**Thinking with post-birth bodies: Articulating sociological care for bodies that function differently after birth**

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**Abstract**

This paper articulates a sociological approach to bodies that function differently after birth. We suggest that post-birth bodies are distributed across a variety of areas of existing scholarship, and that this can make it difficult to grapple with experiences that encompass gestation, altered functioning/injury, parenting and medical knowledge. We review and synthesise this rich literature to illustrate how it can be mobilised to sociologically theorise and explore physical recovery from birth, characterising this as the development of *sociological care* for such bodies. Our analysis draws on autoethnographic reflection on the post-birth body of a cis/queer/neurodivergent/white/middle-class mother alongside 4 pilot interviews concerning experiences with post-birth bodies in England. By placing these lived experiences into thematic dialogue with existing feminist/STS and sociological scholarship we illustrate why bodies altered through birth are good for sociologists to *think with* and outline potential avenues for future research in this field. We suggest that a focus on care for post-birth bodies enables critical exploration of assumptions about temporal relations between pregnancy, birth and mothering/parenting, as well as how these forms of labour are socially distributed and supported.

Keywords: Post-birth, postnatal, birth, pregnancy, mothering/parenting, gender

In this paper, we articulate a sociological approach to bodies that function differently after birth. While helpful and diverse fields of scholarship have engaged with many aspects of what it means to have a body that is pregnant and/or has birthed, there are also gaps and disconnections within this literature. We argue that this leaves open important questions about post-birth bodily functioning and recovery. In what follows, we provide a review of where post-birth bodies are present in existing literature (or where their absences are interesting). We show how this scholarship might be mobilised more cohesively as a way of thinking sociologically about bodies that function differently after birth. To achieve this aim, we place our review into dialogue with a small number of lived accounts of post-birth bodies. Crucially, our analysis is intended as a starting point for conversations about sociological engagement with the bodily aftermath of birth. Rather than resolving questions, we seek to *generate* them, and to indicate directions for future research.

Our approach builds on a growing body of scholarship within this journal, whereby sociologists’ embodied encounters with illness and care are mobilised to analyse and develop fields of knowledge (Blaxter, 2009; Nowarkowski, 2016; Riessman, 2015; Sebring, 2021). Autobiographical anecdote also has a fruitful history as a method for conceptualising pregnancy (Tyler, 2000; Young, 1984), with analysis of personal experience commonly deployed as an approach within feminist writing about reproduction more broadly (see for example Letherby, 2010; Rapp, 2000).

Writing about maternal experience has an extensive history beyond academic scholarship. Indeed, as Nash (2021) highlights, the white maternal memoir has become a well-established genre, characterised by the repeated revelation of ‘hidden’ elements of maternal labour. As she points out, such writing has a tendency to forget that ‘in its promise to offer a surprising glimpse into the realities of maternal life […] it is part of a canon of maternal texts that have also sought to break silences’ (Nash, 2021: 141). In what follows, we are mindful of the limitations of simply repeating accounts of ‘absence’ or ‘silence’. Instead, we mobilise personal experience (Siân’s) of the bodily aftermath of birth, alongside pilot interviews (n=4) to critically review the rich analytic resources available for thinking with post-birth bodies. Via this work, our overarching aim is to illustrate what *sociological care* for bodies that function differently after birth might look like. We suggest that a focus on such bodies enables critical exploration of assumptions about temporal relations between pregnancy, birth and mothering/parenting, as well as how these forms of labour are socially distributed and supported.

**Theorising the aftermath: A sociologist of pregnancy and birth re-encounters her post-birth body**

*My belly split first. The weight of carrying in a short torso, my muscles separating to make room. I first felt it breaking when I was hurrying along the riverside, late for a bus that would take me to my second ultrasound scan. My anxiety about the scan appointment meant that I noticed, but did not properly register, the odd sensations in my bump, around my belly button as I rushed along; small sharp pains like a tiny knife cutting. They ceased when I reached the bus and sank down, heavily, onto a seat.*

*Lying on the floor, I try to measure it: the gap. Birth has revealed the re-making of my body that was invisible while my belly was tight and swollen with baby and fluids. Deflated, empty now, its breakages define it. My muscles no longer connect to one another, there is an absence where she used to fill the gap with her somersaults, her limbs pushing out through the space we had made together. The sharp ache in the centre feels like someone has sunk their fist into my intestines, makes me cover my stomach with my hands automatically when anyone (cat, exuberant older toddler) approaches it, and often leaves me with a tight band of pain after carrying this baby in a sling (the only way she will sleep, curled into another body). Nothing like the carrying of my first daughter after my wife birthed her: back then my body was a silent enabler as I gradually mastered sling mechanics, my baby attached, finally making me a mother out in public. Following the internet’s advice I lie on the floor, raise my chin to my chest and try to gauge the distance between my abdominal muscles with my fingers. Moving my fingers outwards from my belly button, I eventually locate the left side, about 6cm or so away from the centre. Trembling slightly, I try to find the right-hand side of the gap, desperate to know its extent. It is un-locatable.*

*I split again during birth. Contractions - within the privileged space of middle-class white home birth in the UK with a doula, a hired birthing pool, and no fear that I would be allowed to die - were simply an endurance test, predictably contoured, their shape in my body bearable in relation to the certainty of their passing. They were tiring, mostly because of their incessant interruption, their insistence I attend to them, rather than sleep. When my perineum tore, I knew it instantly, the sharp edge of pain, jagged, out-of-sync, unbearable and over almost as quickly as it started. And then, relief: there would be space now, for the baby to come out, there would be no more pain.*

*On the train when the baby is about a month old I feel the seat below me suddenly wet, check for leaking breastmilk, check the baby’s nappy: all dry. I stand up, realising my dress is soaked. I had felt nothing. No warning. The absence of sensation is terrifying. I am alone with just my baby and a sling. I clean myself up as best as I can in the station toilet while carrying the baby and walk to our appointment, thankful it is a very hot day and my clothes are drying fast. I have seen the incontinence pad adverts and know about leaking after birth but did not imagine it could be like this: sudden, vast, and un-concealable. This is not the last time it happens.* (Siân)

In the months and years that follow, I (Siân) move back and forth between these memories often. They have become magnified, their significance altered, as I try to locate *that* moment, *that* split in my pregnant/birthing self as a framework for making sense of my body *now*. I become aware of how much easier it is to dwell on two ‘moments’ of splitting, located squarely within the parameters and processes of pregnancy and birth, than it is to articulate what my body *became*, afterwards (my accounts of the latter are filled with fear, absence, confusion).

Throughout my pregnancy and birth, I had felt on solid – if not always comfortable - ground. I became pregnant following a decade’s immersion in feminist scholarship concerned with what happens to pregnant and birthing people via biomedical ways of doing pregnancy and motherhood. Critical analysis of such practices highlights their erasure of pregnant subjects (Petchesky, 1987; Rothman, 1988), or the positioning of their bodies as disorderly and threatening to an endangered foetus (Carter, 2010). Such depictions legitimate the normative regulation of pregnant/birthing people and the reproductive possibilities available to them, in ways that perpetuate intersecting inequalities of gender, race and class (Bridges, 2011; Roberts, 1997). The regulation of maternal subjectivities also continues post-birth through expectations about what mothers should *do*, for example how to feed and bond with babies in ways that promote their ‘healthy’ development (Lowe, 2016).

One key response by feminist scholarship has been to de-construct the making of pregnancy, birth and mothering to illustrate that there is nothing ‘natural’ about the way in which these processes take place. Decades of research has sought to locate pregnant, birthing and/or mothering bodies within their social and historical contexts (Chadwick, 2018; Longhurst, 2008; Nash, 2021; Ross, 2019; Tyler, 2000; Young, 1984). As Lowe (2016) illustrates, all such bodies are shaped – although in different ways - by dominant constructions of what it means to be a ‘good mother’ and, in particular, by expectations of ‘maternal sacrifice’.

Research has also de-stabilised essentialist accounts of gestation by showing how pregnant and fetal subjects are *produced* through local and contingent medical practices (Ivry, 2009; Mitchell and Georges, 1997). Carrying such analyses with me while pregnant, I participated in the impossibility of non-directive counselling about prenatal screening (Rapp, 2000), watched the baby on the scan whilst trying to pay attention to the role of my body (Roberts, 2012) and the sonographer (Mitchell, 2001) in producing the image, and became a refuser of vaginal examinations in attempt to escape the clock-based surveillance of medicalized birth (Simonds, 2002; Beynon-Jones and Jackson, 2024). I did all these things whilst feeling unfairly but inescapably burdened by the sensation that I was responsible for whatever happened to the baby (Lupton, 2012).

If pregnancy and birth were like moving through a medical script with critical feminist footnotes, the weeks and months after birth were as though someone had snatched the script mid-sentence. Having spent my pregnancy trying to resist its medicalization, I now found myself longing for some kind of scientific mapping of what had happened to my body, and more importantly, for certainty about how to restore it. Simultaneously, talking about (or even acknowledging) the non-functionality of my post-birth body felt dangerous, tying me to problematic narratives of feminine bodily disorder and breakdown, and undermining my own memories of birth as a (contingently) joyful and empowering bodily experience. While I was aware an extensive body of scholarship could help me critically engage with normative expectations about how I should *mother,* I could not, for a long time, begin to theorise what my body after birth ‘was’, or what its ‘recovery’ might mean.

The complexity of speech about gestating bodies is, of course, not a new problem for feminism. Earlier feminist accounts of reproduction (e.g. de Beauvoir, 1949; Firestone, 1970) depict pregnancy and childbearing as bodily oppressions from which women must be liberated to attain subject status. The dangers of such narratives stem from their essentialist accounts of the body, their failure to acknowledge creative, generative possibilities *alongside* the bodily toll of ‘gestational labour’ (Chadwick, 2022), and their repetition of male-centred accounts of subjectivity that erase its inevitably relational basis (Hird, 2007; Tyler, 2000). Although beginning from a very different (i.e. positive) account of the birthing body, related tensions are sometimes threaded through feminist critiques of the medicalisation of birth. In this context, in response to excessive medical surveillance and intervention in birth, feminist scholarship and activism has understandably emphasised the capabilities and normality of birthing bodies. Critical exploration of feminist narratives of natural/normal birth (Akrich & Pasveer, 2004; Chadwick, 2018; McKinnon, 2021) illustrates how these can essentialise and dichotomise bodies in precisely the same way as biomedicine - as either normal or pathological. This leaves no space for the fleshy, complex, realities of birth, and risks re-inscribing women who have difficult experiences of labour as somehow lacking (i.e. for ‘failing’ to accomplish birth ‘normally’) (Chadwick, 2018).

As Chadwick argues (see also McKinnon, 2021), an alternative route is signalled by conceptual approaches that recognise the unpredictable liveliness of the material body as well as its inseparability from the social (e.g. Haraway, 1997; Mol, 2002). This enables exploration of how, ‘birthing bodies become—materialize—through sociomaterial enactments and shifting ontological, epistemological and political framings’ (Chadwick, 2018: 3). We suggest that, if extended to bodies that function differently after birth, this way of theorizing bodies enables exploration of post-birth embodiment in ways that do not risk essentializing women and birthing people within familiar frameworks of maternal suffering. Rather, it becomes possible to explore the *conditions under which particular forms of post-birth embodiment materialize*. In what follows, we mobilise this overarching conceptual framework to draw together patterns- as well as disconnections and absences - within existing scholarship, and to articulate what a sociological approach to bodies that function differently after birth might look like.

**Methods of generating dialogue**

Although it originated with autoethnographic reflection, this paper was also developed from a pilot research project intended to 1) scope sociological analyses of post birth bodies in existing literature (led by Alankrita) and 2) conduct pilot interviews to explore issues that were significant for people who had given birth. The paper is therefore hybrid in form, offering a critical review and synthesis of how existing literature has discussed post-birth bodies, and placing this into dialogue with experiences of bodies that feel or function differently after birth. As pilot research, our use of empirical data is necessarily small-scale and exploratory, intended to illustrate the need to work across points of separation in the literature, as well as why post-birth bodies are good for sociologists to *think with*. Accordingly, while we do provide preliminary empirical findings, these are not intended to be complete. Instead, we include them to develop questions about possible directions within this field.

The research included in the paper was ethically reviewed and approved by the University of York Economics Law Management Politics and Sociology ethics committee. We invited people to take part in semi-structured interviews via snowball sampling/social media adverts, explaining that this was pilot research to develop our understandings of bodily experience after birth, focussing on physical challenges after birth. Study advertising was deliberately kept small scale to prevent over-recruitment, in keeping with pilot research funding for 4-5 interviews. Siân conducted all interviews on zoom with participants and shared that her interest in the topic had emerged from her own bodily experiences after birth. Interviews began with a very open-ended question to enable participants to talk about the issues they felt were relevant: *Could you tell me a bit about the experiences you have had with your body since pregnancy and birth?* In response, participants provided lengthy and detailed accounts.

Participants gave written consent, and we have given them pseudonyms and anonymised their accounts. Interviews were transcribed by a professional transcriber, and the transcripts were explored using thematic analysis (Braun and Clarke, 2006) in NVivo. Key themes were a) absences of knowledge and care for post-birth bodies within healthcare, b) the labour of *having* a body that has birthed and c) how this was entangled with the labour of mothering. A fourth theme was interwoven throughout these: the complex temporalities of post-birth embodiment. Our analysis maps how existing literature enables engagement with these four thematic issues, as well as where questions remain that require exploration through further research. Like any ‘review’ exercise, our project inevitably creates its own gaps and disconnections. Other scholars may generate different configurations of ‘the field’ and we invite them to develop what we have begun here.

Although our analysis does consider how experiences of same-sex parenting and neurodivergence intersect with gender, all narratives are from white women (who had given birth at least once within the past 6 years in England). Not least because of the small sample, this is an obviously partial (Haraway, 1988) basis for engaging with post-birth embodiment. It highlights the much wider research that is needed to understand intersectional experiences with bodies after birth. At the same time, we recognize that what such a project might look like, along with the extent to which it is viewed as a salient or urgent focus for feminist and/or sociological energies, is highly contingent. In particular, we acknowledge how our concern to articulate sociological care for bodies that function differently after birth has emerged primarily from engagements with pregnancy and birth as lived and theorised in the global north, and the possibilities afforded to bodies within this context.

**Encountering absence: medical knowledge as part of the making of post-birth bodies**

While policy and healthcare attention undoubtedly focuses on ‘pre’ as opposed to ‘post’ natal bodies, it is also the case that many clinicians are concerned and write critically about this (e.g. Bick et al., 2020). Notably, a key way the experience of having a body that functions differently after birth has been given voice in existing literature is *through* clinically-oriented accounts of the impacts of having particular medical conditions associated with birth. Research illustrates multiple physical difficulties encountered post-birth (including headaches, fatigue, back and pelvic pain, perineal pain, incontinence, prolapse, infection, high blood pressure, and diabetes - see for example Bick et al., 2015), and highlights these impacts may be widespread and long-term (for example, 1 in 3 women experience urinary incontinence, with a majority still reporting this after 12 years – MacArthur et al., 2016). Quantitative and qualitative research illustrates impacts of specific post-birth conditions (often perineal trauma and/or incontinence), including barriers to sexual intimacy, social isolation, negative impacts on emotional wellbeing, made more difficult by dismissive encounters with health professionals and normalisation of physical suffering after birth (Crookall et al., 2018; Lindqvist et al., 2019; Molin et al., 2021).

From this literature, post-birth bodies emerge as sites of frequent, often long-term, and medically neglected suffering. Related accounts of long-term bodily suffering and struggle were described by some of our interviewees. However, a distinctive issue highlighted by participants is that medical ways of ‘knowing’ (or indeed, not knowing) post-birth bodies are part of what *makes* post-birth embodiment. Participants emphasized not only that their problems were not listened to (a common experience in gendered encounters with medicine – Sebring, 2021), but that English NHS postnatal care practices may be *incapable* of deciphering and thus, adequately treating, such bodies:

 I, basically it felt like you know if you don’t put a tampon in right and you’ve got a tampon kind of stuck half in, half out, dry and uncomfortable, and like you’re like I immediately need to go and sort that out, you know, you can’t, you wouldn’t put up with it for a second, and it felt like that all the time, all the time. […] I mean I went to the GP and a midwife, and everyone looked and said no, no prolapse, you’re fine. And I think on the second one I said OK, maybe it’s not a prolapse but I’m not fine, something’s wrong, and I described it in that tampon description, and they were like yeah, can’t see anything wrong. And eventually they referred me to the hospital, you know, the physio at the hospital, and I saw the physio at the hospital and she said yeah, no prolapse, all fine. […] And it was just really bad, really, really uncomfortable and like I think I was really frightened, I thought I can’t live like this, and I thought maybe I’ll have to have a hysterectomy, have everything taken out, thought I just can’t, you know, I can’t, it can’t be like this forever. But no-one seemed to get it at all, like no-one, it’s like I wasn’t incontinent and I wasn’t in pain, and they couldn’t see a prolapse, so there was nothing. (Rachel)

Rachel describes the unbearable process of finding her post-birth body to be un-knowable within healthcare; ‘there *was* nothing’ because her problem did not fall within the scope of problems deemed to exist after birth.

In other cases, participants described how the structure of postnatal care excluded women and birthing people from even attempting to seek help with their bodies. They noted (as has been more widely observed – Bick et al., 2020) how the UK 6-8 week postnatal ‘GP check’ centres the baby, and that the organisation of care signals that women’s post-birth bodily troubles are not of much interest. For example, Kelly, when reflecting on why she (and other women) did not seek help for pelvic floor difficulties after birth, commented that this is a result of what is/is not part of the ‘standardised offer’ after birth:

They’ll give you the list of things, if you’re having problems with this, this, this and this go back and see your doctor. So they’ll describe mastitis and say if you’re having problems with that, if you’re having odd discharge go back and see your doctor... But it’s not one that they cover, is it. Well it wasn’t in my experience anyway. (Kelly)

Kelly suggests that care for the pelvic floor after birth is made structurally absent in part by a focus on acute (i.e. infection) rather than chronic health post-birth. Several participants indicated that temporal practices were part of the exclusion of bodies after birth from care. For example, Rachel highlighted how the practice of birth as an *end point* enabled a lack of care for her body afterwards.Shereflected at length on her experience of labour, and the way it had been managed, raising questions about how this had impacted her body. She pointed out she could see no ‘feedback loop’ via which difficulties she experienced after birth could be told to the people in the hospital who were responsible for her body during labour:

 Once they’re done with your body and they’ve done what they need to do to your body, you’re left with your body and it doesn’t seem that anyone is checking in how that body is experienced or functions after that. (Rachel)

Other participants described how their bodily difficulties had not become clear at the point at which care is – albeit briefly - offered at the 6-8 week check. Amy talked about her growing awareness of pain sitting in particular positions: this had only become apparent over time. Meanwhile, in my (Siân’s) case, the sheer volume and number of my symptoms made it hard to begin to articulate what the problem ‘was’ by the time I saw a GP at about 8 weeks postpartum.

The gendered harms and failures of reproductive medicine have been widely explored (e.g. Martin, 1989; Oudshoorn, 2003), and illustrated within healthcare more broadly (e.g. Sebring, 2021). Nevertheless, there is to our knowledge no feminist sociology of science/medicine that explores and unpacks the making (or absence) of medical knowledge about bodies that function differently after birth. What and how is knowledge being made about bodies after birth (for example, in clinical research, policy and practice), and how are post-birth bodies in turn produced through these processes? What possibilities and limits to healing and recovery are made through current policies and practices of post-birth care? How are these possibilities distributed?

**Recovery work: extending gendered responsibility for body work after birth**

In the context of ‘the commodification of maternity under neoliberalism’ (Tyler, 2011: 23), feminist sociological scholarship has highlighted the ‘third shift’ (Dworkin and Wachs, 2004) of work via which ‘successful’ mothers (coded as white and middle class) are supposed to manage and restore their appearance after birth (Maddox et al. 2020). Studies have articulated (primarily, white, cis gendered) women’s struggles with post-partum weight and fitness (Fox and Neiterman, 2015; Nash, 2015; Nicolson et al., 2010; Upton and Han, 2003). Johnson (2018) notes the dominance of discussion of weight and appearance within literature concerning post-birth embodiment, which has not typically addressed experiences of bodily suffering and embarrassment. Nonetheless, we suggest that research concerning the *work* of post-birth appearance is useful in highlighting how this space is pre-framed – unsurprisingly, very much like pregnancy and motherhood in neoliberal contexts - as one of individual responsibility for working on the body. Below, we illustrate how this literature could be conceptually extended through greater engagement with bodies that require care after birth due to their altered *functioning*. Given expectations that women should restore their pre-pregnancy appearance, what do they *do* when their bodies also no longer function in the same way following birth (for example, they are unwell, in pain, they cannot move in the same way, or they leak)?

Resonating with individualised framings of post-birth fitness outlined above, interview participants discussed privatised solutions to resolving difficulties with their bodies. Rachel, who was left without a remedy for her acute discomfort by the NHS, went on to talk about her chance discovery of a private physiotherapist who identified the source of the difficulty and healed it. The physiotherapist explained why the pelvic floor muscle exercises that Rachel had previously been given to do by the hospital were not working and could not work because of the way in which scar tissue from birth had forged new relations with other parts of her body. Reflecting on her body now Rachel commented, ‘I would say it’s very OK, I don’t think about the injury, it doesn’t… I feel functional’. While thankful that her body had recovered, Rachel expressed her concern about the fragility of the systems of care that meant this might never have happened. She also acknowledged that treatment was available to her because she could afford to pay for it and because her partner looked after their baby while she travelled to attend appointments. My (Siân’s) recollections of healing the splits within my body are similarly interwoven with the privilege and work involved: endless research to understand my body coupled with multiple forms of paid-for treatment, plus years of pilates fitted in around the navigation of paid work and childcare, both of which frequently interrupted the ongoing and experimental labour of healing.

Notably, and mirroring discussion of ‘the third shift’, participants sometimes highlighted their *personal* responsibility to work to resolve current difficulties with their bodies. For example, reflecting on a variety of issues including internal pain and growing awareness of hip discomfort, Amy said:

 Yeah, I’m thinking of paying for a private Mummy MOT […] I’m gonna start going to postnatal yoga, but all of these are things that paying for privately, to try to help, because I don’t want to… Because if I don’t look at it now I don’t want to be that person that in years, you know, just never has it fixed. […] It might be that these things are never gonna, you know, it’ll always be like that, and that’s fine, of course, you know, these things happen. But it shouldn’t always just be like these things happen after birth. There might be ways that we can help, like pelvic exercises or something like that that I’m not aware of, and especially cause […] I just want to make sure that I’m in as good shape as possible before we have another. (Amy)

Amy’s narrative positions physical health as a moral imperative – particularly in relation to the pursuit of having further children. However, perhaps *because* her difficulties intersect with issues that could easily be depicted as a healthcare responsibility (e.g. pain), there is a critique threaded throughout her account, for example, she repeatedly highlights that she is having to pay to recover from birth. This contrasts with Johnson’s (2018) findings concerning women’s longer-term embodied identities 5-20 years after birth. Johnson’s participants drew on notions of maternal strength and stoicism while normalising maternal suffering, and she highlights how such identities may preclude people from seeking help.

Like Amy, other participants highlighted that care for bodies after birth is a form of work. For example, Kelly talked about having to persuade her own pelvic floor muscles to collaborate with her to manage urinary incontinence and positioned this specifically as *maternal* labour:

 And things like day-to-day, trying to plan ahead, think ahead what you’re gonna do that day, if I’m gonna go for a run can I try and do some exercise first to try and maybe just get those muscles woken up a bit so they can at least try and be on my side. [*Later in the interview she went on to note*] It just feels like another thing on the list that as a mum I have to think about. My partner’s a man, he doesn’t [*inaudible*], another thing to go on my list, not his list. (Kelly)

These accounts provide a small snapshot of life with a body whose functioning is altered through birth, but they generate important questions. In particular, we wonder if there is something productive about accounts of dysfunction and pain after birth that, unlike weight and appearance, are perhaps more easily positioned as areas of medical concern? The value of such positioning, and its potential significance at the intersections of gender and race is highlighted within Nash’s (2021) exploration of Black celebrity motherhoods. She illustrates how Serena Williams successfully challenged racist/sexist surveillance and critique of her tight-fitting postpartum clothing by emphasising its medical necessity in preventing blood clots, generating discussion about broader failures in postpartum care.

Do difficulties which sound ‘medical,’ but for which care is unavailable, facilitate alternative ways of thinking about accountability for ‘bouncing back’ (Maddox et al., 2020) after birth more broadly, *including* the work of weight and appearance? Who *is* doing the labour of caring for post-birth bodies? What are they doing? How is this shaped by the availability of popular/self-help (e.g. Johnson, 2017) as well as healthcare practice/policy discourses on post-birth bodies? Moreover, how is this impacted by social inequalities? A small but growing body of research suggests that working on post-birth bodies, for example through exercise, is something that women may enjoy but be culturally (Fine et al., 2024), temporally (Spotswood et al., 2021) or financially (Neiterman and Fox, 2017) prevented from participating in.

**Re-connecting the work of pregnancy/birth and (some forms of ) parenting**

In participants’ accounts of the labour of recovery from birth, the ongoing work of *having been* a pregnant/birthing person could not be easily separated from the work of mothering/parenting. A wide field of feminist and sociological scholarship has explored the transition to motherhood (e.g. Miller, 2007; Oakley, 1980), and the gendered demands of child-centred contemporary intensive parenting cultures (e.g. Hays, 1996; Lee et al. 2014). However, as Fox and Neiterman (2015) illustrate, research typically explores mothering on the one hand, and post-birth embodiment on the other. The consequence is that, with some important exceptions (in particular, research on breastfeeding – see below) analysis of the work of mothering/parenting has often been de-coupled from the *bodily labour* of pregnancy/birth.

This separation perhaps reflects Faircloth and Gürtin’s (2018) insight that that the sociology of reproduction and the sociology of parenting cultures have developed as separate fields. However, we wonder if there is something specifically *difficult* about articulating relations between parenting and the ongoing bodily labour of gestation. For example, in her work on maternal ethics, Baraitser worries that emphasising pregnant embodiment ‘may repeat the gesture of returning the maternal to a matter of flesh’ (2009: 107). In so doing, she argues, there is a risk of equating maternity and pregnancy/birth, and othering adoptive, queer and/or trans motherhood that is done in the absence of gestation and/or genetics. Having struggled to be seen as a first-time mother for many of these reasons, I (Siân) am acutely aware of the need to find ways of telling stories about mothering that do not begin with conception, pregnancy and birth. However, the contrast between my two bodily experiences of mothering also convinces me that it is necessary to conceptualise how the *material work* of being pregnant and giving birth might sometimes-but-not-always become entangled with the always-embodied-regardless-of-its-origins labour of mothering/parenting.

While eschewing this project, Baraitser’s work does offer promising routes towards it. Specifically, she illustrates how maternal subjectivity involves not just mothers and their babies/children, but also *stuff* - the myriad objects involved in embodying mother-child relations (prams, baby food, comforters, nappies, snacks, slings, pavement curbs that are too high, etc.). Related scholarship concerning the everyday objects and practices involved in ‘achieving’ breastfeeding similarly illustrates how this supposedly ‘natural’ bodily practice requires multiple forms of unevenly distributed socio-material labour and resource (Avishi, 2007; Stearns, 2013; Boyer, 2018; Thornham, 2019). Objects, their entanglement with ways of doing parenting, and the possibilities of recovery from birth, were referenced by several interview participants:

 But then you know, if you want to bring nappies or food or snacks for the toddler, or waterproofs, you’ve then got to carry a backpack and the baby, and the toddler or the child, and it’s […] suddenly your physical load, you know, you’ve got bags of bloody everything […] so it’s not just, it’s not just a physical recovery in that sense, it’s literally packhorse, you’re carrying everyone and everything, you know, if you’re gonna walk somewhere. (Sarah)

Sarah described accepting the impacts of attachment parenting upon her body as ‘a choice’. In contrast, other participants described how their previously pregnant bodies *limited* their choices about what they could do with their children after birth:

Think with the second one [baby] actually, basic things that I would like to do, like put her in a backpack and go off walking, I certainly found I got to a point with her and with my pelvic floor, that I just couldn’t do what I’d done with the first child, because *it didn’t allow me to do it*, or I’d do it and then I’d pay for it the next day. So we’d go for a long walk in the carrier, and then the next day it would just be shot. That’s how I think about it, it can’t cope with too much (Kelly – emphasis added)

Further research is needed to understand how bodies altered through the labour of pregnancy and birth are managed in relation to the everyday socio-material work of mothering/parenting. How do practices of mothering/parenting shape the possibilities of post-birth recovery (and vice versa)?

Black feminist theory illustrates the importance of engaging with such questions intersectionally. Specifically, how is altered bodily functioning managed in relation to processes of stratification that assign *higher value* (Collins, 2000) to some versions of gender and maternity? Hamilton (2020) illustrates the centrality of the body in attachment parenting, which ‘is often practised on and through the body, with breastfeeding, babywearing and bedsharing each requiring physical and often public displays of maternal practice’ (2020: 178). She highlights how black mothers engage with these practices at the intersections of gender and race, in ways that complicate sociological critiques of attachment parenting as amplifying gendered burdens. In particular, the very bodily visibility of *doing* attachment parenting can be drawn upon by black mothers as they navigate racist positionings of black mothering as inadequate (Hamilton, 2020).

I (Siân) was drawn to these insights in thinking through my own memories of pregnancies, births and their aftermaths. It is *the sling* that dominates my recollections of multiple forms of embodied mothering. The sling that first made me visible as a queer mother also made it difficult to deal with leaking urine as a consequence of internal scarring after birthing our second child. And while the sling meant that I had nowhere to put the baby down, it simultaneously supported my attempts to travel with a baby as a neurodivergent person. I left the pram at home because I struggle to process space and information, as well as with focus; this makes it particularly hard to manoeuvre a large object on wheels within the tight confines of public transport. As Grant et al. (2023) illustrate through research concerning autistic parents and breastfeeding, what it means to parent through the body is often layered with additional labour for neurodivergent people due to sensory and executive functioning challenges.

**Reconfiguring temporal relations of pregnancy-birth-parenting**

Across the interviews and throughout autoethnographic reflection, an overarching theme is the temporal back-and-forth of *being* a body that has *been* pregnant and given birth. This is because the *now* of bodies altered through birth is also partly the *then* of their histories of gestational labour. Pregnancy and birth are invoked and rendered present again in moments where bodies-that-have-gestated can no longer accomplish everyday tasks. They are visible when the labour of pregnancy, birth and its aftermath becomes interwoven with the doing of parenting labour. They are also palpable in participants’ critical reflections on medicine’s demarcation of birthing from post-birth bodies, and its sometimes out-of sync encounters with bodies adjusting to what it means to have birthed. In the discussion that follows we consider existing resources for thinking through the temporal complexities of post-birth bodies. We also indicate how the very complexities of such bodies may help to disrupt limiting temporal framings of pregnancy, birth and mothering/parenting.

Using a powerful autoethnographic account of severe perineal trauma, in combination with interview data, Priddis highlights the broader treatment of birth as a ‘“conclusion”, where women undergo a transition to a new self” (Priddis, 2015: 8). She points out that this narrative creates difficulties for those whose bodily boundaries remain continuously ‘open’ (e.g. through faecal incontinence) beyond birth. While Priddis’s concern is to highlight difficulties faced by those whose bodily boundaries do not comply with normative versions of what makes an adult individual, her analysis raises broader questions about the temporal frameworks within which pregnancy and birth are understood and made tell-able. Such frameworks have been subject to sustained feminist critique due to their implications for *pregnant* subjectivity (Stabile, 1998)*.* The depiction of pregnancy as a finite, linear time-period book-ended by conception and birth, in which foetal development unfolds automatically (Franklin, 1991), is one of the many tools that enables pregnant people’s abstraction from subject status. It facilitates anti-abortion framings of pregnant women and people as temporary incubators (Hartouni, 1997), in stasis from their own bodily, situated biographies (Beynon-Jones, 2012). It also evaluates all pregnancy outcomes in relation to a single end-point – birth – shaping the experiential and narrative possibilities of abortion, miscarriage and/or other forms of loss (Browne, 2022; DiCaglio, 2017).

Narratives of the bodily aftermath of pregnancy and birth require expansion of temporal framings of pregnancy as culminating in birth and – we would argue - *facilitate* its expansion. This is because, within these stories, birth does not *work* as a conclusion; its status as an ending is unsettled through its positioning as generative of changewithin a body whose adjustment is often ongoing. Such narratives not only insist on the inclusion of bodies beyond birth but also, arguably, unsettle static, incubator, anti-abortion accounts of pregnancy that refuse to engage with the possibility of the long-term bodily *doing* of gestation.

Crucially, listening to stories of bodies after birth must not (and need not) become part of another project that erases the multiple possibilities of pregnancy. Research is needed that recognises that pregnancy is about much more than birth, and can be embodied in multiple ways, such as through abortion (Purcell et al., 2017). Indeed, stories about the aftermath of birth are often also ongoing histories of other ways of being pregnant. In the context of our pilot interviews, 2 out of 4 participants described experiences of miscarriage or stillbirth. For example, Amy reflected on surgery to address heavy bleeding after birth, which was identical to the procedure she had previously undergone as part of pregnancy loss. Central to her experience of this process was the lack of support and acknowledgement for her body-undergoing-post-birth-surgery as entangled with grief, *and* with trying to navigate breastfeeding a newborn who could not be with her during the procedure.

Existing scholarship provides useful ways to recognize embodied temporalities that do not simply begin or cease with birth. Hall (2022) points out, for example, how memories of difficult pregnancies or bodily recovery from birth can intertwine with experiences of socio-economic precarity, the collective ‘carrying’ of which becomes a form of labour that shapes the future via decisions not to have more children. Feminist re-readings of scientific accounts of pregnancy similarly articulate a “diffusive spacetime of pregnancy spilling beyond the bounds of maternal and fetal selves” (Yoshizawa, 2016: 91). The placenta’s facilitation of mutual ‘gifting’ (Hird, 2007) contains the possibility that both nutrients, antibodies *and* toxins and viruses can be shared between pregnant/foetal bodies. As Yoshizawa (2016) highlights, such relations extend temporally beyond pregnancy and birth, for example, if cells received from a foetus trigger maternal autoimmune diseases like diabetes. Scientific studies of foetal development also contain the potential to disrupt understandings of the ‘beginning’ of these relations, as they point to the environmental and ancestral actions that impact pregnancies long before they are conceived (Yoshizawa, 2016).

As Yoshizawa (2016) argues, such research could be mobilised in support of a politics that seeks to extend responsibility for pregnancy and foetal health beyond individual pregnant bodies (for example to contexts of historic and ongoing socio-material inequality). However, she also concedes that such extensions are not automatic, as evidenced by the regularity with which concern for foetal ‘environments’ is used to hold pregnant people completely accountable for the *maternal environment* in which a foetus is gestated (Yoshizawa, 2016). Similarly, it is important to critically consider the implications of seeking to ‘expand the spacetime of pregnancy’ by moving beyond notions of birth as an endpoint – as we have advocated. What might it mean to insist that the socio-material relations of pregnancy and/or birth have no automatic end, and might continue in the form of illness, pain, leaking, or movements that cannot be accomplished in the ways that they were before?

While scholarship has identified the problems generated by treating birth as ‘conclusion’, Lowe (2016) points to an alternative narrative, suggesting that neoliberal policy-making mobilises a temporal *erosion* of the pre and postnatal (see also van der Ploeg, 2001, for critical exploration of constructions of pre and postnatal time as continuous). This treats conception, being pregnant, and giving birth as interchangeable with mothering/parenting, narrowing opportunities to consider how birth enables others to become involved in the labour of raising children (Lowe, 2016). When we suggest that attending to physical challenges after birth allows us to engage with the long-term bodily *doing of gestation* we are not suggesting replacing one form of temporal ‘collapse’ with another. The obvious danger is that an account of birth as conclusion is simply substituted with one of gestational permanence in which birth (again) disappears, women and birthing people are condemned to be forever ‘gestating’, and pregnancy/birth has only one bodily teleology, of pain, vulnerability and suffering. This is not our intention, nor is it implied by feminist theorisations of pregnancy which emphasise the open-ended and uncertain basis of fetal-pregnant relationality (e.g. Hird, 2007). Moreover, we would suggest, the naturalisation of gestational suffering is avoided if attention remains focussed on the *conditions in which post-birth bodies materialise.* As highlighted in the stories we have considered – people who have given birth do this when they trace the various absences of care and support that surround their bodies, and how alternative relations could facilitate forms of change*,* including recovery. In doing so, they show how the ‘ending’ of pregnancy is subject to socio-material negotiation.

**Negotiating conclusions**

In advocating the use of ‘gestationality’/‘gestational labour’ as a more productive language for feminism than ‘reproductive labour’, Chadwick (2022) highlights how the rich and ambiguous connotations of the former hold open space for a multiplicity of relations to pregnancy/birth and mothering:

the figuration of gestationality evokes an embodied, potentially transformative, and time-consuming process of laboring (i.e. thinking, holding, carrying, facilitating, bearing, writing, creating, birthing) that is heterogeneous: it produces something new (an other) with capacities and sociomaterial liveliness that cannot be contained or predicted (Chadwick 2022, p. 239)

This accommodation of multiple and unpredictable relations mirrors the kind of work that we have suggested is involved in articulating sociological care for bodies that function differently after birth. We have argued that this work is important for those whose bodies are altered through birth, and that working through the difficulties of engaging with such bodies is conceptually productive. Such work could make it possible to talk about pain, leaking and altered mobility following pregnancy and birth, and to explore their connections to the gendered, raced, classed, and/or disabled possibilities of always-embodied mothering *without* obscuring the powerful, generative and many-gendered joys of pregnancy, birth, and mothering/parenting. It could keep in sight that pregnancy may or may not be about mothering/parenting, and that it is often not about birth. It could recognise that mothering/parenting is always-embodied-regardless-of-its-origins and be curious about the forms this embodiment takes, which may include a history of labouring through pregnancy and birth. It could ask what the consequences are of treating birth as a ‘conclusion’ to a bodily event, separable from what happens afterwards. In doing so, it could contribute to projects concerned to render gestating subjects visible participants in pregnancy and birth whilst raising critical questions about how responsibilities for this labour are divided, and where they end.

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