

Women, midwifery and obstetrics during Covid-19, by Lyndsay Mann

My ongoing project is called *Women, Midwifery and Obstetrics: Embodied Knowledge, Institutional Practices, and Shared Experience*. This research examines the tensions between embodied, subjective knowledge and scientific, objective information in the context of women-focused institutional healthcare in Scotland using artists' filmmaking methodologies. The work explores themes of awkwardness, authority and the body, relationships between women working together in institutional contexts, and the embodied experience of recognition. This project was started with support from Creative Scotland's Open Project Funding.

The project began in 2019 with New Mothers' Assembly, a series of interdisciplinary workshops I devised for first-time, new mothers. Weekly sessions took place at the Royal College of Surgeons of Edinburgh, and invited new mothers to reflect on their recent experiences of pregnancy and birth in response to historical midwifery and obstetric artefacts from the museum's collection. Objects became conduits for deeply personal yet collaborative interactions. At this time, I was also beginning to contact women midwives and obstetricians to find out more about their experiences of working in a women-led, women-centred institutional environment. Similarities of responses across all my interactions allowed me to trace a pattern articulating forms of embodied knowledge shared between women, (patients, midwives, and obstetricians) outside of institutional training and practices. Women described some of the most impactful moments of their pregnancy and birth experiences, when they felt seen and heard, resulting from relatable personal anecdotes shared by their healthcare professionals. Fiona Denison, Professor of Translational

Obstetrics and Director of the Edinburgh Tommy's Centre, then introduced me to the Midwifery Research Network for NHS Lothian. Through these meetings, the need became clear for me to create workshops, drawing from New Mothers' Assembly, with midwives and obstetricians who have personally experienced pregnancy and birth to discuss contemporary healthcare practices in the context of museum archive and collection materials.

In my work I examine relations between voice, uncertainty, and authority. I develop vocabularies and contexts for sharing personal experiences in relation to institutional histories. Voice is at the core of my work – as a research topic, as an embodied material, and as a set of processes for making. Processes of voice for making include techniques of recording, editing and speaking voice, as well as devising contexts to harness particular forms of voice, such as creating intimate or visceral environments for conversation.

My PhD research in Art was co-supervised in Cognitive Philosophy by Prof Andy Clark. Titled 'Voicing Uncertainty' (2017), it examines ways that perceptions of our voice and of being heard shape our experiences, expectations and capabilities. My investigations through theory and practice explored the capacity of embodied knowledge to challenge established modes of address and the dominant hierarchies of knowledge and authority they sustain and reinforce.

In developing my work, I often speak with people across disciplines that I perceive as tangentially if not directly related to my research. These sometimes tenuous connections offer ways to rethink or reframe a subject, and the potential to generate new approaches and collaborations on a theme. In so far as knowledge is produced within an historical context of hierarchies that have been assigned values, my interest as an outsider is how outcomes and findings are produced. Which actions, materials, beliefs, equipment, and coincidences bring about a set of perspectives and behaviours that come to be

accepted and attributed to a discipline or subject within it, that becomes established knowledge?

Maternal healthcare is an area of institutional practice in which more and more women are the voices of authority, in which many researchers and clinicians have embodied experience of their subject specialism. What differences in forms of engagement and interaction are produced in this workplace environment? Do forms of shared physicality and experience generate alternate forms of communication between colleagues in institutional contexts? Can and do women-led institutional practices move away from harmful patient or colleague perceptions of not being heard, which could be linked to the understanding of authority?

Science and technology are arguably the last collective, trusted voices of authority. The contexts of Women, Midwifery and Obstetrics uniquely address my interests of voice, uncertainty, and authority. The discourse has been heightened by the coronavirus outbreak, and this research has now been re-imagined in response. Between January and March 2021, I am recording a series of one-to-one conversations (online or via phone) with women midwives and obstetricians who have personally experienced pregnancy and birth, and who are working in maternal healthcare during the pandemic. This component of the project titled, Women, Midwifery and Obstetrics during Covid-19, recently received PRA and RKEI Award funding.

Scholarship on the 'epistemically transformative experience' (Paul, 2013) of pregnancy and birth in relation to healthcare professionals has focused on: the significance of personal connections between patients and their maternity specialists; the complexity of midwives' own maternity experiences in relation to their professional knowledge. (Patterson et al, 2018; Church, 2014; Pezaro, 2018). This project brings together the experiences of women specialists from midwifery and obstetrics for the first time to examine the challenges

and needs of recognition between patients and their healthcare providers, additionally contextualised by Covid-19.

Conversations with midwives and obstetricians will explore potential differences of communication between patient and healthcare professionals with shared embodied experiences, and the shifting ground of affinity and disconnection due to Covid-19 practices. It is expected that gathered data will also capture aspects of categorisation relating to 'increased risk' and BAME experiences during the pandemic, and the wider social and political factors implicated in these categorisations. Data and findings from these conversations will contribute to the development of new artworks and a new artist's film, as well as new collaborations with researchers across disciplines at the University.

References

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