I've always felt more comfortable in water than on land and so to me the idea of, the concept of, experiencing something that intense but having the calm of being in water was, like, super comforting. [Having chosen a birth center for her delivery, Montana attended group prenatal classes.]... And it was only in the process of going to the group prenatal classes and learning more about midwifery and the midwifery standard of care, going to the Bradley class, she talked to the women about having birth in the hospital and what you may need to do. A lot of the Bradley classes were about how to fight the system, but she kept saying, "Oh, but Montana doesn't have to do this because she's with a midwife." So that got me a little more, "Oh, this is really, it's not just the water birth, but this is a much bigger thing." And I would definitely give up a water birth now before I would give up a midwife.

It's worth noting Montana's birth instructor, as well as my own, typically structured their birth classes around how to fight the "the system," language that was typically invoked during the women's health movement of the 1970s (Morgen 2002). Indeed, much of the work women do to challenge the authority of their doctors both reflects and is an extension of these early feminist efforts.

A few of the women I spoke with described deciding to birth outside of the hospital because their own mothers gave birth to them or their siblings at home. In a sense, these women embodied family traditions in their pregnant selves. For example, Gretchen knew she would birth outside of the hospital because her mother gave birth to her and her siblings at home:

SM: Can you tell me a little bit about your decision to birth at Women's Health [Birth Center]?

GH: I was born at home and my brother was born at home and my sister had three kids at home, so just, it seemed like the easiest way to go.

SM: So you birthed in their birth center or at home?

GH: In the center.

SM: You decided not to do it at home?

GH: Well, we were renting. And I didn't want to have a baby in a rented house. And my mom said, "I know plenty of people who've done that," and I said, "That's great, but I'm not one of them."

Gretchen ultimately gave birth in a freestanding birth center, but was never averse to the principle of having the baby at home. Sara, Montana, and Gretchen all thought about where they would give birth before they got pregnant, and for Sara, before she even knew for sure that she wanted to have children. This kind of forethought illustrates the extent to

which birthing options have increasingly become part of our broader cultural consciousness, especially in particular groups like Sara's Women's Studies department.

Not everyone is as comfortable with birthing outside of a hospital, however.

Sharon explained that while she wanted to experience a low -intervention birth, she was reluctant to birth at home. She explained,

I was a little hesitant about doing it at home, but I really wanted to find a midwife. So I think the hardest thing about my pregnancy was trying to figure out where to give birth. I didn't want medical intervention, but I didn't want to do it at home. So I ended up doing hypno-birthing classes to do a sort of natural method, and use a midwife and stuff like that. And then I had a really hard time finding a practice to go to. I'd go to one and have a bad experience. You know, like I was supposed to have a lot of genetic testing because of my age, and I didn't want to do it, and doctors would be weird about it sometimes, and I'd be like, "Okay, I'm switching practices." I tried to find a practice that had a midwife in it but would deliver at a hospital.

Sharon went to describe how difficult it was for her to find a practice she liked. Her difficulty in deciding was in part the result of her general distrust of doctors. She said, "With doctors in general, I never feel totally trusting of what they say. It's like, they can make so much money if they do a c-section compared to, and it's easier for them, and they're just worried more about lawsuits than your well-being. I think, just going in for other things, I always question what they're saying, make sure that's really necessary."

This distrust made it difficult for Sharon to choose a practice. She ultimately chose a doctor and midwife collaborative practice just a few weeks before her son was born, but she was still unhappy with her birth experience, which included a prolonged, often interrupted, labor and a c-section. The distrust of medical authority was a common theme running through my interviews with women who wanted a low -intervention pregnancy

and birth experience. This distrust easily fits into a broader social narrative that highlights the larger institutional failures women have experienced with health care delivery in the past (Morgen 2002; Ehrenreich and English 2005; Block 2008).

Leah, who is deeply skeptical of doctors' tendency to "overmedicate," explained that while she feels safer in a hospital, she was hoping for a low -intervention birth experience:

LM: About my birth, I will be, I'm with the Virginia Hospital Center and, um, I'd thought about giving birth at a birth center but after talking to people, neighbors, friends, through the process, um, and reading, I feel more safe being in a hospital setting even though, actually, I'm really scared of needles. It's not a, there's something associated with being there, just physically being there, it's medicinal, it's not natural. That's why I wanted to look at birthing centers but I'm really worried that if something were to go wrong, I want to be in a facility that will cater to, you know, whatever issue needs to be dealt with.

SM: So have you thought about how you want to birth, location aside? Like how to manage pain?

LM: Yeah, I want to do it without medication... I'm not really happy with the, they tend to overmedicate here [in America] and I just don't feel comfortable at all. Even vitamins are a hard thing for me to do. Also the pill is this big... In our family, knock on the wood, nobody has ever had a c-section, maybe it's something, the Eastern body type.

Leah went on to describe her beliefs about c-sections, namely that they should be a last resort rather than routine. She said,

There's a woman in my husband's office who was trying to convince another woman to, and I'm not, I'm trying hard not to touch this, but I feel like one must give the natural process a chance, that's how it was meant to be. C-sections are not, it's not how god intended the process to be. I can totally understand, and I might have one, too. If that's the solution, that's the solution, there's nothing you can do about it. But I do want to absolutely try to, you know, that's what I'm working towards, like trying to stay healthy, trying to stay active, build my muscles, have all the tools I need to deal with the pain, deal with the physical pressure. So he heard a

woman trying to convince another woman to go for a c-section even though she didn't need it because it was convenient and everything stays where it is. I just don't agree with that.

Like Jasmine, whose prenatal health routine I described earlier, Leah believed that she could actively shape her own birth experience and avoid a c-section by conditioning her body and maintaining good health during her pregnancy. More specifically, she believed she could avoid losing control of her birth experience by conditioning her body to effectively deal with the pain and pressure of labor. Unfortunately for Leah, her daughter turned breech late in the pregnancy. Leah and her husband paid thousands of dollars for acupuncture in the hopes it would turn the baby, but to no avail. Leah was ultimately admitted for a c-section a week and a half past her due date. Leah was willing to expend tremendous resources and efforts to achieve the kind of birth experience she wanted for her and her baby, but ultimately resigned herself to an undesired surgery.

Shonda explained that she left her obstetrician because of their disagreements about childbirth. She said, "I was very excited to be pregnant, very nervous about being pregnant. You know, we are fed so much commercial agenda about pregnancy and maternal-fetal outcomes, um, so I wanted to know as much as I could and immerse myself in books. I registered for the most comprehensive natural birthing class you can take, which is the Bradley Method. I registered for that, oh, I was probably about 20 weeks when I registered for that class. Around that same time, I began to have some friction with my OB, I had a view of birth that conflicted with hers." Shonda explained that she initially thought she would be able to birth at home with her doctor, but her doctor told her that such an arrangement would be impossible. She continued,

I had a view of birth that conflicted with hers and, um, you know, I wanted to have a home birth. I thought she would come to my house [laughs]. My mom had had babies at home and I just assumed that as long as everything was healthy, mom was healthy, baby was healthy, there was no need to be in a hospital since that's where sick people go, that was my perspective. And, um, she was very brash, very rushed through appointments and, uh, was very clear to me around that time that this was not a good fit. She wanted to schedule my induction at my twenty-week appointment, and when I asked her why, she said, well, because you're due right around Thanksgiving. I decided to let her go. Well, actually she fired me when I told her I was doing Bradley. She told me Bradley didn't let her practice medicine the way she'd been trained. As a birth professional, I totally get what she means now, and that is that obstetricians are trained to intervene. They are not trained, it's not part of their job to just sit and let birth happen. Um, and I was really glad in retrospect that she said that to me because it gave me the permission I was seeking to leave, and so I did. And I found a team of midwives at Birth Care that I adore. So I made that transition and registered for Bradley at about the same time. And that was where the beginning of my transformation happened. Seeing the midwifery model of care in practice, coming to terms with the fact that I couldn't control everything in birth was something I didn't, I don't think happened for a while, but I was very much about learning everything that I could, was very inquisitive.

Shonda was so moved by the midwifery model of care that she ultimately opened her own alternative therapy business that addresses the particular needs of expecting women and new mothers. She refers to a "transformation" that happened not just in terms of the kind of care she expected, but rather in terms of her own life goals.

Most of the mothers I spoke with talked about wanting to avoid a c-section. Not everyone, however, adhered to the same set of standards surrounding childbirth. Some described more practical reasons for avoiding a c-section, though these reasons also illustrate aspects of women's identities in transition to motherhood. Bethany, a teenager when her daughter was born, wanted to avoid the physical scarring a surgery would cause. She said, "I always wanted to avoid a c-section... I was like, 'What if I'm going to

have a c-section?’ And you know I was 17. I was like, ‘I don’t want this big scar. I’m going to have my body back.’” Amber explained, “The reason I didn’t want a c-section is just because I had heard some of my girlfriends who hadn’t and the recovery time just seemed really a lot better, not as long as with a c-section, and I felt like it would be best for her if I could have a vaginal delivery. At that time we thought we wanted more kids, you know we figured we’d have more kids and I didn’t want to have to, I felt like once you had a c-section, it was harder not to have one, but mostly it was because of the recovery time and I wanted the experience of having a vaginal birth.” Sharon offered yet another explanation, “I just heard a lot about how the U.S. has one of the highest c-section rates in the world and they’re just not always necessary, and there are always risks to the baby, and recovery. I’d never had surgery before, but it seemed that the recovery would be bad. And it introduces more risks. I didn’t even realize how much it was, like, you’d end up with another one. I didn’t know that whole thing. It’s hard to find a place to go the second time if you’ve had one before. I just didn’t feel like it was necessary, I didn’t see why they have medicalize it so much, charge you so much money.”

Bethany, Amber, and Sharon shared very different reasons for wanting to avoid a c-section, yet all of them tapped into general feelings women often have about the procedure. While Bethany’s reasoning may seem shallow or due to her young age at the time, it’s not unusual to hear women talk about scarring, particularly given all the other ways in which pregnancy affects women’s physical appearance after birth. Mothers express anxiety over everything from weight gain to stretch marks, and an entire industry

has emerged around helping women return to their pre-pregnancy figures. Amber had the foresight to consider whether one c-section would lead to future c-sections, a concern that is not unreasonable given the relatively low number of VBACs multiparous mothers achieve every year (MacDorman, Declercq, and Menacker 2011). In trying to avoid a c-section, she was looking out for her future children as well. Sharon, ever distrustful of doctors, was certainly right to question the financial benefits of c-sections for medical practices and hospitals. One of the most commonly cited reasons for the increasing rate of c-sections in the United States is greater payout to doctors and medical facilities (Block 2008, Wolf 2003). Like other women I spoke with, Sharon believed that her distrust of doctors was not only warranted but also an important aspect of self-advocacy and good motherhood.

In one of the more interesting admissions made during our interview, Lisa explained that she wanted to have a low -intervention birth and avoid a c-section in part because “everybody else does it.” She said,

So I think we had decided that we wanted to have a natural birth just because I think everybody else does it and the recovery is shorter and this and that, and we were like, “Okay, so the best chance of having a vaginal birth is that you do it naturally and I think I can do it. I’ll give it a shot.” Like, I wasn’t quite sure what to expect. Well I wasn’t sure what my pain threshold would be, but you know, like, you hear the side effects of doing epidurals, and I asked other people what they thought about epidurals, did they have a natural birth? Some people had said that they had back problems from the epidural still, even though their child is like 3 years old, and that natural is like I said, a quicker recovery, and so that’s why I was like, “Okay, I’m going to try to have a natural birth and see how that goes,” with knowing, though, that if I couldn’t do it, I’d be okay with an epidural. But I guess I didn’t expect to not even get far in the labor. I mean I guess I expected myself to be able to kind of push through it a little longer before I asked for the epidural but, yeah, so that was with that... My mother-in-law ended up having a c-section, but my mom had natural

birth and so, like I told my brother, if my mom can do it, she's petite like myself, then I should be able to do it. So I think that kind of influenced me too.

Lisa internalized what she believed to be broader cultural expectations about childbirth, namely that she should be able to give birth without any kind of pain medication. She felt especially confident because her mother gave birth the same way. The pressure she put on herself, again derived from the increasingly visible expectations of a triumphant natural birth, ultimately left her doubting her decisions and feeling as though she could have changed the outcome. These feelings of guilt were expressed by a number of women and have been described time and again throughout these chapters. Indeed, as I explained in an earlier chapter, women who set high expectations for a particular birth experience were often left feeling unfulfilled or even traumatized when labor and delivery didn't progress the way they expected it would. What's worse, their unmet expectations made them feel like bad mothers.

Not everyone I spoke with wanted to birth outside of the hospital or with minimal interventions. Some mothers described preferring the safety of hospitals, while others preferred the availability of medication for pain management. Cassie explained the emotional and financial consideration behind her decision to birth in a hospital, even as she was a practicing doula and home birth assistant. She explained,

She was born in the hospital by choice. That was the plan by the midwives. And it was a water birth, she was born in the water in Portland. That's a lot more popular than here... My husband felt uncomfortable with a water birth at home. I was kind of on the fence about whether I wanted it for my first child or not. I certainly believed that women should have that option, though I know a lot more now, but at that point, I just wasn't as confident in the process, I guess. So I liked the idea of having it in the hospital with midwives at the time. And then the second thing was that it

was covered by insurance, and at that time, because I was in grad school and just having his insurance as a teacher, which was not a lot, it was kind of a financial weight for us to pay out-of-pocket...And, I mean, to be completely honest, I do feel like at that time there was a good portion of my mind that wanted to be in the hospital.

Although Cassie was living in Portland at the time –a bastion of “alternative” pregnancy, birth, and parenting practices including home birth, water birth, working with a doula, and attachment parenting –she opted to give birth in a hospital. The birth decisions she made were at odds with the self-identity she had cultivated while working as a doula in her community. This cognitive dissonance made it difficult to reconcile her birthing decisions with her professional work. When I spoke with Cassie, she was planning for the birth of her second child at home in a birthing pool, having gained more “confidence” in the process. Like June, Cassie admitted that financial concerns also kept her from giving birth at home, but her primary concern remained birthing in a place that felt safe, especially since it was her first birth.

Del explained that she wanted to give birth in the hospital for safety reasons as well. She said,

I mean, at the end of the day they’re there to make sure that you’re comfortable and that you’re as healthy as possible. So if they’re making you feel uncomfortable, then yeah, you ask for a different nurse, and they have nurses that are a little bit more keen on, you know, if say you wanted a natural childbirth or anything, they have some that are a little bit more keen on that. But one thing that made me feel more comfortable with deciding that I wanted to do the hypno-birthing and everything was that when I was, one of the times when I went into the Labor and Delivery, I saw the different signs, because they give you signs to put on your doors and say, “This mom is doing hypnobirthing or hypno-babies. Please respect our privacy and our silence,” and everything, and so I saw signs on the doors with women that were doing it and I was like, “Okay, well this makes me feel a lot more comfortable that the hospital is actually keen,” because, I mean, I thought about birthing centers and everything, but with

it being my first birth, I just felt more comfortable being in a hospital setting because you never know what can go wrong, and if something does go wrong, I just want to be in the best location possible. It was fine for mine.

Like Cassie, Del explained that she felt most comfortable birthing in a hospital setting for her first birth. She left room for herself to make a different decision for subsequent births, but she ultimately had a positive hospital birth experience. Also, because Del was initially interested in a low -intervention birth, she looked out for and felt comfortable with the outward signs found in the labor and delivery unit that demonstrated the staff's commitment to each woman's unique birth request and experience.

Some of the mothers I spoke with were very outspoken about their preference for a hospital birth. Megan explained that although she finds it interesting, she would never be interested in birthing at home.

Home birth would interest me, however, just personally, and with the fact that [my babies are born so] early and you know if there was something, I believe way too much in medicine to just, I would rather have someone at the end of my table that knows what they're doing. I mean there are normal things, like losing a lot of blood, that I just want a medical professional there for. I think midwives are great, but I just, you know... I do trust [medicine] and I'm not super all about the natural, because natural enough is natural enough for me. I don't want to jeopardize my health and my kids' lives. I mean blood loss is a normal thing, any pregnancy. Every pregnancy is different, and I'm like, "If something will happen to me, I will have three kids. I need to be here, and I want that child to be healthy, any intervention needed."

Like Cassie and Del, Megan felt that birthing in a hospital setting was safest. For all three women, the ultimate responsibility for a mother was to ensure her child's safety; they believed that hospitals could ensure that safety better than alternative locations.

Although, as Cici pointed out earlier, safety is often subjective and what one believes to

be safe or in the best interests of a mother or child may be different from one mother to the next.

Niyah had two “wonderful” cesareans for which she was grateful. She said, “I used to think gas was labor, it’s time! I had two wonderful c-sections. I don’t know what it would’ve felt like. Oh, no!” Unlike the mothers described above, Niyah was happy to have her experienced “numbed” and was eager to avoid the pain associated with labor and delivery. Mia said simply, “I think you can be a person who respects and admires and can try to strive to achieve some of those qualities [of a natural birth] while still being a person who says, “Hey, that didn’t work out for me.”” Like some of the other women I spoke with, both Niyah and Mia were adamant about wanting pain medication and close monitoring during childbirth. For Niyah, this desire reflected both a concern for own experience as well as an unfamiliarity with any kind of alternatives. While practices like breastfeeding are increasingly encouraged for lower-income women, many remain unknowledgeable about the possibility for a low -intervention birth experience (Moore 2011). For Mia, on the other hand, her birth decisions had more to do with wanting to avoid pain, although she had done plenty of research and reading about alternative birthing arrangements. It was clear to me that Mia wanted to explain her birthing decisions because they were clear expressions of her laidback identity as a mother, namely, why not avoid an unpleasant experience when you can?

Of course some tension does exist between women who prefer an unmedicated birth, sometimes outside of the hospital, and those who prefer medication or other interventions. This was obvious in a group interview I conducted in which Chloe, who

had recently given birth to her daughter, had a tense exchange with Emily, who was expecting in just a few weeks:

CP: I'm like, when I was having those contractions, I was like, "How do people do this without an epidural? No way!"

EJ: We are going to try and do natural. We're doing like the hypno-babies and have a doula and stuff. So yeah, I mean I know a couple of people that did do natural and survived to tell, so I'm just, I'm hoping for the best.

CP: Best of luck to you!

Chloe went on to describe how painful labor was and how she couldn't understand why anyone would want to attempt it without pain medication. Emily, who said more than once that she was trying to keep negative thoughts about childbirth at bay, was obviously frustrated by Chloe's comments and quietly reiterated that she was going to try to birth without medication and that she was confident that she would be able to do it.

Childbirth and its preparations are moments in which women make moral claims around good motherhood, claims that reflect their own developing identities as mothers. Because women's birth experiences don't always reflect their plans, however, these moral claims often shift and take on new meanings during and in the wake of childbirth. For example, women who once claimed that they were "natural mothers" and eschewed medical interventions may find themselves embracing a new identity as a "practical mother" when the need for a c-section arose. Identity shifts and changes arguably depend on lived experiences and the narratives individuals construct around those experiences (Giddens 1991). The moral and identity claims women make are further refracted as they welcome their new baby into the world and begin engaging in their new roles as mothers.

A New Skin

How women's expectations about motherhood play out, along with the support they receive from others, shapes how they experience the transition to motherhood. Developing beliefs and new experiences also influence how women's identities change, take on new meanings, and in some ways ossify during that transition. As Leona described, early motherhood felt like the shedding of an old skin, with all its sensitivity and rawness. In this final section I describe how ideologies about parenting develop and play out during early motherhood, and how these ideologies are reflexively taken up to establish women's self-identities as mothers. Of particular interest is how mothers' ideological commitments take shape through and come up against their practical concerns, including women's decisions about working outside of the home, and how mothers resolve these conflicts. Finally, I take a closer look at mothers' claims that motherhood helped them to unearth their "true" identities by eclipsing what they consider youthful priorities like going out with friends and worrying about trivial social drama, activities which they feel lack the weight and the long-term consequences of parenthood. Here I provide unique insight into both the stringency and malleability of identity within a broader social context of parenting ideologies and dominant beliefs about motherhood.

Parenting Ideologies

When one looks to the advice literature found in recently published books and websites on parenting, one can quickly note the often complex "parenting ideologies," or clusters of beliefs about the roles of parents and children and the greater world with which they engage. These sources describe intensive parenting, natural parenting,

attachment parenting, slow parenting, free-range parenting, and authoritative parenting among others. Ideas about parenting abound, and choosing a parenting ideology often elicits considerable thought from new parents. Some parents take a more eclectic and pragmatic approach to parenting by adhering to certain aspects of different parenting ideologies while rejecting others. Other parents find a steadfast commitment to single parenting systems comforting, feeling that such systems provide a roadmap of parenthood that shows the consequences of each wrong turn.

In determining their parenting style and developing their beliefs about parenting, parents typically engaged in a broader project of establishing a self-identity. What kind of parent am I? What do I believe to be fundamentally true about the roles of a parent? What do I believe to be fundamentally true about the roles of child? How can I balance my commitment to various aspects of parenting while accounting for practical concerns like time and money? These questions become particularly salient for mothers who remain primary caregivers to their children, who are more likely than fathers to stay at home with their children, or who take on “the second shift” of domestic labor after work.

Self-identity is reflexively constructed in part by accessing what Ann Swidler (1986) refers to as “cultural toolkit.” According to Swidler, the cultural toolkit contains repertoires of meaning that individual use to manage their day-to-day experiences and construct their personal lives. In using such repertoires, individuals are able to sort through and make sense of their experiences by drawing on multiple and sometimes competing concepts and ideas that are then taken up as strategies for action. For example, Cherlin (2009) explains how competing ideologies of marriage and expressive

individualism are alternatively taken up to understand the frequency with which people both marry and divorce. Similarly, Johnston and Swanson (2006) explain that mothers often draw on traditional ideologies of all-consuming mothering as well as non-traditional ideologies such as personal fulfillment to navigate their experiences balancing paid work with family life. The women I interviewed also engaged multiple repertoires to make sense of the transition to motherhood, sometimes engaging the ideologies of intensive mothering, attachment parenting, or natural mothering. At the same time, they struggled with making sense of how to balance personal fulfillment, which many mothers located outside of mothering, with the duties motherhood.

Sara and Annette, both of whom are trained social scientists and mothers, described how decisions about parenting are typically made within a high-pressure, high-expectations social context. Sara said, “I think the way we’re educated, we’re selective, and we put more on how we’re doing. We put so much value, we determine so much of our self-worth from our kids. I feel like they’re a reflection of that.” Similarly, Annette explained, “I think the culture of parenting today is very much more high pressure. There’s definitely this intense mothering, so it’s sort of like, you do one bad thing and you’re going to scar your kid for life.” Given the kind of value mothers place on the parenting decisions they make, and ultimately on the adults their children become, it’s unsurprising that judgment about parenting abounds and mothers sometimes hunker down into parenting camps.

One of the most widely-discussed parenting ideologies in academic literature and increasingly in popular culture is attachment parenting. Some of the mothers I spoke with

eagerly took up attachment parenting, yet the practice has also drawn wariness and criticism from others. Although the degree to which it's practiced varies from mother to mother, attachment parenting is typified by breastfeeding, co-sleeping, and baby-wearing. These practices often foster an intense emotional connection between caregivers (usually mothers) and their babies. Alyssa described her intense attachment to her son, which began immediately after he was born. She explained that she and her husband were incredibly devoted to their son and his care, and that their devotion seemed "crazy" at first, at least until they discovered attachment parenting. Alyssa said,

So we kind of fell into [attachment parenting] after having looked at all the literature, like a lot of books and advice. It's amazing how much advice you get when you're a first-time parent from other parents. I mean, it became really apparent immediately to us that we were falling into that, crazy parents, at first. At first we were like, "we're crazy parents," and then we realized, "oh, no, we're like attachment parents." But talking to different parents and they're like, "Well what do you think about schedules and sleep schedules and sleep training? Has he done this yet? Has he done that yet?" Like there are some parents, especially around here, that are very controlling and Type A.

Alyssa's realization that she and her husband were "attachment parents" rather than "crazy parents" served as an identity claim that helped them to express their approach to parenting. Moreover, Alyssa's identity as an attachment parent provided both a belief system she could use to make sense of her experiences as well as a foundation upon which she could make moral claims about other approaches to parenting. Alyssa explained that an intense commitment to rigid schedules and meeting milestones is counterproductive to ensuring a happy family life. Instead, parents should focus on helping a child develop at his own pace. Additionally, family life should be more flexible

than regimented, which includes feeding on demand and sleeping as needed rather than on a schedule.

Alyssa also described an experience she had with her sister-in-law, who had traveled to visit Alyssa's family but had been keeping her baby on a feeding schedule and hadn't fed him since before the flight. As a result, the baby was hungry and crying when they arrived. Alyssa said, "My mom and I were sitting there, it so uncomfortable, we were like, 'Just feed the baby!' I was still breastfeeding, like, 'Give her to me. What's going on?' I don't think before we had the baby we realized that was how it would be for us." She was so disturbed by the baby's crying, and her sister-in-law's apparent indifference, that she felt the urge to nurse the baby herself, an assertion of her own competence and moral rectitude. Alyssa explained that mothers in the DC area tend to be more career-oriented and aggressive. As a result, "It's just kind of like a little bit more of a detached feeling about your child. Like for us, our whole life revolves around him." For Alyssa, the critical distinction between parents who practice attachment parenting and those who do not is the extent to which parents' lives "revolve" around their children. In explaining this, Alyssa essentially engaged in oppositional identity work by constructing a "straw man" of sorts against which she could make moral claims about motherhood. If others were wrong in their approach to parenting, then she and her husband were right.

For June, as well as for some of the other mothers I interviewed who practiced attachment parenting at one time or another, the practice emerged out of more practical concerns, though it ultimately served to provide clarity, purpose, and meaning to the practice of mothering. June described how she came to attachment parenting:

It started out very practical. I started looking up how to [co-sleep] safely because she'd never fallen out of bed but I was afraid she would. And when that happened I found things on the internet about attachment parenting and I started looking into it. At the same time, I liked the ideology behind it, I liked the idea, keep the baby close, keep them happy. It seemed like a really good thing. So we did that with Juniper all the way through.

While June initially saw the benefits of co-sleeping, she became increasingly disenchanted with the attachment parenting ideology as a whole. She said, "But then the balance got lost. I think you could probably have attachment parenting and natural birth and things like that, but the balance got lost for me and that was hard." It wasn't until June left her husband and began a relationship with her current fiancé that she realized just how unbalanced her life had become. Her new partner encouraged June's daughters, now four and six, to sleep in their own beds and spend more time playing independently. June said that as a result, she is now much happier and less resentful of her children and their needs.

When I asked June if she could share her general feelings about attachment parenting, especially after having been committed to it for so long, she said,

It's difficult because all that literature and that whole movement for the most part, in my opinion, assumes that the mother is not working. It assumes that the mother is 24/7 devoted to taking care of the kids. And on the one hand, that's a nice, that's a great thing. Wouldn't it be wonderful if we lived in a culture where that worked? But it gets more and more difficult, and to put all of this guilt on the mother, especially a working mother, because she's not with her kids 24/7...And it's worse in the groups of people that practice it than it is in the literature... Often in online parenting communities and in in-person parenting communities you get these women who are just so gung-ho about it and judgmental about it. You know, if you're pumping then you're not nursing all the time, so you're doing something wrong. If you're bottle feeding at all, you're doing something wrong. They've been through this whole list and they

judge you. And it's difficult to be judged by people who are your peers and you hope would support you.

June rightly points some of the underlying assumptions of attachment parenting, namely that attachment parenting places considerable responsibility on mothers rather than encouraging shared responsibility between mothers and fathers. What is most striking, however, is June's belief that women who practice attachment parenting tend to become judgmental about it by making moral claims about good motherhood. June argued that those who practice a variation of attachment parenting, or those who do not practice it at all, are made to feel guilty for the parenting decisions they make. The feeling of being judged led June to become as much a critic of attachment parenting as a champion.

Sharon was similarly critical of attachment parenting. She said,

Attachment parenting is so much pressure, like, only you can constantly be with your child. I'm on the listserv for attachment parenting so I like a lot of the ideas about it, but I see the kinds of problems that people talk about on that listserv. And I think part of it is the child being attached to only one person. I know the anthropology literature, just historical stuff. Not every society has this idea that every family is in their suburban house. So I guess I formulated the idea that I want to pull what I like from different philosophies and not just one, this is what you have to do, because I've seen things that don't work that well for us. Like my sister was really into the baby-wearing and she talked a lot about that, so in my head, I guess I thought we'd want to do a lot of those things before we had him. But then I saw how he responded and how it felt for me.

Although Sharon initially expected that she'd practice attachment parenting, once she saw how both she and her son responded to practices like baby-wearing and co-sleeping, she decided attachment parenting wouldn't work for her family.

Not only did Sharon become disenchanted with the practice of attachment parenting, she also became increasingly frustrated by her sister's seeming obsession with

it. She said, “My mom, my sister was so adamant about all the attachment parenting that she kind of criticized my mom a lot about how she did things. My mom was really sweet and not pushy about stuff, but I feel like she was kind of made to feel like she should’ve done it differently or something. So she didn’t feel like an expert on things, on how she did things. My sister had a lot to say about every little thing. She was a little obnoxious, actually.” While Sharon’s frustration with her sister was shaped in part by Sharon’s own experience with parenting, it was compounded by the fact that her sister made their mother feel guilty for the way she chose to parent the two of them. This felt particularly stinging for Sharon when their mother died just a few short months after Sharon’s son was born.

When I asked mothers to talk about their particular approach to caring for their babies, responses ranged from a discussion of attachment parenting, to a rejection of parenting ideologies at all, to detailed descriptions of their beliefs about parents and children. Mothers who took a more syncretic approach to mothering seemed happier and more confident in the parenting decisions they made, particularly early on. For example, Gretchen, who frequently uses a baby carrier and co-sleeps with her infant son said, “I don’t want to say I’m part of a philosophy because then I’d feel like I’d have to adhere to all of it. I’m not going to do that. Yes, I do use a carrier a lot because it’s comfortable and convenient, but that doesn’t mean I don’t put him in a stroller sometimes, like if I want to go shopping or running. I refuse to say I have a philosophy. I’m not a fanatic, though, those baby-wearing meetings, everyone has tons of carriers, and if you don’t do it everyone hates you.” Gretchen not only expressed her disdain for being pigeonholed, she

also acknowledged the assumption that self-proclaimed “baby-wearers” are judgmental toward other mothers.

Shonda shared with me an elaborate and rather insightful description of her parenting philosophy, which centers on understanding infants as individuals, each with unique personalities and needs. Her ideas are worth quoting at length:

It’s kind of half attachment parenting and half just a good dose of common sense. I believe in keeping your baby near you, um, co-sleeping, meeting your babies’ needs when they express them, but that doesn’t always mean putting a boob in your baby’s mouth. Just because a baby is crying doesn’t mean that the only way to nurture that baby is breastfeeding. You know, they need to figure what the baby’s need is, why it’s crying, and meet that need. I also believe in letting your baby sort it out for him or herself, sometimes they can do that. I believe in respecting a baby’s intuition, respecting what the baby wants, thinks, and feels, and respecting their knowledge. They can’t communicate with us in the way we communicate with each other, but they definitely communicate, and when you pay attention to that, you can become much more in tune with what they need and what they want.

Shonda works in alternative holistic therapy and is very much attuned to the emotional needs of others, including the needs of her own children. She explained that a high-pressure regimented program for parenting like attachment parenting could not possibly work for her family, though she appreciates aspects of the approach.

Cassie explained that while she, too, appreciates the basic tenets of attachment parenting, the reality of life sometimes necessitates a reevaluation of how possible near-constant attachment can be. She said,

I went into it with more of a strict mindset of, “This is how I’m going to do it because it’s the best way. Period. Everyone else is wrong.” Then just going through the experience, realizing that it’s really hard to breastfeed your baby for 12 months... You think, “oh, I would never do that,” and then you realize that sometimes you have to do certain things to make

your life easier, and that's okay because in the end it might give you more patience and therefore you'd be a better mom.

Cassie, who explained how communities can have a profound effect on the parenting decisions new mothers make, found meaning in her failed attempt at attachment parenting. While Cassie practiced feeding on demand and baby-wearing, she also found her daughter thrived on a set sleep schedule and learned to soothe herself through “crying it out.” Cassie explained that her willingness to be flexible in negotiating her parenting beliefs has made her a better mother.

Megan described how her “instincts” and “intuition” guided her through the transition to motherhood. While she didn't describe adhering to a particular parenting philosophy, her reliance on “intuition” revealed instinctive motherhood as an ideology that oriented Megan to her new mothering role. She said,

You follow your instincts and your intuition and you do what's right for you and your family and your spouse and yourself, and yourself really. Good or bad, everything I did could be totally wrong, but you know what? My kids still don't sleep through the night and it might've been because I did something wrong, but they're happy and we get through each day... The best thing my doctor ever told me, and I still remember this, is your instincts will never fail you. And to this day they haven't.

Rather than ascribing to a particular set of beliefs about parenting, Megan stands by her instincts, which typically tell her to keep her children close (her daughters are three and five and have never spent a night away from her or her husband) but also to formula feed. Some nights Megan's children sleep with her but other nights they sleep in their own beds. Like Cassie, Megan is flexible, which she believes helps the whole family thrive.

Disagreement over parenting style may be the less publicized “mommy war” (the more publicized “mommy war” being between “working” and “stay-at-home” mothers).

Yet the extent to which mothers feel judged varies considerably, and their feelings unfold within a particular social context. Sara believes that the media stirs up controversy around attachment parenting and other parenting beliefs. She said, “I feel like the media is always pressing this idea that we’re judging one another, but I just have thought a lot about that and I just really don’t feel like we do it that much. I think it’s more about us wrestling with our own decisions, and I think that’s why people feel the sense that they’re being judged all the time,” meaning even when they’re not. She went on to explain, “I don’t feel like mothers who breastfeed are judgmental of mothers who are not breastfeeding, but I feel like there’s probably a feeling of that. I think a lot of it is self-generated, just like working versus stay-at-home. I think a lot of it is internal.” According to Sara, self-judgment is both more common and more pernicious than being judged by others. She explained that when women feel judged, it’s more likely that they’re wrestling with their own decisions and practices. When the media fans the flames of judgment by publishing sensational stories on attachment parenting, for example, they are simply creating conflict where there may be none.

Other mothers disagree, however. Sharon and June described how they felt judged by family, friends, and parenting communities, and provided concrete examples of that judgment. Moreover, some of the mothers I spoke with unabashedly described how they themselves judge other mothers. Jessica said simply, “Oh, I judge. I judge all the time.” She is particularly judgmental about parents who think breastfeeding and attachment parenting is too much work. “They need to put their big girl panties on and buck up,” she said. Shonda explained how judgmental she felt towards families who put their children

in daycare, although she later did the same thing. Shonda's feelings about daycare then gave way to her feelings about breastfeeding.

I thought, as a mom, it's my duty. I made the decision to bring a child into the world, and it was my responsibility as a woman to nurture and care for that child. Not that I see daycare as pawning your child off, there's definitely a place for it. I think I'm also, I'm not 100% sure of this, I am sure of it right now, but I'm not sure if I was 100% then believing that that was a choice that every mom should get to make. It's kind of like breastfeeding. I kind of feel like you shouldn't get to decide whether you want to breastfeed. If there's a medical reason, sure, if there's some medical reason why you can't, sure, fine, formula. I just feel like that's wrong. You know, I realize that it has to be every woman's choice. I just think it shouldn't be. I know it's an extremely judgmental thing to say and I realize that.

Shonda's own experience with childcare eventually softened her feelings toward parents who put their children in daycare. In that way, her story illustrates the dialectic between expectation and experience, specifically, that expectations and experience shape and reinforce one another simultaneously. Yet Shonda remains very confident and assertive in her beliefs about breastfeeding. While she certainly recognized how judgmental she was being in criticizing women who did not breastfeed, she refused to soften her stance. While Shonda drew on the language of choice to appear more liberal in her stance toward breastfeeding, her beliefs remain firmly grounded in the idea that women have a natural duty to breastfeed their children. The cognitive dissonance Shonda articulates here reveals how even those whose experiences have softened the categories of good and bad motherhood, it can be quite difficult to cast off deeply held beliefs about what it means to be a good mother.

Carol, who was pregnant when we first met, was already preparing herself for the judgment she might receive from other mothers about breastfeeding:

I think feeding, it's a very sensitive topic, everyone wants to talk about it. And my plan is that I'll nurse for as long as it is beneficial to me and the situation and obviously the baby. I want to do it at a minimum the first month, but I also know that it's extremely emotional, it's stressful and it's hard work, and I don't want it to become all-consuming, which for a lot of women, it does. I guess I'm being not judgmental, not judgmental to people who are really committed, like I've got to, if I don't feed this baby the first year I've failed. And I get how you're kind of, you know, you want that bonding time with your child, but also, if you don't do it as long or switch to formula, or supplement.

As with most of the other decisions Carol made around pregnancy and childbirth, her position on nursing was both moderate and forgiving. Aware of the “sensitivity” of the topic, Carol felt breastfeeding was incredibly beneficial but potentially stressful. As a result, she planned to give herself permission to stop if the stress outweighed the benefits. At the same time, she was already attuned to the kind of criticism formula-feeding mothers receive.

The decisions mothers make about parenting are typically informed by their beliefs about parenting and children, and especially the mother's role in caregiving. While some mothers adhere to the tenets of a particular ideology, for example attachment parenting, others prefer to pick and choose from various approaches to childrearing. The decisions mothers make and the parenting style they choose not only inform their everyday parenting practices but also how they view themselves as mothers. Some mothers refer to themselves as “crunchy granola” while others prefer to view themselves as mavericks who buck trends like attachment parenting. In fact, now bloggers and experts are buzzing about “free range” parenting, that is, intentionally avoiding attachment and hovering behaviors (Skenazy 2010). There is considerable debate among mothers about parenting ideologies and approaches, which sometimes results in tension

and judgment between mothers. Perhaps the most vivid illustration of this conflict centers on the decisions women make about work and family.

“Leaning In” or “Opting Out?”

One of the most intense debates around motherhood is whether or not a mother should return to work after she has a baby, or whether she should stay home to care for her growing family. Some women argue that mothers can “have it all,” including a successful career and a happy family. Others are more critical of that notion, arguing that women who put family first often lose out on critical career opportunities while women who put career first ultimately damage their families. The question becomes whether women should “lean in” at work by pursuing positions of leadership in the workplace (Sandberg 2013), or “opt out” of paid work altogether (Stone 2008). Factoring into this discussion, as Pamela Stone explains in *Opting Out* (2008), is the extent to which a woman’s work environment allows for the flexibility most “working” mothers value.

The mothers I spoke with talked at length about the dilemmas that surround work and family life. Whether they made the decision to return to work after having a baby or to become a stay-at-home mom (or “homemaker” as many women described themselves and as the United States Census Bureau describes them), nearly all of them provided detailed explanations for the choices they made. Their decisions were typically informed by a number of variables including practical considerations like income, emotional considerations like lost time spent with their children or dissatisfaction with their jobs, and ideological commitments like attachment parenting.

Below I describe some of the reasons why women chose to either stay at home or return to work, and how those choices both reflect families' material circumstances and express women's identities as mothers. Drawing once again from Scott and Lyman (1968) I understood mothers' responses to be in some cases justifications for their decisions, in other cases excuses. What's interesting, however, is that Scott and Lyman refer to justifications and excuses as methods of accounting for "untoward" actions. In a society where women are commonly found in the workplace, but also commonly found having children, the notion of untoward action is rather ambiguous. For some women, returning to work seems to be something untoward and worth accounting for, while other women feel the same about staying at home. For the most part, the mothers I interviewed felt the need to justify or explain the decisions they made about work. Such defensiveness reveals not only the persistence of conflict between "working mothers" and "stay-at-home" mothers, but also that the expectations for mothers remain complicated if not unclear.

In her book, *For the Family?* (2011), Sarah Damaske describes the economic and social changes of the twentieth century that propelled women into the paid labor force. At the same time, she argues, gendered expectations for women in terms of work and family persist. In general, Damaske argues that the factors that influence the work and family decisions that both middle- and working-class women make are quite diverse. In doing so, she challenges the conventional wisdom that financial need alone dictates whether and how women choose to work or stay at home after their children are born. Rather, she paints a more complicated picture of work pathways that are shaped by a number of

factors including class, race, family support, and work experiences. More importantly for this project, however, Damaske explains that most of the women she interviewed described their work decisions as being made “for the family.” Although “for the family” language often masked these other variables that shape work and family decisions, they reveal the extent to which mothers (and mothers-to-be) remain entrenched in a social context where they feel their work and family decisions must not only be justified to others, but justified in terms of their effects on family life. Most of the women I spoke with used similar explanations to describe the work and family decisions they made after their children were born. Whether they worked to “get space” from their kids and be happier mothers at home, or stayed home with their kids because it was more affordable, most of the mothers I interviewed talked about these decisions in terms of how they would affect their family.

The decision not to return to paid work after having a baby often emerged from a different question I asked during interviews, “What was it that made you want to become a mother?” For many women, the desire to become a mother was coupled with the desire to be a stay-at-home mother. Yet several of the self-described stay-at-home moms I spoke with explained that their decision to stay at home was also influenced by their dissatisfaction with their jobs. For example, Judy said, “That’s all I ever really wanted to be since I was little. You know, I wanted to be a mommy. I had done jobs and things for a while, but they were just for money, it was just a job. Because what I really wanted to do was be a stay-at-home mom.” Similarly, Cici explained,

You know, the thing is, my career that I had before I went to Europe wasn’t anything I was passionate about. It was something I fell into... It

was nothing I had a desire to go back to anyway... So there wasn't even anything there about, like any sort of bad feelings, regret, or arguments about what was going to happen. We just kind of both knew that when the baby was born, I was going to stay home.

It's worth noting that Cici also expressed some misgivings about not returning to work.

She sometimes worries about "wasting" the opportunities her high quality, and likely expensive, education has afforded her. She said,

I made this huge investment in this fantastic education and I'm now spending my days changing diapers and going to play dates, so there's part of me that says I'm wasting that opportunity that I had. And then another part of me says that this is your job for now. So, you know, there's that struggle... I can still, there's still time to do this stuff and I will eventually. If this is what I want to do later, I can do it.

Cici explained that between her second and third children she started thinking about returning to school for nursing, but soon after the decision was made she discovered she was pregnant. Cici said that she felt a bit disappointed to have to put her professional life on hold again, but just a few weeks into the pregnancy Cici miscarried. Her feelings of disappointment coupled with the miscarriage created an intense sense of guilt. As a result, when Cici found out she was pregnant again, she decided to make peace with her role as a stay-at-home mother and accept that it may be years before she can return to school.

Mia explained that her decision to stay at home with her daughter was informed by three factors, "That I glorified it, that my mom stayed home, and the fact that my job really wasn't, I didn't feel like I was a good fit for that." She explained that her expectations for staying at home were that she would spend quality time playing with, teaching, and caring for her daughter, and as a result build a strong relationship with her.

This view was informed in large part by her own mother, who Mia remembers stayed home with her for a significant part of her childhood. Beyond that, Mia was unhappy with her job as a schoolteacher. She imagined teaching would be relatively fun and easy, and with summers off, it seemed like an ideal job for her. She soon discovered the time and emotional commitment that came with teaching, and when she got pregnant, Mia figured staying at home would be preferable. It turned out, however, that Mia was also unhappy staying at home with her daughter full-time, and that the experience was not quite as rose-colored as she expected it to be. Ultimately, Mia decided to start her own small cosmetics business, working part-time and enrolling her daughter in part-time preschool.

A vocal advocate of attachment parenting, Sue explained that caring for her daughter allowed her to express her innate caregiving qualities in ways her previous job did not. She said,

I think I'm a natural caretaker, and so that works well for me... I'm a people person. Like the reason I hated my desk job was because I was staring at the computer all day. I want to take care of people... It's just so, kind of like, it just comes straight from the gut, you know? You just want to be with your kids. I like being able to hang out with other moms. It definitely gives me a lot more purpose than a job did, although that's partly because I was in a cruddy job before. I had a job I liked well before that and, you know, that would've been fabulous, but it's still not the same as, like, shaping people every day... I'm completely in charge of who they turn out to be.

Aside from the fact that staying at home with her children plays to Sue's interests in caretaking, she also expressed a fundamental aspect of her parenting philosophy, namely, that she will take charge of who her children will become. Although this myth of parental omnipotence (sometimes called parental determinism) has been problematized by

sociologists and historians alike (Furedi 2001; Coontz 2000), Sue feels confident that staying home with her children is not only fulfilling but also a critical component of successful parenting. Ignoring the fact children are subjected to a number of other socializing agents both inside and outside of the home, media and peers in particular, Sue believes that parents are the principal influences in their children's lives. As a result, she has reflexively constructed her self-identity as a mother in ways that provide personal fulfillment with every new lesson she teaches her children.

Sara, who held a tenure-track academic position when she got pregnant with her daughter, explained that she didn't want to return to a stressful work environment after she gave birth. She said, "Another big reason I didn't want to go back to work right away when I knew that I was pregnant was because I was like, I don't want to put too much on myself. I don't want to go back to the place of being so stressed out or whatever. So for me, being a stay-at-home mom was a lot about doing what was best for me in the sense of, like, not trying to do too much." Although Sara is keenly attuned to the inequalities that often result from women's decision not to participate in paid labor, she felt that her work environment was too unhealthy at the time, especially when she added a new baby to the equation.

Other mothers explained that their reasons for staying home were largely practical ones, although most of them provided additional justifications such as their families were happier, their children were healthier or learned more, or that they became better mothers generally. For example, Megan said, "We never felt like we could make it on one income and we're still barely, it's tough, but at this point we're like, 'We have two kids, we can't

afford daycare.’ Our kids and our family thrives so much better. We’re just happier with me at home.” While the cost of childcare is often prohibitive, Megan explained that her whole family works better when she stays at home. Arielle explained a similar sentiment. Having not finished college, her job prospects and pay level were limited, and likely not worth the cost of childcare. Arielle also added that her husband was particularly interested in her staying at home with their daughters rather than seeking care outside of the home.

Again, the extreme illness that Niyah experienced during her pregnancy led to her unemployment after her son was born. As a result, she went from having a relatively successful career and living on her own to being unemployed and living in a small apartment with her mother. Niyah currently lives in public housing and is trying to build her business as a baker, yet she and her husband still struggle to pay bills and provide for their family. Niyah explained, though, that these challenges have made her a better mother. Although she became a stay-at-home mother largely out of necessity, she believes it has served her family well. She said, “I think I’m a better mom because I think if I had stayed and worked in that life I thought I was supposed to have with this kid, I wouldn’t have probably learned as many lessons of surviving. Like I’m just waking myself up and knowing it brought my relationship to God a lot closer.” According to Niyah, staying at home and learning to live with less provided her opportunities not only to shine as a mother but also to grow as a person.

Felicia, on the other hand, whose daughter's medical needs complicated her ability to return to a job she loved, explained that staying at home with her daughter led to feelings of depression:

[Depression] started then, too, with India, with all her medical needs. I lost a really nice-paying job. To be that young, to be a supervisor in a state agency, that's kind of rare. And I really loved information systems at the time, and so to have to stop that, and because it's a technology field, I knew that when I gave it up, that's a wrap... I still had my apartment, I still had bills to pay. I have this special needs kid now that needs everything...But I still wasn't able to go home. I was still on my own. I didn't have anybody to help me. I still had to find a way. So luckily I had a pension that I withdrew and paid my rent like eight months in advance. If it wasn't for those little steps, I might have been on the streets.

Both Niyah and Felicia have struggled, indeed they continue to struggle, with accessing much needed resources and providing for their families. However, while Niyah explained that having to stay home with her son ultimately made her a better parent, Felicia felt truly depressed about walking away from her career. While Felicia has always been by all accounts a fantastic mother, her lack of support and her daughter's unique needs made the transition to motherhood particularly challenging. Now, several years after her first daughter was born, Felicia does not bear her story as a mark of survival or strength. Instead she still struggles with her identity as a stay-at-home parent and misses the life her former career could have afforded her family.

The decision to return to work is similarly complicated by practical concerns, emotional ties, and professional interests. Sharon described the thoughts that ran through her head as she thought about returning to her job as a social researcher. With a doctorate degree in hand, Sharon knew that she wanted to return to work, but she and her husband had to give careful thought to what that arrangement would look like. She asked, "How

much am I going to work? What am I going to do for daycare? My sister, doing the attachment parenting thing, thinks you shouldn't work at all and it's important to just be with your child all the time, and so we did think about, you know, what kind of daycare are we going to find? How am I going to feel? Am I going to work part-time or full-time?" Questions such as these emerge as women think about work and childcare arrangements. The answers vary from family to family according to the needs and desires of each.

Annette, who also holds an advanced degree explained that she is very focused on her career, and had no interest in staying home with her son:

I don't know if we ever had an explicit conversation about it, but I was always so career-oriented and so I don't think there was ever, I don't think anyone would've ever thought I'd be the stay-at-home type...I wish I could say, "Yeah, I love spending time with my kids all day long." But there's only so much time I can spend with mood swings and temper tantrums...And for me, my work was really important, too, and I've also been sort of policy-oriented and I want to contribute...I want to do something that, sort of, ultimately contributes to the greater good.

While Sue and other stay-at-home mothers explained that staying home is their way of building a better world through influencing how their children are raised, Annette explained that applying her professional skills to policy work is as important to her as her family, and that she values contributing to society in that particular way.

Other women explained that staying at home with their children is simply not something they would enjoy doing, irrespective of how much or little they value their professional work. For example, Montana said, "Even if it was financially possible for me to not work, I'm able to understand that I'm not about to be a full-time mother. I mean, I love my children, I miss my children, but I would much rather be loving them

and missing them than impatient because I spend so much time with them.” As Sharon Hays highlights in *The Cultural Contradictions of Motherhood* (1998), Montana would rather have “quality” time with her children than “quantity” time.

Kasie explained that after just ten weeks of maternity leave, she was ready to return to work. In fact, she was so eager to return that she took a shorter maternity leave than she anticipated:

I scheduled to take the full 12 weeks off of work, and I called my boss at ten weeks and I asked if I could come back early. So I ended my maternity leave at 11 weeks instead of 12 weeks, and I felt so guilty about that because I kept thinking, “What new mom doesn’t want to spend every moment with her baby?” Before I had him, I always thought I wanted to be a stay-at-home mom, I envisioned my life with lots of little babies and staying at home. I had even thought, “You’re going to get home-schooled.” Now I know so much better that I am better off when my son goes to a nice daycare.

I interviewed Kasie after a long holiday weekend and we both laughed at how eager we were for our children to return to daycare. We commiserated over the guilt we sometimes feel about how much we enjoy work rather than staying at home with our kids for long stretches of time. Kasie said she feels most guilty on nice days when she sees other mothers walking around the neighborhood with their children. I told Kasie I feel most guilty when I’m grocery shopping alone on Monday mornings, watching other women adroitly tote two and three kids around the store. Such feelings provide another powerful reminder of how strong the tendency is to compare one’s own mothering to others.

Sharon explained that she, too, would not feel fulfilled by staying home with her son full-time. She said, “I feel like, with my son, I want him to feel really loved and have a close relationship with my husband. So I don’t want to value work more than that. You

have such a short time when they're so little. But at the same time, it's nice to have a balance because, like, I don't know if I could constantly be home alone with my son all the time." Like many of the mothers I spoke with who struggle with balancing family life with paid work, Sharon was very concerned with the quality of her relationship with her son. Especially having lost her mother just a few short months after her son was born, she wanted to make sure that her relationship with him would be strong and that she would be able to spend quality time with him.

Anna, a pharmacist, explained that although she wants to stay home for the first years of her son's life, she also wants to maintain her credentials so that she can go back to work part-time at some point or at least keep up her license. She said, "I'd like to work a little bit, keep up my license, not be a total mommy idiot, like, you know, talk baby talk 24/7. You sort of need to have that adult interaction. It's not good to be in your sweatpants all the time. You want to feel like there's balance." For Anna, work isn't just about earning money or making a contribution outside of the home; work is also about self-respect, achieving personal balance, and remaining active in the world of adults.

Shonda also expected that she would be a stay-at-home mom, but her material circumstances prohibited it. She explained that once a mother sends her children to daycare, it's hard for her to imagine life as a stay-at-home mom:

My expectation before we had kids was that I was going to be a stay-at-home mom. That's what my mom had done until we got to school and that's what I expected to do. I was really angry about not being able to do that. Ask me now if I'd want to be a stay-at-home mom, I'd say, "No way!" Once you've experienced your kids away at daycare, if it's a place you like and trust, it's very difficult to go back to keeping your kids at home... I think if I had gone straight through, it would have been just, this is how it's done.

Alyssa experienced the same situation. Although she wanted to stay at home with her son, her family couldn't afford for her to not work. Alyssa initially felt torn about being at work, but soon found that her son, indeed her entire family, did quite well with nanny care:

For him, he ended up thriving in the structure the nanny provides during the day... So I think sometimes, it's like, I was beating myself up over it, too. I just wanted to be at home with him forever and I wanted to figure out how I could do that, but really, practically speaking, it's amazing how much better our life has been since I went back to work. Like that's the thing, people say the hardest thing to be is a working mom and I'm like, I don't know. I think the hardest thing to be is a stay-at-home mom, because it's a constant struggle.

Both Shonda and Alyssa initially felt drawn to staying home with their children rather than returning to their jobs, yet their families' financial circumstances necessitated their return to work. As a result, both women had to deal with feelings of frustration, disappointment, and even resentment that their partners didn't make enough money to support the family. However, both women describe the benefits of having daycare and nanny care, explaining that they and their families now thrive because of it. The outcome was especially ironic for Alyssa whose commitment to attachment parenting led her to initially eschew schedules for small children. Her story shows the influence of care providers on how women engage in mothering activities at home.

Montana explained that while she does not want to stay at home with her children full-time, she has no problem micromanaging the kind of care they receive. Because Montana practiced attachment parenting, she set exacting standards for her nannies in terms of how they interacted with her sons. She explained, "I try to be very clear when I hire a nanny that we're practicing attachment parenting and this is how it impacts her. So

my expectation is that she's going to wear the baby all day, and I have fired a nanny over that. I actually let go of two nannies because of that. The first nanny that I hired started telling me that I needed to let go of it, so I let go of her!" Montana's interest in how caregivers interacted with her son may seem a bit extreme, but it's not unusual. Several expecting and new mothers explained that the most difficult part of leaving a child in someone else's care is feeling confident that their children are being cared for in specific ways. Are they being picked up when they cry? Are they being ignored? Are they spending most of their time in pack-and-plays or bouncy seats? Are they being fed homemade baby food? Is it organic? For some women, these concerns are debilitating, and they call their providers throughout the day to "check in." Other women make the best decisions they can with the knowledge available to them and remain confident in the competence and kindness of their chosen providers.

Of course even for those women who return to work after having a baby, balance is a challenge. Courtney described her struggle with balancing a buzzing professional career with family life. She said, "I've come to the conclusion that there's no perfect balance...I don't think that there is any way that you can balance because there is always something at some point that is going to be losing out." June explained how balance is particularly difficult for working women as opposed to men, and how women who return to work are often judged by other mothers, compounding their anxiety about motherhood and mothering. June explained that this sort of judgment is typically reserved for mothers rather than fathers:

People assume that dad is going to go to work, dad is going to come home, and if he's a good husband, dad, partner, he's going to pick up the slack

and he's going to make dinner or vacuum or put the kids to bed or whatever. But there's no judgment in a man going to work. But when a woman does that, other women especially really judge her. The men don't do it as much. Men are like, "You do what you've got to do, you're helping out, that's great." But the women really judge her.

Indeed, the issue of judgment emerged several times through my conversations with mothers about their work decisions. Leona, who was about to return to work after a few short weeks of maternity leave described the tension she sees on popular parenting message boards:

LF: Have you heard of DC Urban Moms?

SM: Yes, I was all over those message boards when Emmy was a baby.

LF: I can't stay off of it even though, you know, it's a lot of entertainment. But some of the opinions, some of the posters have strong opinions about motherhood and what's right. I was just reading a discussion forum about whether to go back to work. One poster created an uproar by saying that it's a shame if you can't, it's a shame that mothers don't have the support to stay home or leave their child in the care of family. And of course everyone is like, "What are you saying, that no mother should work?" It really feeds into my already existing insecurity about going back and leaving Michael in the care of daycare.

June's and Leona's remarks illustrate two important points. The first is the ubiquity of advice, opinions, and judgment about women's decisions to return to work. Message boards and other online forums include more widely read opinions; these in turn heighten the feelings of insecurity that many women already feel about either staying at home or returning to work. The second point, which June makes more explicitly, is that gender remains a salient issue in terms of work and family life. None of the women I spoke with had partners who stayed at home with their children. Mothers either stayed at home or they hired childcare providers. Although research shows an increasing number of men

stay home to care for their children (Williams 2012; Kaufman 2013), and although the image of the stay-at-home dad is increasingly portrayed in popular television shows like *Up All Night* and *Parenthood*, the responsibility of childcare typically remains with mothers. A mother's decision to return to work is regarded as just that, a decision. Men don't have to decide to return to work; they simply do. As June pointed out, if they help out at home, that's wonderful, but no one judges them for returning to work after their child is born.

The "mommy wars" are alive and well in many respects. Mothers debate about parenting styles and decisions, and whether or not women should return to work after having children or whether they should remain in the home. Some women argue that these debates are sensationalized and encouraged by the media, while others view judgment as an externalization of internal struggles about what it means to be a mother. Still others attribute such disagreements to a wider culture of judgment. In reality, the decisions women make about staying at home or returning to work are not simply expressions of ideological commitments, although those commitments do provide women with what I call "parenting communities" that help them establish some sense of efficacy self-confidence about parenting. Rather, the decisions women make are informed by practical and economic considerations, access to social support, and women's own experiences growing up. Yet despite the differences in mothers' opinions about parenting style and childcare arrangements, nearly every mother I spoke with described motherhood as a transformative experience that has shaped them, and their beliefs in unique and unexpected ways.

Uncovering Identity through Motherhood

The mothers I spoke with all described the kinds of changes they experienced after having children, and many described changes in their inner self, their priorities, and ultimately their identities. Several women described motherhood as a transformative life event that has allowed them to unearth their “real” identities, as if having children chipped away the layers of material that once hid their true potential as human beings. While some were surprised at how easily they took to motherhood, others explained that motherhood made them confront less desirable aspects of their personality.

Bethany, who had her first child when she was sixteen, told me that her parents, both relatively conservative Mormons, initially encouraged her to give her baby up for adoption. Throughout her pregnancy, Bethany insisted that she was going to keep the baby, and just a few short weeks before the baby was born, her parents relented. Bethany kept the baby, earned her GED, and eventually went on to enroll in a local four-year university. When I asked her how having a baby affected her everyday life, she said simply, “It was a big adjustment for me because I had to grow up a lot quicker.” Bethany described how she had to give up competitive cheerleading, and while some friends were supportive once her baby was born, others were not. It turned out that while her friends were excited about her pregnancy, the reality of having a baby led them to shy away from her. Bethany’s friends were more interested in partying than they were in hanging out at home with Bethany and her daughter. As a result, Bethany’s social life withered. Consistent with McMahon’s (1995) findings that lower-income mothers typically mature *through* having children rather than *before* having children, Bethany described having

matured through the process of having a baby. Although she said she was a relatively responsible teenager before she got pregnant, she became even more so after she had her daughter. While Bethany lived with her parents, she rarely asked them for help and relied on her own resourcefulness and perseverance to make sure her daughter's needs were met, perhaps as an effort to prove wrong those who believed she was too young or irresponsible to care for a child on her own. Through the challenges she faced raising a daughter as a young teenager, she came to realize just how capable she was. Bethany's story is a testimony of her solid and enduring sense of self.

Megan explained that she was pleasantly surprised at how adept she was at mothering. Because Megan lives close to the town she grew up in, she has maintained a number of friendships and relationships with people she knew in her youth. She said, "People from high school were like, 'I can't believe you're such a mom,' because I just, I guess that's how you mature. I never thought it was something that I would want to be, and now that's all I want to be." Megan explained that as a teenager she was often selfish, dramatic, and didn't take her life very seriously. Even when she was pregnant, she gave little thought to the birth or what parenting would be like, focusing instead on her own experiences and opportunities. It wasn't until she gave birth to her first daughter that "a switch was flipped" and Megan's "mothering instincts" kicked in. Megan said that the all the little things she used to worry about fell away as she realized that her daughter was the most important thing in her life, and mothering was the most important role she'd ever play.

Interestingly, when I asked Megan how she navigated those first few days at home with her new baby she said, “I feel like I watched way too many episodes of like, *A Baby Story* or *Bringing Home Baby*, and I feel like, even like when I was in my house like on maternity leave, I was kind of like, do you ever feel like sometimes you are like pretending there’s cameras around? You know and I feel like, oh I saw this on TV or I saw this in a movie, so this is how I should be doing it.” Megan’s response illustrates not only the pervasive images of childcare that exist on television and in movies, but also the extent to which motherhood is quite literally performed, even for mothers who are alone at home with their children.

Sue described how unexpectedly maternal she became after having her daughter. Like Megan, she also described how surprised her oldest friends were at how motherly Sue had become. More importantly, Sue learned that her approach to parenthood was much more “crunchy” than she expected it to be. She said, “My big lesson I learned is I am from the old country and I didn’t realize it. So if something out there sounds really crazy and granola crunchy, I’m probably going to end up doing it somewhere down the line.” She found this to be the case in terms of everything from exclusive and extended breastfeeding to co-sleeping to attachment parenting to drinking raw milk. Sue’s atypical parenting practices provided her with a purpose and sense of self. Motherhood not only provided her with a transformative moment that allowed her maternal, caregiving “nature” to show through, but it also unearthed her identity as “old country,” which she never expected.

Alyssa explained that she had a difficult transition to motherhood, particularly as she increasingly missed out on social opportunities and lamented her youth generally. However, Alyssa locates incredible meaning in her role as mother. Her sentiment is worth quoting at length:

I was only 29 when I was having the baby, and I had to adjust to the loss of being young. My husband is five years older so he'd kind of gone through all those stages and he was ready, but I had a lot of struggles with that at the beginning. We lived in a city and we used to go out a lot, and now I just kind of wasn't able to hang out. School had already taken me away from most of my friends, but at least I still had school friends. But then I couldn't go out with them anyway or do anything anymore either. What I didn't envision was, like, how fulfilling being a mom would be in the end, and I guess it took me a little while because when I first was home and by myself, I definitely felt a little bit of the mommy downs, like sometimes the blues and stuff. And he couldn't interact yet and he wasn't talking back and I just felt isolated... It's a big adjustment, but it's like, since then that's the one thing I've noticed. And I guess everybody adjusts to whatever your situation is, but at the same time it's so fulfilling being a mom. I love it so much, and it's just so amazing to watch them learn and take to you and, like, everything they need they can get from you. That's just, like, so fulfilling.

Alyssa's description of early motherhood is particularly resonant as it betrays the struggle that women often feel during that first year with their child. Alyssa described not only how isolated she felt, but also the burden of responsibility that comes with having a baby. Isolation and responsibility often combine with hormones to create feelings of hopelessness or what Alyssa called "the baby downs." Yet Alyssa assured me that she loves being a mother. Despite all these negative feelings she initially felt, she delights in that fact that "everything [children] need they can get from you." Again this image of the parental omnipotence, however fallacious, gives Alyssa a reason to appreciate and relish

the responsibility that motherhood affords her. The identity she constructs around motherhood therefore accounts for these feelings of responsibility and reward.

Felicia explained that despite her limited resources, motherhood tapped into her reserved strengths and brought out the best in her, especially when times were hard. When I asked her if she thinks her circumstances have any effect on how she is raising her children, she said, “I don’t think my circumstances compromised my values as a parent. I still have my kids doing what I want them to do regardless of where we live. I think that I try to teach my kids that there’s something more out there than the materialistic.” A similar sentiment was expressed by other lower-income women who described their limited resources as enhancing the quality of their parenting and the quality of their relationships with their children. Instead of feeling as though their children stretch them thin emotionally and financially, these women explain that their children have helped them to discover their true values and priorities. Like Bethany, they have discovered how strong and resilient they really are.

Cassie explained that for her, motherhood is about creating the world she wants to live in. She explained,

I think it’s more about just creating, the best that you can, trying to create a legacy as you think the world should be, or the world should change to be that way. And so it’s like one more way to kind of, I don’t know if it’s like an activist role, it seems weird to describe it like that. I mean, because it’s not really about the small things, like what your kid eats or whatever. It’s more about just creating these people that are secure enough to make the right choices in life, and having that security, you know, just feeling secure in life and not messing them up, I guess.

I heard similar sentiments from other mothers, namely, that motherhood is a kind of activism. When I asked women why they wanted to have children in the first place, many

explained that they wanted to pass on their values on to their children and create a better, just, and more responsible society. Such feelings show how motherhood is not only an expression of identity, but also an opportunity to express one's values through their children.

Leona offered what was perhaps the most vivid description of what it felt like to become a mother. She said, "In the beginning I really felt strange. Nothing felt the same or looked the same. It's kind of like, you know, how snakes sort of shed this old skin and regenerate. It wasn't a good sort of new skin, at least in the beginning. I felt very naked, like my old skin, I shed my old skin, but I haven't regenerated yet." Leona's account clearly illustrates the idea that motherhood involves the unearthing of new layers. While she continues to struggle with what it means to be a mother, she now knows that she will never be the same person she was before Michael was born. Indeed, nothing will ever be the same.

Conclusion

Like many mothers of my generation, I spend a lot of time on social media sites like Facebook, Twitter, and Instagram. I also frequent parenting websites and "mom blogs" for answers to basic questions (How much is a serving of vegetables for a two-year old?) and occasional validation (You yelled at your kid today, too?). As a sociologist, however, I keep a keen eye toward the meanings that are constructed in status updates, blog posts, and advice columns. Perhaps even more importantly, however, I frequently read what is written in comment sections. Indeed, readers' comments often tap into broader debates about what it means to be a good mother.

One of the “mommy bloggers” I follow is Kelle Hampton, a mother of three who lives in Florida and recently published a book about her daughter, Nella, who was unexpectedly born with Down Syndrome. Hampton frequently posts pictures of her children on her blog site as well as Instagram. She occasionally comes under fire for her photos. For example, one photo showed three-year-old Nella sitting naked from the waist up in a bathtub while eating ice cream . Readers and commentators skewered her for showing such a revealing picture of Nella, chastising her for violating her daughters’ right to privacy.

While I enjoy reading Hampton’s blog, I find a good deal of analytically interesting material on her Instagram feed. Instagram is a photo-sharing and social media application that allows users to apply various visual filters to their photographs and share them on other social media sites like Facebook and Twitter. Most Instagram users provide short captions describing their photos, and “followers” can share comments with the original poster and other users. Hampton posts five to ten photos every day, many of which unwittingly unleash strange comments and heated debates among users.

Hampton recently posted a picture of her one-month-old son, Dash, at the beach. In the photograph, Dash is napping peacefully on his stomach on a quilt under a makeshift tent of crocheted blankets. Hampton laments that she forgot to bring sunscreen on this spur-of-the-moment trip. Intending to simply post a sweet picture of her son, Hampton was subjected to lectures from readers who chided her for allowing Dash to nap on his stomach. Some comments unfolded as follows:

Be careful with putting that little fox on his tummy!

Ditto. I generally don't give parenting advice but as the former director of a SIDS nonprofit, please don't put him down on his tummy to sleep yet!

Babies can be on their tummies if they are being closely watched.

Babies are fine sleeping on their tummies, especially monitored. Don't listen to the sillies, trust your mommy instinct.

She can let her baby sleep however she wants. It's her baby. Her other children are perfectly healthy, I'm sure she's keeping an eye on him. I'm a firm believer that if she or any of us needed parenting advice, we would ask for it!

It really isn't about mother's instinct. I'm sure any mother who lost a baby to SIDS had mother's instinct. It's about sending the right message to a large audience.

I know too many parents who have experienced the worst who would give anything to go back in time and put their baby on its back. Parents have said to me, 'I wish someone had told me.' To me this is a matter of safety and so I feel I must speak up. The evidence is clear that tummy sleeping, monitored or not, doubles the risk of SIDS. I know Kelle is a wonderful mother who chooses what she feels is best for her babies. But if it was a picture of the family out for a drive and Dash wasn't in a car seat, I imagine people would speak up. She can do what she wants with the information but in good conscience I have to speak up, as grieving parents have begged me to. I wish all the best to Kelle, her family, and all her Instagram followers!

Lots of sancti-mommies on tonight. Just enjoy the pictures for gosh sake!

Another photo showed Dash at his most recent well-baby visit. Lying on his back, baby fists clenched, wrapped up in a white blanket, Dash's still unfocused eyes stare at the ceiling. Hampton's caption reads, "One month check-up, big boy's growin'." Just a few short minutes after posting the picture, Hampton's followers began again. This time, the subject was breastfeeding:

I had just gotten over the incredible reality that I just pushed a human out of my body when I realized I was also responsible to make its food for the first year! Never more proud of my tired old body.

There is nothing I wanted more than to be able to breastfeed my littles. Due to surgeries I had when I was younger to correct a breast abnormality I was only to pump less than an ounce total each time and neither of my two babes would nurse since their wasn't really anything there for them. Nothing made me feel worse than getting nasty looks and comments when I got my formula out. I hated not being able to provide what they needed naturally.

You did the best that you could under the circumstances. You even tried to pump and breastfeed, and that's more than most people would do. It's really hard not being able to provide something so wonderful for their body, but you're not any less of a mother because you formula fed.

Why do mums who breast feed think they are better than mums who bottle feed? Why do they think they are sustaining life any more than mums who bottle feed? The only difference between breast milk and formula is that breast milk has antibodies. I had to bottle feed and I bonded with my babies just as beautifully as if I was breast feeding, and my husband was able to bond with them while nourishing them too. It's was so special to watch. My two kids are so healthy and have rarely been sick. Bottle feeding did not restrict their development in anyway whatsoever. So to all you breast feeding mums stop patting yourselves on the back and thinking you are gods. All of us mums did/do a great job!

I don't think anyone was implying breast feeding moms are better. I formula fed my first and nursed my second. Neither child is better or worse for it. It doesn't mean that we can't be proud of breast feeding without fear of offending though. All moms deserve a pat on the back, no matter which form of feeding we choose. Parenting has enough challenges without a battle on who is better than whom.

The only difference between formula and breast milk? You have got to be kidding.

I'm not kidding. Nutritionally they are so similar with the technology we have now to make the best formula for babies. If they weren't so similar then bottle fed babies would be malnourished and sickly. Go research it for yourself.

It's not just about antibodies. Do you have a clue what antibodies are or do? New studies have shown that the antibodies found in breast milk are helping to neutralize the spread of HIV to AIDS. Yup, sign my baby up for that! As a mom I can offer those antibodies to my babies by either pumping or breastfeeding. Please know the facts before you make a statement. No one is saying that we that breastfeed are better, but we do

like support women who choose to because it is a lot of work and takes much sacrifice! Anyone can make and feed a baby a bottle.

Comments such as these are not unusual. They're found everywhere from Facebook status updates to readers' comments sections on popular news websites. While some commenters troll websites in an effort to encourage arguments, women's willingness to participate illustrates both an intense commitment to their parenting decisions, but also defensiveness about how well they perform their roles as mothers. Mothers' reactions are often as much about defending their own parenting decisions against critics as they are about establishing a mothering identity. For example, the final comment above both asserts breastfeeding as the healthiest choice to make as well as establishes the identity of the author as a moral mother.

The comments made under Hampton's photographs highlight many of the issues presented in this chapter. They tap into women's beliefs about sleeping arrangements and breastfeeding, but they also reveal what it means to be a good mother. Some women argue with one another about the relative merits of certain decisions, for example, the passing of antibodies through breast milk. Other women, however, offer support and encouragement for those who feel insecure about the decisions they've made. Such encounters occur not only online but during face-to-face interactions as well. The internet provides a space where women's beliefs about motherhood are often distilled and communicated simply and straightforwardly. Through my interviews, however, I have been able to tease out the often complicated reasoning behind women's expectations, decisions, and experiences. I have also been able to unpack the issue of authority as it relates to medicine, health, and parenting practices. Most of the mothers I spoke with

described opinions and beliefs about parenting that were shaped by diverse influences, both professional and lay. The moral claims of motherhood are not simply based on so-called expert advice; rather, what it means to be a good mother and the extent to which the mantle of good motherhood is taken up is influenced by a number of actors from doulas to bloggers to Instagram users.

It's worth reiterating that mothers today are especially susceptible to the glut of information that's available to them. Jasmine described the generational differences that persist when it comes to how women experience motherhood. She said,

Sometimes I get jealous when I talk to my mom or my aunt, or even my sister-in-law who is in her 40s. I feel like they had it, I don't want to say easier, but I remember my sister-in-law saying the other day, because her other sister has kids who are babies and she was complaining how hard it is, "it's so hard, the pressure is so hard." And she was like, "What's so hard? I don't understand what's so hard." I feel like they were in a different time where there wasn't a lot of this stuff you have to worry about and all these resources. Like you just had the baby and you just took care of it and that was it.

Jasmine explained that mothers whose children were born even just ten or fifteen years ago seem to have had a much easier time transitioning to motherhood because there were fewer problems to consider. She wondered whether all the research and information that is available today is helping parents create more intelligent, healthier children, or whether it's simply ratcheting up the anxiety and pressure mothers feel to breastfeed, make homemade baby food, or teach their children to read at earlier ages. Jasmine articulates exactly the problem that Giddens (1991) addresses with regard to modernity and self-identity. According to Giddens, modernity is not characterized by greater anxiety; rather, anxiety takes on new forms in a globalized society characterized by an inundation of

information. Jasmine's own insecurity about parenthood likely isn't felt more strongly than her sister-in-law's. Instead, when we spoke, Jasmine found it incredibly difficult to make sense of and filter through all the information being thrown her way about childbirth and motherhood.

Motherhood in America has always come with a certain set of challenges, and those challenges have varied across time and place. Women once had good reason to expect that they or their child would die in childbirth. Others, having been sold into servitude, found themselves separated from their families. Mothers have had contend with being among the first to balance work and family life in a society that constructs the ideal worker as someone who is flexible and has a complete devotion to their professional life. Today, mothers struggle with raising children in communities where education is undervalued and violence is common. Others are just now climbing out of an economic recession that forced families out of their homes and onto public assistance. Beyond that, and as my interviews suggest, mothers alternate between supporting one another and tearing one another down, a trend I address in greater detail in the concluding chapter. Debates rage on about the merits of particular parenting styles, what families feed their children, and what work and childcare arrangements should look like. Despite the increasing fragmentation of authoritative knowledge about childrearing, it seems that some standards do persist about what it means to be a good mother. Such is the paradox of contemporary motherhood in America.

Ultimately, the mothers I interviewed are simply trying to do the best they can to care for their children. This is especially challenging in the face of unmet expectations,

limited social support, and the general lifestyle shifts that occur when babies are born, not to mention the various ways in which parenting decisions are bound up in moral and identity claims. Perhaps Annette said it best: “I’m trying to find a balance between these opposing forces, between exhaustion and love, you know? It’s definitely not a paradise because it can be the most miserable experience, but the most immensely gratifying experience at the same time.”

CHAPTER SEVEN: CONCLUSION

It's not a stretch to say that this project was inspired by my own experience with my daughter. My research really took shape when I was pregnant. I had recently been diagnosed with gestational diabetes, which necessitated a considerable change in my lifestyle. No longer able to indulge my cravings for breakfast sandwiches and sourdough pretzels, I found myself increasingly obsessed with healthy eating that would keep my glucose numbers low. I was also eager to demonstrate to my midwives that I was making a good effort to maintain my health and the health of my unborn child. After my diagnosis I spent a lot of time thinking about the sacrifices I was making to ensure a healthy outcome for my daughter. Having vowed to "change my eating habits" several times in the course of my life, I found that the four months I had gestational diabetes were the healthiest of my life. I didn't "cheat" once, I went for hour-long walks every day, and kept excellent records of my meals and my glucose numbers. My schedule revolved around timed meals and snacks, all so I could ensure the health of my child and feel like a good mother.

Even as this project attempts to unpack what it means to be a good mother, I still spend a lot of time reflecting on my own parenting, and comparing my performance as a mother to others. Like so many of the women I interviewed, when my daughter was an infant I was constantly worried about whether I was "doing it right." I agonized over the

decision to give up breastfeeding, I fretted over whether to put my daughter in part-time or full-time daycare, and I poured over books about sleep training to determine if my husband and I were making the right sleep decisions. Even as I dismissed attachment parenting and proudly started giving my daughter solid food at four months, I was constantly worried about how others viewed my parenting decisions. In fact, just a few weeks ago I found myself feeling smaller and smaller when a friend told me that her two-year-old has never had a cookie, a taste of cake, or ice cream. I felt this way despite the fact that, deep down, I think that's a little weird.

The purpose of this project was to uncover how women understand mothering in order to unpack the powerful ideas that take shape around good motherhood and shape the activities of soon-to-be and new mothers. The irony in how women experience motherhood is that despite the fact that mothers can easily access information and parenting communities that confirm their preexisting or developing beliefs, even the strongest among us experience moments of doubt about the decisions we make. I wanted to understand why this was the case. Why all the doubt? Why the guilt? And do these feelings ever change? From pregnancy, through childbirth, and into early motherhood, do women ever feel confident that they're making the right decisions for themselves, their children, and their families?

The Moral Landscape of Modern Motherhood

Throughout each chapter of this dissertation, I have illustrated the moral dimensions of motherhood and the moral claims women make, both tacitly and explicitly, around good mothering. Indeed, in nearly every interview I conducted, mothers talked

about the decisions they made around pregnancy, childbirth, and early motherhood, decisions that were imbued with meaning about what it means to be a good mother often through an axiological frame of good and bad motherhood. While these decisions differed from one woman to the next, most of the women I interviewed provided support for their decisions based on their research, advice they sought from others, and in some cases their unfolding experiences with their bodies and their babies. That their ideas about motherhood came from such a wide array of sources illustrates how the diffusion of authority about parenting has reshaped modern motherhood in America. Reliable sources about pregnancy, childbirth, and childrearing are no longer limited to doctors and medical professionals or even close relatives. The diffusion of authority, a hallmark of late modernity, is exemplified by the tendency for women to take very seriously the advice of acquaintances, bloggers, and even complete strangers.

In anticipating motherhood, many women made decisions about when to have children based on their beliefs about appropriate timing and resources. Women like Amber and Megan explained that after a job, a wedding, and buying a home, having a child seemed like the next logical step. At the same time, women like Felicia, May, and Bethany anticipated and in some cases experienced pushback from others because they were young, unmarried, or unemployed when they unexpectedly became pregnant. The very decision to have a baby and when is laden with moral consequence. Moreover, many of the mothers I spoke with talked about how they disciplined their bodies and challenged medical authority during their pregnancy. Believing it was their maternal duty to stay healthy and to be critical of the advice they were receiving, many women saw a smart

and healthy pregnancy as their first task of good motherhood, though what “healthy” meant to them was often without consensus.

Making plans for childbirth is another process in which women’s ideas about good motherhood took shape. Many of the women I interviewed talked about having watched *The Business of Being Born* (Epstein 2008) and reading books that were critical of modern maternity care in the United States. As a result, they became advocates and in some cases activists for low intervention birth experiences. Even those who didn’t take part in such activities talked about their preferences for a vaginal birth rather than a c-section, or natural birth rather than the use of pain medication. In fact, across income groups, women who had their babies in the last ten years or so were more reluctant to receive medical interventions, although rates of intervention have remained high (Declercq et al. 2013). This suggests a return to natural birthing, a trend not seen since the 1970s at the height of the women’s health movement. This tendency also reflects the diffusion of authoritative knowledge surrounding childbirth practices in particular, as doctors are increasingly challenged as incontrovertible experts.

In talking about the desire for natural childbirth, most women described making sacrifices for their own health and the health of their babies. These decisions were made in the context of health choices that are increasingly framed by both experts and the lay community as moral choices. Interestingly, however, many mothers talked about making birth decisions with the aim of having a positive birth experience. Only when I asked them directly did they talk at any length about low -intervention birth being safest for their baby. This suggests to me that birth decisions are largely an expression of identity formed

against a moral backdrop. The moral dimension is difficult to ignore especially when we consider Lisa, who felt she should try to give birth without pain medication because “everybody else does it.” Like many of the mothers I interviewed, Lisa was young, highly educated, and prone to spending time “researching” her options. In doing so, she tapped into growing communities of thought that place value on low -intervention birth experiences, breastfeeding, and attachment parenting among other things.

The most striking moral claims mothers made, however, tended to center on parenting practices. It’s unsurprising, then, that the *Time* cover described in the introduction ignited such ire and debate. The decisions women make as mothers, decisions that are expressive of their beliefs about motherhood, are at once supported and challenged in various spheres of social life including new forms such as the internet, older media, and interpersonal interaction with other mothers. Most of the women I spoke with talked about feeling judged at one time or another for the decisions they made as mothers. Women talked about feeling guilty when they fed their babies formula instead of breast milk (especially in public), when they let their baby learn to self-soothe by “crying it out,” and when they made the decision to return to work. Imagining a generalized other against which they measured and understood their decisions and activities as mothers, the women I spoke with revealed both deeply internalized norms and expectations as well as anxieties around good motherhood.

While Sara argued that these feeling of being judged are more likely the result of mothers wrestling with their own insecurities, others like June described specific instances of judgment being passed. June described the judgment she’s seen mothers pass

on one another in online parenting communities, as well as the complete strangers who've remarked on her decision to wear a baby sling. Given the symbolic boundaries that often emerge among and between mothers (Lamont 1999), June's frustration is understandable. That differences around parenting practices exist is acceptable, but the intrusion of judgment that escapes those boundaries can create feelings of anxiety and even animosity among mothers. Both Sara and June made compelling cases for their beliefs, but I believe that both are correct. As I've already explained, the irony of modern motherhood is that although women have at their fingertips multiple sources of information that support their parenting beliefs and practices, a nagging doubt persists, the kind of doubt which Giddens (1991) describes as characteristic of late modernity.

Theorizing Identity, Ideology, and Authority in Late Modernity

As Giddens argues in *Modernity and Self-Identity* (1991), one's identity is developed through a reflexive process of "keeping the narrative going" about oneself. Someone with a stable self-identity is able to navigate new experiences by folding new encounters into the beliefs she already holds about herself and the world in which she exists. The everyday experience of motherhood provides an interesting opportunity to explore how women take on the identity of mother in a social context wherein multiple messages about good motherhood abound. This is where Giddens' discussion of risk and trust is particularly relevant.

A sociological understanding of identity focuses on the dialectic between the self and society. Society is constituted through groups of individuals expressing their selves through interaction. At the same time, through culture, society provides tools like

language and meaning that allow individuals to reflect on and formulate new ideas about the self. As I have described in earlier chapters, this period of late modernity, characterized by increasing globalization and the easy exchange of ideas and information across vast spaces, has led to a greater sense of ontological insecurity. That is, the multiplicity of perspectives on nearly every aspect of life has led to enhanced perceptions of risk and feelings of doubt. In the context of motherhood, the readily available nature of information on parenting, coupled with the burgeoning and accessible research on the role of parents in their children's social and health outcomes, have left mothers without a unified locus of authority about parenting. As a result, mothers often perceive risks to nearly every decision they make and therefore experience considerable doubt about whether they're doing the right things for their children. What I have found is that these feelings of doubt are rarely momentary or fleeting; rather, they are integrated into women's beliefs about themselves as mothers.

What sometimes eases these feelings of doubt is mothers' adherence to particular ideologies. As I described in the previous chapter, new mothers in particular often seek out ideological frameworks that can help them understand the challenges they face and serve as a place to tether the self. For example, when Alyssa and Sue stumbled upon attachment parenting, they both found a language and a community that supported the parenting practices they already valued. According to Giddens (1991), in a society characterized by considerable perceptions of risk, trust is keenly valued. When mothers are able to place their trust in parenting ideologies like attachment parenting and its proponents like Dr. Sears, they find it easier to navigate motherhood. With a community

of support and established literature to draw from, new adherents to parenting ideologies find it a bit easier to gain confidence as mothers. At the same time, however, parenting ideologies can feel incredibly restrictive. Some of the women I interviewed expressed a reluctance to “drink the Kool-Aid” from any one parenting philosophy. These women often talked about being flexible, listening to their babies, and trusting their instincts to navigate motherhood. This flexibility is perhaps unsurprising given that anchors to the self are fewer in this period of late modernity (Giddens 1991). Flexibility, too, is a tool women used to resolve the dilemmas they faced in confronting the doubts associated with new motherhood. Self-trust and experience became especially valuable tools when women had subsequent children.

Through the lens of a situational symbolic interactionist approach (Blumer 1969), we can also understand the self as being created and recreated as actors engage with one another over time and in different settings. In fact, these very interviews contributed to the narratives mothers are constantly molding about themselves and their families. This perspective is particularly useful in theorizing how women take on the identity as mother, and how that identity may shift and change over time. For example, several of the women I spoke with who worked outside of the home until they had their children described how they transferred the energy they once dedicated to their jobs to raising their kids. Jasmine, for example, once had a successful career in public health and public relations, but she chose to stay home with her daughter, Etta, after she was born. Jasmine’s self-identity once revolved around her professional life, but as she began her tenure as a stay-at-home mom, her self-identity began to revolve around Etta. Jasmine wanted to be “the best mom

I can be to her,” which resulted in Jasmine enrolling baby Etta in various music, art, and movement classes. Jasmine’s story isn’t unusual. Several women spoke about how their need to keep active and their orientation toward achievement translated into early learning opportunities for their babies.

Confronted with a new reality, mothers must often recalibrate their views of themselves to accommodate a new set of goals and anticipated life experiences. In doing so, however, mothers sometimes unwittingly foster a culture of motherhood that is rife with fear and judgment. Theorizing motherhood, starting from women’s everyday accounts of mothering as embedded in talk, must therefore account for how identity both emerges from and contributes to an often rigid yet widely shared conceptualization of motherhood. Given the fact that women are still given primacy when it comes to raising children, these rigid imaginings of motherhood have had particularly distressing effects on mothers rather than fathers.

Finally, it’s important to acknowledge the differences that exist among groups in terms of how motherhood is enacted, experienced, and understood. Although my sample is limited, I did find that women with limited educational experiences spent much less time reflecting on and doubting their skills as mothers. The stories women like Felicia, Niyah, May, and Bethany shared with me focused on how they struggled to get by rather than how they struggled with self-doubt and self-criticism. These four women experienced unplanned pregnancies that resulted in limited incomes and resources. For these women, the consideration of parenting style was a luxury. Although they described how their self-identities changed during their transition to motherhood, they didn’t fixate

on their performances like their higher educated counterparts did. Instead, as McMahon (1995) described in her study of lower-income women and motherhood, these women found themselves maturing through motherhood regardless of the kinds of parenting practices they embraced. What insecurity they did feel stemmed from getting pregnant at a time or under circumstances that were less ideal rather than whether they decided to breastfeed or co-sleep.

June's story is worth mentioning as well as it also illustrates the relevance of education in how women experience the transition to motherhood. Although June and her husband were living on an incredibly limited income when their first daughter was born, unlike Felicia and the other lower-income women I interviewed, June was an avid reader with a college degree. Armed with an interest in "research," June spent a considerable amount of time during her pregnancy reading about pregnancy and childbirth. Once her daughter was born, June spent a lot of time researching attachment parenting and other similar practices. Interested in the science and practicality of mother-child bonding, June found herself a ready adherent to attachment parenting for a time. June's case shows how income alone can't account for differences among new mothers. Even though June had limited resources, she still had the intellectual interest in motherhood that resulted in her seeking out novel parenting practices, and confronted with multiple perspectives on parenting, subsequently fretting about the decisions she was making.

It bears mention one more time that pregnancy, birth, and parenting decisions unfold within the context of diffused authoritative knowledge about good parenting. Giddens (1991) explains that late modernity is characterized in part by an increasing

number of beliefs to which the self can be tethered. As a result, one's roles are constantly up for debate. To extend Giddens' idea, I argue that not only are one's own roles up for debate, but so are the roles of others. As a result, authoritative knowledge can be increasingly traced back to both expert and lay sources. While this diffusion of authority fosters an environment of choice, as Giddens argues, it also fosters an environment of risk. It becomes easier for mothers to challenge medical authority, but it also becomes more difficult to discover parenting practices or ideologies to which the mothering self can reliably be anchored.

This exploratory project has provided me with an opportunity to theorize the messy and complicated relationship among identity, ideology, and authority. What's more, this unique historical moment characterized by families' increasing financial insecurity along with considerable educational achievement among women has created a complicated environment for mothers. Conflicting and easily accessible ideas about what it means to be a good mother intersects with families' needs for dual incomes, and with the resurgence of "natural mothering," which focuses on the unique roles of mothers in caring for their young children. Moreover, the parenting decisions women and families make reveal a collective dimension of motherhood in which "support" from others can be both critically important yet rife with judgment and anxiety. As a result, many mothers are at once entrenched in rigid beliefs about motherhood and pulled in multiple directions according to the needs of the family. From this perspective, it's easy to see how women experience a sense of ontological insecurity as they transition into their new role as mother.

Investigating Motherhood

This research project provided me with a unique opportunity to not only explore how other mothers experience new motherhood, but also to reflect on my own experience as a mother. The stories mothers shared with me described both the joy and the despair they felt when caring for a new child, feelings that I still remember quite vividly. At the same time, this project raised compelling new questions that might be useful to consider for future research on how women experience the transition to motherhood. These questions may provide new opportunities for empirical investigation beyond the scope of this particular project.

I was particularly struck by Sara's assertion that mothers often perceive judgment from others even and especially when there is none. I found myself reflecting on and writing about this idea throughout the duration of this project. While the interviews I conducted were limited in terms of providing answers to this specific question, future research would do well to examine the locus of feelings of judgment among new mothers. In-depth interviewing may serve to tease out the circumstances under which women feel judged and why.

Given the limitations of my largely cross-sectional study, future research efforts on identity formation should take advantage of opportunities for longitudinal interviewing. Even the women I was able to interview both before and after their children were born described the immediate emotional ups and downs, and the fluctuating sense of self-efficacy they felt during those early weeks of motherhood. Longitudinal interviewing at multiple and sometimes close intervals, especially early on, may provide a more

comprehensive picture of how women's identities develop. Moreover, longitudinal interviewing over longer periods of time may help researchers establish the extent to which mothering identity changes or is fixed and when. Researchers might ask when if ever mothers feel confident in their approach to motherhood.

In the process of data analysis and writing, I found myself wondering how motherhood develops alongside fatherhood. I worked from the assumption that mothers are typically understood as the primary caregivers in the family; or, at the very least, mothers are the primary source of knowledge and authority on childrearing. While this may be true, motherhood often unfolds within a family constellation that includes at least one other partner. With still small but increasing rates of stay-at-home fathers and egalitarian parenting efforts (Kaufman 2013), future research might explore the extent to which men feel insecure or judged about their parenting decisions. Future research might also explore how couples in lesbian partnerships experience motherhood and the extent to which lesbian mothers share the anxieties of motherhood in ways heterosexual or gay male couples might not.

Finally, a more in-depth look at lower-income mothers and identity formation is warranted. My project suggests that lower-income and less educated women focus on different aspects of good motherhood than their higher-income and more educated counterparts. Future research might explore the value mothers at different income and education levels place on parenting philosophy and style. Based on my interviews, and given that parenting concerns tend to emerge from particular social circumstances, I would surmise that women with fewer resources are more focused on meeting their

children's basic needs including food, housing, and safety. I would also guess that any guilt or doubt they may feel is tied to how well these basic needs are met rather than a moral or ideological commitment to a particular parenting ideology. Moreover, the relationship between race, class, and education is worth exploration in terms of what these intersections bring to bear on how women make the transition to motherhood. While my sample was quite diverse in terms of race and ethnicity, it was not economically diverse enough to really explore these intersections. Teasing out the differences in terms of how these women experience motherhood may provide some insight not only into how identities take shape among different groups but also how best to serve new mothers at multiple rungs of the income and education ladder.

As I stated in an earlier chapter, motherhood is tough stuff. The issues surrounding modern motherhood are both complicated and compelling, and the moral landscape against which they unfold, a landscape that is itself profoundly social in form, is often unforgiving. Popular imaginings of motherhood like the one Kasie mentioned at the outset of this dissertation are not uncommon, yet the reality of motherhood is often overwhelming and sometimes harsh. How women learn to mother, however, and how they transition into their new role, reveals not only how identities form and change but also the moral claims mothers and others make about what constitutes good motherhood. This project and its findings provide a useful foundation and springboard for understanding how these social processes unfold and how definitions of motherhood take shape.

Implications for Health Researchers, Medicine, and Mothers

Given my commitment not only to an intellectual understanding of motherhood, but also to more practical concerns around parenting and self-esteem, it's useful to conclude with some thoughts about what my work might bring to bear on health research, as well as how medical and health practitioners can help support women's successful transition to motherhood. Health researchers would benefit from understanding the role that self-identity plays on well-being, and how self-identity is shaped within a broader context of social expectations and social support. Medical practitioners would benefit from acknowledging if not accepting the multiple resources women use to understand and enact pregnancy, childbirth, and early parenting practices. At the same time, both mothers and health care professionals would benefit from deeper and more caring relationships with one another. Finally, mothers would benefit from more streamlined and comprehensive systems of support, particularly during early motherhood, as well as more flexible work and child care arrangements.

The tools of cultural analysis can be very useful to researchers who seek to understand health and well-being in contemporary life. Cultural analysis allows researchers to investigate deeper meanings behind the language and practices individuals employ and engage in. Moreover, cultural analysis can help researchers understand how broad social changes, like changes in technology for example, can affect the decisions individuals make about their well-being. In terms of achieving a deeper understanding pregnancy, childbirth, and the transition to motherhood, health researchers should consider the tools women use to make decisions around their own health and well-being

as well as that of their children. In-depth interviewing that investigates the dynamics of social support, relevant sources of information for new mothers, and how women embrace different parenting practices might yield some insight into how new mothers can best be supported.

Cultural analysis also allows researchers to more fully investigate differences among mothers in terms of how they experience the transition to motherhood. Cultural analysis is particularly useful for understanding the multiple challenges that new and expecting mothers with limited means face when preparing for and experiencing motherhood. Health researchers can benefit from taking a closer look at the social indicators of the health and well-being of new mothers, indicators that may include adequate housing opportunities, physical safety, nutrition for mothers and babies, and social support among others. Incorporating a sociological understanding of the unique challenges lower-income women face allows for a more comprehensive understanding of the needs and assets of these families, but also of how best to translate clinical information to lay communities. For example, a cultural analysis of how lower-income women experience new motherhood might encourage community residents and stakeholders to develop programs that would support new mothers. Acknowledging the multiple sources women use to gather information about health and parenting, communities may develop new programs or positions like community health liaisons or parenting support groups. A focus simply on health outcomes is not enough to bring about the change that new mothers could benefit from; as such, cultural analysis provides

an opportunity to excavate meanings and experiences behind motherhood and provide appropriate and truly useful resources to new mothers.

Because most expecting and new mothers seek and receive information from doctors and other medical professionals, it's useful to think about how medicine might benefit from a sociological understanding of how women experience the transition to motherhood. In my own experience, I was constantly reminded by my obstetrician and midwives not to do too much reading online about pregnancy and childbirth. In my Bradley birth class, however, our instructor encouraged us to read as much as we could about as many different perspectives as we could find. She also encouraged us to watch YouTube videos of vaginal and cesarean deliveries in order to gain a better understanding of what our bodies were about to go through. Many of the women I interviewed reported similar experiences. Although some doctors asked for well-considered but flexible birth plans, most wanted their patients to trust their medical expertise.

A more nuanced understanding of how contemporary women understand pregnancy and birth, however, must acknowledge and accept how technology and social media is used. Doctors must accept that expecting mothers will seek out information from other sources, and they must be prepared to engage with that information rather than hurriedly dismiss it. The diffusion of authority about health and parenting is not likely to subside anytime soon given the popularity of social media, blogs, and other advice literature. A history of distrust among women and doctors must also be confronted so that doctors and patients can build more collaborative and interpersonal relationships. When women feel that doctors are truly listening to their concerns, they may feel better

supported and more likely to open up about their needs and the challenges they're experiencing as new mothers. If medical professionals want to be trusted and their words to be taken more seriously, they must learn to accept that they no longer have a monopoly on authoritative knowledge. Along with families and alternative birth and health practitioners, they must take a more collaborative approach to how knowledge about pregnancy, childbirth, and parenting is constructed.

Finally, it's my hope that mothers themselves can benefit from this kind of work, accessible scholarship that unpacks the meanings women attach to good motherhood. As mothers, even those whose children are much older, we often feel as though we're experiencing the trials of motherhood alone. Despite the "mom blogs" that describe parenting mishaps and disasters, we sometimes feel as though we're drowning alone in the everyday routines of motherhood. I hope that this project, and those that follow, will shed some light into how the moral landscape of modern motherhood takes shape. Once we better understand the social context in which our beliefs about motherhood develop, we may be able to glimpse the man—or the mom—behind the curtain and understand that there are as many ways to be a good mother as there are mothers in the world.

APPENDIX I: ORIGINAL INTERVIEW GUIDE

Making Room: How Women Prepare for Motherhood and Parenting Interview Guide

Tell me a bit about you and your family. How many children do you have and how old are they?

Tell me about your pregnancy/pregnancies.

When did you find out you were pregnant, and how did you feel about it?

How have your feelings about being pregnant progressed over the time?

What kind of prenatal care have you received? What kinds of information have you gathered about pregnancy, childbirth, and parenting?

Tell me a bit about how you envision your birth experience?

How have you prepared your home for a new baby?

How have your relationships and friendships changed since you've been pregnant, and how do you expect them to change with a new baby around?

What excites you about becoming a mother?

What are some of the concerns you have about becoming a mother, and what are some of the challenges you think you may face?

What do you think motherhood and parenting will feel like, or look like, for you and your family? Think about childcare, housework, balancing work and family, discipline, etc.

For second-time-plus parents:

Knowing what you know now about motherhood and parenting, what would you have done differently during pregnancy and childbirth in terms of preparation, priorities, etc.?

APPENDIX II: REVISED INTERVIEW GUIDE

The Meaning of Mothering: How Women Make Sense of the Transition to Motherhood Interview Guide

Tell me about you and your family. How many children do you have and how old are they?

How did you feel when you first learned you were pregnant?

How did your feelings about being pregnant change over the course of your pregnancy?

What kind of prenatal care did you receive?

What kinds of information did you gather about pregnancy, childbirth, and parenting?
How did you prepare your home for a new baby?

Tell me a bit about your birth experience.

How have your relationships and friendships changed since you've been pregnant or had children?

What did you think motherhood and parenting would feel like, or look like, for you and your family? How has your experience lined up with your expectations? Think about childcare, housework, balancing work and family, discipline, etc.

What excited you about becoming a mother?

What were some of the concerns you had about becoming a mother, and what are some of the challenges you face?

Knowing what you now know about motherhood and parenting, what would you have done differently during pregnancy, childbirth, and early infancy in terms of preparation, priorities, etc.?

APPENDIX III: PARTICIPANT BIOGRAPHIES

Alyssa

Alyssa is 31, married, has one son (2) and is expecting another baby. She is white, has an MBA from a prestigious university, and works as a government consultant. Her husband, who is Indian, works in public health. They live in Northern Virginia and their household income is \$300,000 a year. Alyssa is Methodist, while her husband is Hindu.

Amber

Amber is 33, married, and has one daughter (2). She is white, has a law doctorate, and works as a family attorney. Amber and her husband live in Northern Virginia, and their household income is approximately \$145,000 a year. Amber is Catholic.

Anna

Anna is 36, married, and is expecting her first child. She is white, has a doctorate, and works as a pharmacist, though she plans to be a stay-at-home mom once her child is born. Anna and her husband live in Northern Virginia and their household income is approximately \$150,000. Her family is Methodist.

Annette

Annette is 33, married, and has two sons (5 and 3). She is white, has a doctorate, and works as a social science researcher at a consulting firm. Her husband works in security for a federal agency. They live in Northern Virginia, and their household income is approximately \$190,000 a year. Annette's family has no religious affiliation.

Arielle

Arielle is 25, married, and has two daughters (2 and 3 months). She is white, has completed some college, and is a stay-at-home mom. Arielle's husband is a special education teacher. They live on the Eastern Shore of Virginia, and their household income is \$34,000 a year. Arielle's family is Episcopalian.

Bethany

Bethany is 23, married, and has two children (6 and 4 months), one of which was born when Bethany was 16. Bethany is white, has completed some college, and is a stay-at-home mom. Her husband is in college training to be a nurse. Bethany lives in the Eastern Panhandle of West Virginia, and her household income is approximately \$35,000. Bethany was raised Mormon, but currently has no religious affiliation.

Carol

Carol is 33, married, and is expecting her first child. She is white, has a bachelor's degree, and she and her husband both work as government contractors. Carol and her husband live in Northern Virginia, and their annual household income is \$160,000. They have no religious affiliation.

Cassie

Cassie is 32, married, and has one daughter (2) and is expecting another baby. She is white, has a bachelor's degree, and works as a massage therapist and doula. Cassie's husband is a teacher at a private school. Cassie and her husband live in Maryland, just outside of Washington, DC. Their annual income is \$70,000 a year. She is a non-practicing Catholic.

Cattie

Cattie is 24, married, and has two daughters (2 and 4 months). She is white, has completed some college, and works part-time as a marketing manager for a local attachment parenting group. Her husband who is biracial, both Black and white, is in the military. Cattie and her husband live in Northern Virginia, and their household income is \$90,000 a year. Cattie is a non-practicing Methodist.

Chloe

Chloe is 31, married, and has one daughter (2 months). She is white, has a bachelor's degree, and she and her husband both work as government analysts. They live in Northern Virginia, and their household income is approximately \$100,000 a year. Chloe is Catholic.

Cici

Cici is 34, married, and has two daughters (5 and 2) with another baby on the way. She is white and has bachelor's degree from a reputable private institution and used to work in business. She is now a stay-at-home mom while her husband works for the Department of Defense and travels frequently. Cici and her husband

live in Northern Virginia, and their household income is approximately \$90,000 a year. Her family is Catholic.

Cokie

Cokie is 23, married, and has one son (3). She is white, has an associate's degree, and works as a nanny. Cokie's husband is a contractor. They live in Northern Virginia, and their household income is approximately \$150,000 a year. Cokie is Catholic.

Courtney

Courtney is 39, married, and has two children (5 and 2). She is white, has a master's degree, and works as a legislative aide. She and her husband live in Northern Virginia, and their household income is approximately \$100,000 a year. Courtney is Catholic and her husband is Jewish.

Del

Del is 24, married, and has one daughter (7 months). She is Black, has a bachelor's degree, and works as a patient service specialist in a local healthcare system. Del's husband is Hispanic. They live in Northern Virginia, and their household income is approximately \$80,000 a year. Del's family is Christian.

Emily

Emily is 33, married, and is expecting her first child. She is white, has a master's degree, and works as a government analyst. She and her husband live in Northern Virginia, and their household income is approximately \$100,000. Emily's family is Christian.

Felicia

Felicia is 41, single, and has three daughters (14 and 8-year-old twins). She is Black, has completed high school, and used to work in information technology. She was recently hired as a part-time community researcher, and she frequently volunteers in her community. Felicia lives in Richmond, Virginia, and her household income is \$10,000 a year. Her family is Christian.

Gretchen

Gretchen is 31, married, and has one son (9 months). She is white, has a master's degree, and works as a physician's assistant. Gretchen and her husband live in Northern Virginia, and their household income is \$90,000. Her family is Jewish.

Jasmine

Jasmine is 35, married, and has one daughter (5 months). She is Hispanic, has a bachelor's degree, and used to work for a major public health organization. She is now a stay-at-home mom, while her husband, who is white, works for the United States Army. Jasmine and her husband live in Northern Virginia, and their household income is approximately \$130,000. Their family has no religious affiliation.

Jessica

Jessica is 29, married, and has two daughters (3 and 1) and a baby on the way. She is white, has a bachelor's degree in political science and is a stay-at-home mom. Jessica and her family live in Northern Virginia. Her annual income is \$98,000. Jessica's family is Episcopalian.

Judy

Judy is 38, married, and has five children (9, 6, 4, 2, and 8 months). She is white, has a bachelor's degree, and works part-time as a math tutor. Her husband holds one full-time job, and occasionally picks up additional part-time jobs as needed. Judy's family lives in Northern Virginia, and their household income is approximately \$90,000. Judy's family is Mormon.

June

June is 31, engaged, and has two daughters (6 and 4). She is white, has a bachelor's degree, and is a stay-at-home mom and freelance writer. She shares joint custody of her kids with her ex-husband who works a local factory. Her fiancé is a political consultant. June lives in the Eastern Panhandle of West Virginia, and her household income is \$20,000. She is Pagan.

Kasie

Kasie is 31, married, and has one son (4). She is white, has a bachelor's degree, and works from home as a client manager. She and her husband live in Northern Virginia, and their household income is more than \$100,000 a year. Kasie's family is Christian.

Kat

Kat is 41, in a long-term relationship, and has one son (1). She is white, has a master's degree, and owns a consulting business. Her partner is a classified government employee. Kat and her husband live in Northern Virginia, and their

household income is approximately \$175,000 a year. They have no religious affiliation.

Leah

Leah is 34, married, and is expecting her first child. She is Indian, has a master's degree, and works as an architect and project manager. She and her husband, who is also an architect, live in Northern Virginia, and their household income is \$200,000 a year. Leah and her husband are Hindu.

Leona

Leona is 33, married, and has one son (2 months). She is Black, has a master's degree, and works as a human capital and management consultant. Leona's husband is in graduate school studying journalism. They live in Northern Virginia, and their household income is \$130,000 a year. Leona's family has no religious affiliation.

Leta

Leta is 33, married, and has two daughters (5 and 2). She is Hispanic, has a master's degree, and is a stay-at-home mom. Leta's husband, who is Black, works for the Department of Defense. They recently moved to Germany from the Eastern Panhandle of West Virginia. Leta's household income is approximately \$100,000 a year. Her family is Christian.

Lisa

Lisa is 27, married, and has one son (6 months). She is Asian, has an MSW, and is a stay-at-home mom. Lisa frequently volunteers on her local military base. Her husband is in the United States Army. They currently live in North Carolina, and their household income is \$90,000 a year. Lisa is a non-practicing Buddhist.

Lorelai

Lorelai is 31, married, and is expecting her first child. She is Black, has a master's degree, and works as a program analyst. She and her husband live in Northern Virginia, and their annual income is approximately \$122,000 a year. She and her husband are Christians.

Maggie

Maggie is 33, married, and has one son (3). She is white, has a master's degree, and works in non-profit administration. Maggie's husband, who is African, works in public health. Maggie and her husband live in Northern Virginia, and their

household income is approximately \$150,000 a year. Maggie describes herself as spiritual.

May

May is 38, single, and has five children (20, 18, 15, 12, and 9). She is Black, has completed high school, and is a stay-at-home mom. She lives in Richmond, Virginia, and her household income is approximately \$14,500 a year. Her family is Baptist.

Mia

Mia is 32, married, and has one daughter (2) and another baby on the way. She is white, has completed some graduate school, and is a stay-at-home mom with a small cosmetic business on the side. Mia's husband is a salesman. They live in Northern Virginia, and their household income is approximately \$200,000. Her family is Catholic.

Megan

Megan is 28, married, and has two daughters (3 and 1). She is white, completed some college, and is a stay-at-home mom. Her husband is an electrician. Megan lives in Pennsylvania, just north of Western Maryland, and her household income is \$30,000 a year. Her family has no religious affiliation.

Montana

Montana is 40, and in a long-term relationship. Together, she and her partner have two children (5 and 3) and are expecting another baby. Montana is white, has a bachelor's degree, and works full-time, mostly from home, as a management consultant. Montana's family lives in Northern Virginia, and their household income is approximately \$250,000 a year. Montana's family has no religious affiliation.

Niyah

Niyah is 31, married, and has two sons (7 and 1). She is Black, has an associate's degree, and used to work as an aide in a nursing home. She is currently trying to start a business as a baker. She lives in Richmond, Virginia, and her household income is \$26,000 a year. Her family is Muslim.

Sara

Sara is 39, married, and has two children (4 and 9 months). She is white, has a doctorate, and used to be a tenure-track professor in African American Studies.

She is now a stay-at-home mom. She and her husband live in Northern Virginia, and their household income is \$110,000 a year. Sara's family is Lutheran.

Sharon

Sharon is 40, married, and has one son (2) and another baby on the way. She is white, has a doctorate, and works as a social science researcher at a government agency. Her husband is anthropologist. Sharon and her husband live in Northern Virginia, and their household income is approximately \$150,000 a year. She and her husband have no religious affiliation.

Shelley

Shelley is 31, married, and has one son (5 months) who has cystic fibrosis. She is white, has a bachelor's degree, and works as an insurance representative. Shelley's husband is a government contractor. They live in Western Maryland, and their household income is approximately \$125,000 a year. Shelley's family is Christian.

Shonda

Shonda is 35, married, and has two children (6 and 1). She is Black, has a bachelor's degree, and works as a healing arts practitioner. Shonda's family lives in Northern Virginia, and their household income is \$125,000 a year. Her family has no religious affiliation.

Sue

Sue is 34, married, and has two children (3 and 1). She is white, completed some graduate school, and is a stay-at-home mom who writes and edits part-time. Her husband, who is Asian, is a doctor. Sue's family lives in Northern Virginia, and their annual income is approximately \$350,000 a year. She describes herself as agnostic.

APPENDIX IV: SUMMARY OF PARTICIPANT DEMOGRAPHICS

Characteristic	Number	Percent
Age at first birth		
16-19 years	2	5.1%
20-29 years	15	38.5%
30-39 years	20	51.3%
40 years and older	2	5.1%
Marital status at first birth		
Married	33	84.6%
Single	4	10.3%
In a stable relationship	2	5.1%
Number of children		
Has one child, or is expecting first child	18	46.2%
Has more than one child	21	53.8%
Race or ethnic identification		
White	27	69.2%
Black	7	17.9%
Hispanic	2	5.1%
Asian	2	5.1%
Other	1	2.7%
Religion		
Christian (Protestant, Catholic, Mormon)	21	53.8%
Other (Muslim, Hindu, Buddhist, Pagan, Spiritual)	7	17.9%
None	11	28.2%
Education		
High school graduate	2	5.1%
Some college	4	10.3%
College graduate	15	38.5%
Some graduate school	2	5.1%
Graduate school	16	41.0%
Occupation		
Stay s at home, or intends to after first birth	11	28.2%
Works for wages, or intends to after first birth	21	53.8%
Stays at home but works for wages, or intends to after first birth	7	17.9%

Characteristic	Number	Percent
Income		
Less than 25,000	4	10.3%
25,000-49,999	3	7.7%
50,000-74,999	1	2.7%
75,000-99,999	7	17.9%
100,000-124,999	7	17.9%
125,000-149,999	5	12.8%
150,000 or more	12	30.7%
Birth location for first birth		
Hospital	33	84.7%
Birth Center	2	5.1%
Home	2	5.1%
Unknown	2	5.1%
Delivery type for first birth		
Vaginal	21	53.9%
Cesarean	16	41.0%
Unknown	2	5.1%

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Sara B. Moore graduated from South Hagerstown High School in 2000. She received a Bachelor of Science degree in Sociology from Shepherd University in 2004, and a Master of Arts degree in Sociology from The New School in 2006. Sara taught sociology at Shepherd University for two years before returning to school to pursue her doctorate. While at George Mason University, she taught in the Department of Sociology and Anthropology, and worked as a researcher at the Center for Social Science Research. Sara has published “Reproductive Issues,” in *Global Social Issues: An Encyclopedia* (2012); “Reclaiming the Body, Birthing at Home: Knowledge, Power, and Control in Childbirth” in *Humanity & Society* (2011); and with Shannon N. Davis, “Bearing Children, Becoming Women: The Influence of Childbearing on Women’s Gender Ideologies” in *International Journal of Sociology of the Family* (2010).