Human Reproduction Study Group Annual Conference

Monday 18th May 2026

Trinity House, De Montfort University, Leicester

Convenors: Kylie Baldwin and Christina Weis

BRITISH
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Plenary Speakers

Prof Charlotte Faircloth and Dr Rachel Arkell (UCL)

'Fifty Years of 'Becoming a Mother': reflections on motherhood research over half a century

'How do women in modern Britain experience becoming a mother' asked a modest grant proposal to the ESRC (then the SSRC) in 1973, calling for 'planned and organized research into the social/psychological/emotional aspects of women's transitions to motherhood'. Successful, Ann Oakley went on to lead a ground-breaking study, and later associated studies, which established both motherhood (as a social institution) and mothering (as social practice) as subjects that warranted academic attention in their own right.

Following the award of a new grant from the ESRC, a team of us at UCL, including Ann Oakley herself, are revisiting this research - prompting us to reflect on what it means to carry out a project over a period of 50 years: what are the methodological, practical and ethical challenges of this sort of enterprise? The project – 50 Years of Becoming a Mother – examines continuities and changes in women's transition to first-time motherhood.

This involves secondary data analysis (of original study materials); longitudinal 'follow-up' research with the original sample of women (as well as interviews with some of their daughters and granddaughters); and 'repeat' studies with new cohorts of mothers at separate intervals. But how does collecting data on reproductive and parenting experiences in the mid-2020s compare with the same project 50 years ago?

In our presentation we focus on how the research process itself has altered over this period, and on the intersections between research practices, on the one hand, and changes in the social context, on the other. In offering a social history of a research project, and presenting early findings both from our secondary data analysis and new round of 'follow ups', the paper contributes to the corpus of studies on motherhood and parenting, as well as studies of the study of motherhood and parenting.

Speaker Biographies

Prof Charlotte Faircloth is Professor of Family and Society at the UCL Social Research Institute, and Co-Director of the Thomas Coram Research Unit. She is the Programme Leader of the BAM50 project, with Co-Is Ann Oakley and Meg Wiggins. She is a key contributor to Parenting Culture Studies, an inter-disciplinary field that situates 'parenting' as a key topic for understanding contemporary society. Her anthropological research, focusing on reproduction and parenting, has covered topics including infant feeding, couple relationships, inter-generational relations, and most recently, the impact of coronavirus on family life.

Dr Rachel Arkell is a socio-legal researcher with an LLM in Medical Law and Ethics, MA in Methods of Social Research, and LLB in European Legal Studies from the University of Kent. She completed her SeNSS (ESRC) funded doctoral research at the University of Kent, exploring the communication of risk with regards to medication use during (potential) pregnancy post Montgomery v Lanarkshire Health Board [2015]. To date, her research has focused on the social and legal treatment of 'contentious' behaviour during pregnancy, including alcohol and medication use. Throughout her doctoral studies, Rachel worked at the British Pregnancy Advisory Service (BPAS), the UK's largest independent abortion provider, as a Projects and Research Officer.

Programme

9:15-9:45	*Conference registration*	
9:45-10	*Welcome*	
10-11	**Keynote-Professor Charlotte Faircloth and Dr Rachel Arkell (UCL)** Fifty Years of 'Becoming a Mother': reflections on motherhood research over half a century *Chair: Cathy Herbrand*	
11-11:10	*Break (tea and coffee)*	
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	Stream A *Emotion* *Chair Sara Bamdad*	***Stream B*** *Abortion, Loss and Testing* *Chair: Aimee Middlemiss*
11:10-11:30	Voluntary sterilisation in Austria: childfree women's meanings beyond contraception *Vanessa Bock*	Accessibility and equity of abortion in the era of telemedicine: neoliberal market logics and a feminist ethics of care? *Rebecca Blaylock*
11:30-11:50	Layers of Loss: A Sociological Perspective on 'Reproductive Loss' in the Context of Fertility Treatment *Nina Jakoby*	Pills, Procedures, and Reproductive Governance: Analysing the Moral, Affective, and Epistemic Logics of Abortion Method Choice. *Aideen O'Shaughnessy*

11:50-12:10	Autoethnographic narratives in reproductive research *Chantelle Taylor*	'I Play to Honour and Remember': father's accounts of navigating perinatal loss through the medium of football. *Kerry Jones*
12:10-12:30	Early pregnancy endings as a workplace issue: stigma and the dynamics of disclosure *Ilaria Boncori et al*	Understanding Women's Experiences of Hormone Fertility Testing *Chanelle Scott*
12:30-1:20	*Lunch and poster viewing*	
	~2~	
	Stream A *Assisted Reproductive Technologies (One)* *Chair Christina Weis*	***Stream** B* *Reproductive Timing and the making of Parenthood* *Chair: Jess Turner*
1:20-1:40	International Surrogacy, Transgressive Caregiving and the Lived Politics of Citizenship at Birth *Kate Tonkiss*	Spreadsheet ethnography, queer biology, and gestational age assessment in the UK *Marcin Smietana & Giulia Zanini*
1:40-2:00	Parental perspectives on artificial placenta technology: Foregrounding embodied and temporal experiences of prematurity *Chloe Romanis and Victoria Adkins*	Before pregnancy, at work: anticipation, fertility treatment and working women's pathways into motherhood *Patrizia Kokot-Blamey*

2:00-2:20	An Intersectional Study of Chinese Women's Assisted Reproduction and the Making of Assisted Hun-Xue-Er *Yiyun Bai*	Between evidence and promotion: The digital marketing of PGT-A in UK and Italian fertility care *Manuela Perrotta*
2:20-2:40	"Genetically compatible": expanded carrier screening and the universalisation of preconception genetic risk *Cathy Herbrand et al*	Obesity and Childbearing: Meeting Mothers Needs About Gestational Weight Gain *Rowena Doughty*
2:40-2:50	*Break and poster viewing*	
2:50-3:20	*Short film screening and discussion* Women in stirrups: the dark side of midwifery *Anna Bosanquet*	
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	Stream A *Assisted Reproductive Technologies (Two)* *Chair Kylie Baldwin*	***Stream B*** *Birth* *Chair Marcin Smietana*
3:20-3:40	Genes are genes, but family is family - Adolescents' experiences of being conceived with identity-release oocyte donation *Groundstroem et al.*	Birth partners' experiences of understanding and negotiating their roles *Christina Weis and Zaheera Essat*
3:40-4:00	How do parents following identity-release sperm donation feel about their child's opportunity to	Freebirth in the UK, USA & Australia: A Narrative Review & Cross-Country Analysis

	access donor information – findings of the Swedish Study on Gamete Donation *Lampic et al.*	*Zeynep Gurtin & Emily Arnold*
4:00-4:20	Fertile Economies: Egg Donor Compensation and Reproductive Labour in the UK Bioeconomy *Jess Turner et al.*	The unintended consequences of place of birth policy for preterm babies. *Julie Roberts et al.*
4:20-4:40	Unpicking the stitch: cervical cerclage as a reproductive technology *Aimee Middlemiss*	Exploring obstetric violence through racialized migrant women’s stories of childbirth in Ireland *Dyuti Chakravaty*
4:40-5:00	*Closing notes and departure*	

Presenter abstracts

Abstracts are listed in order of presentation and by stream.

Stream 1 A – Emotion

Voluntary sterilisation in Austria: childfree women’s meanings beyond Contraception

Vanessa Bock

Women’s access to voluntary sterilisation has been widely studied, particularly in the UK and US, showing that young and childfree women often face barriers (Lalonde, 2018; Lemke et al., 2023; McQueen, 2017; Richie, 2013). Unlike many European countries, including Germany and Switzerland, voluntary sterilisation in Austria is legally not permitted from the age of 18, but from the age of 25, thereby constituting a distinct institutional context. From a social constructivist perspective, access to voluntary sterilisation is understood not as an objectively rational medical process but as socially constructed and relational, shaped by social constructions of gender, body, and autonomy. Drawing on qualitative interviews with seven sterilised, childfree cis women and two gynaecologists in Austria, the following research question is discussed: what meanings are attributed to voluntary sterilisation from both patient and medical perspectives? While medical professionals frame sterilisation primarily as a permanent contraceptive method, the meanings attributed by childfree women go beyond that. Voluntary sterilisation is understood as (1) a pragmatic contraceptive method, (2) liberation from the risk of pregnancy, and (3) an identity-establishing distinction from normative femininity. From a gender and body sociological perspective, this discrepancy reflects apredominantly technical understanding of sterilisation as a permanent and irreversible procedure among doctors, which tends to overlook patients’lived meanings and may contribute to discriminatory practices.

Layers of Loss: A Sociological Perspective on ‘Reproductive Loss’ in the Context of Fertility Treatment

Nina Jakoby

While fertility treatments are often analysed through a clinical lens, the social and cultural study of patients' emotions regarding grief and loss remains under-researched. This presentation utilises a sociology of emotions framework to trace the emotional journeys of Medically Assisted Reproduction (MAR) patients in Switzerland. Grounded in theories of ‘feeling rules’, we challenge the medicalisation of infertility by highlighting how societal norms dictate ‘appropriate’ emotional responses to treatment. The analysis utilises a mixed-methods design, linking qualitative interviews from the ‘LoMAR’ study with quantitative data from the first wave of the Swiss Assisted Reproduction Longitudinal Study (CHARLS). For instance, participants like Anna describe a sharp trajectory from initial optimistic expectations—‘Yeah, easy, it'll work out’—to the lived reality of failed attempts: ‘Just wasn't the case’. These findings offer a necessary sociological counter-narrative to psychiatric diagnoses in reproductive medicine. Expanding on the emotional landscape of fertility treatment, this research offers a sociological perspective on ‘reproductive loss’. Central to this analysis is the concept of a specific ‘production of loss’, viewed through the lens of ‘unintended consequences’ (Merton 1936) of reproductive technology. By exploring the diversity of reproductive loss experiences, I demonstrate that while MAR aims for life and success, it simultaneously generates new, technologically mediated forms of grief—such as failed embryo transfers or the disposal of surplus gametes. These losses are often socially invisible, yet they represent a critical intersection where clinical intervention and personal grief collide within the Swiss cultural context.

Autoethnographic narratives in reproductive research

Chantelle Taylor

"Focusing on the methodological and political stakes of writing the bloody, gritty experience of miscarriage into a good scholarly thesis, this paper stems from my autoethnographic PhD on hidden aspects of mothering and asks what counts as legitimate data in the sociology of human reproduction.

I did not begin my PhD intending to write about pregnancy loss - my focus was on the everyday, often overlooked labours of marginalised mothering. However, two years into my project I miscarried whilst on holiday, passing blood clots on a beach in Menorca. I use this event and my decision to write it in detail within my thesis to question the boundaries of acceptable scholarly evidence.

Drawing on Forber-Pratt's (2017) account of creating one's own approach and finding one's own voice and Wall’s (2006) work on the personalised style of autoethnography, I show how this methodology mirrors the deeply personal yet socially regulated nature of reproductive experiences including miscarriage. Building on Ettorre’s (2017) definition of autoethnography as an active demonstration that the personal is political, I position my argument for good enough mothering - whilst struggling with good enough scholarship - within the visceral experience of miscarriage itself.

I argue that detailed autoethnographic narratives are not an add-on to reproductive research but constitute vital empirical data. Such writing challenges taken-for-granted hierarchies of evidence, exposes the persistent unease with reproductive bodies in academia, and opens up methodological possibilities for studying human reproduction through its most abject and silenced moments."

Early pregnancy endings as a workplace issue: stigma and the dynamics of disclosure

Ilaria Boncori, Jo Brewis, Julie Davies, Aimee Middlemiss, Victoria Newton, Katy Schnitzler

Our paper explores early pregnancy endings before 24 weeks gestation (EPEs) as a UK workplace issue. EPEs include miscarriage, ectopic and molar pregnancies, abortion and termination. In the UK, 25% of pregnancies end in miscarriage and nearly 30% in abortion or termination. However, few UK workplaces have EPE policies, and employment rights are limited compared to those attached to third-trimester endings. Equally, little workplace research addresses miscarriage and even less abortion or termination (see for exceptions Porschitz and Siler, 2017; Boncori and Smith, 2019; Bloomer et al., 2024).

We conducted a survey and interviews (Boncori et al, 2024) about these experiences and found that EPEs – especially abortions and terminations – are stigmatised at work. We suggest this is because of intersecting discursive constructions: the stigma of non-productivity - the 'messiness' of the pregnant body and its assumed unsuitability for organisational contexts (Gatrell, 2013); and the stigma of non-reproductivity, given that pregnancy is widely understood as concluding at term, with the birth of a healthy baby (Browne, 2022).

In our study, workplace EPE disclosure levels were 72.4% for miscarriage but only 55% for abortion or termination. Respondents disclosed to different people for different reasons: e.g., those needing time off had to tell managers, whereas people wanting emotional support told close colleagues. We also noted four types of disclosure – forced, strategic, enabling, and delayed – reflecting different constraints, choices, and timings surrounding workplace communication. These findings, and responses to disclosures, underpin our best practice recommendations for supporting staff affected by EPEs, on which the presentation will conclude.

Stream 1 B - Abortion, Loss and Testing

Accessibility and equity of abortion in the era of telemedicine: neoliberal market logics and a feminist ethics of care?

Rebecca Blaylock

Drawing on empirical work in progress, in this paper I will argue that the increasing marketisation of abortion care in England and Wales perpetuates inequalities of access to abortion, and impacts on patients' experiences and quality of care. This is taking place against the backdrop of the introduction of telemedical abortion. I will demonstrate that:

1. There are spatial inequities in access to abortion care and ‘patchiness’ in the availability and quality of abortion care due to commissioning arrangements. This can create confusion for patients and leads to ‘care deserts’.

2. The ‘internal market’ for abortion drives competition between the independent providers which can negatively impact patient care.

3. Telemedical abortion care has increased the accessibility of abortion at a population-level and is broadly acceptable to most people having an abortion. However, individuals’ access to and experience of the care pathway is profoundly shaped by their material circumstances.

Throughout, I explore how abortion services in England and Wales sit at a point of tension between the neoliberalisation of healthcare and a feminist ethics of care. By viewing abortion through the lens of political economy and connecting structural and service-level dynamics to individual-level experiences, we can gain a deeper understanding of health inequalities and develop meaningful responses to them. This includes a necessary exploration into what it means to provide and receive care 'at a distance', which can in turn disrupt binary understandings of de/medicalisation.

Pills, Procedures, and Reproductive Governance: Analysing the Moral, Affective, and Epistemic Logics of Abortion Method Choice

Aideen O'Shaughnessy

This article explores the contemporary landscape of abortion provision in Ireland and specifically, examines the issue of abortion method choice, as a key site through which systems of reproductive governance are reconfigured following the legalisation of abortion in 2018. Interpreting qualitative data gathered via semi-structured interviews with abortion providers, it explores medical practitioners’ attitudes towards medication and surgical abortion, as well as the ways in which they counsel abortion-seekers in relation to these treatment pathways. Advancing a feminist STS and assemblage theory analysis, it reveals how medical providers materially and affectively frame medication abortion and surgical abortion methods through a relational dynamic which works to ‘territorialise’ an early medical model of abortion care through the operationalisation of specific logics which position medication abortion as ‘private’, ‘safe’, and ‘efficient’, whilst constructing surgical abortion as ‘exposing’, ‘risky’, and ‘burdensome’. This paper contributes to contemporary feminist scholarship on reproductive governance by exposing abortion technologies not as neutral instruments but as sociotechnical assemblages which reconfigure the regulation of the reproductive subject in novel, diverse, and contingent ways."

‘I Play to Honour and Remember’: father’s accounts of navigating perinatal loss through the medium of football

Kerry Jones

Background:

Fathers’ experience of grief following stillbirth and neonatal death and some of the ways they cope with stillbirth and neonatal death has been relatively under-explored. However, investigating men’s experiences is critical given the gendered differences in coping styles and access to services which are aimed and assisting grieving parents following perinatal death.

Methods:

In this qualitative study, eleven in-depth on-line interviews were conducted with fathers. Following ethical approval, participants were recruited via social media through the Sands Utd football team network. Participants were recruited if they were aged 18 years and above, had experienced a miscarriage, stillbirth or neo natal death more than 1 year prior to the study. Interview data was analysed following the six steps for thematic analysis outlined by Braun and Clarke (2006).

Results:

A central theme that emerged from the data was fathers shared experiences of the challenges of living up to socially constructed masculine ideals and disenfranchisement. Within the football teams fathers were able to access a ‘community of loss’, share their grief and in turn support other fathers. Fathers revealed the importance of validating their grief and acknowledging the baby’s place in their familial biography by way of memorialisation.

Conclusion:

This study offers a unique insight into father’s experience of the value of support provided through the medium of football teams facilitated by and for bereaved fathers. It is the first study to explore the dynamics of support received and provided by fathers and which ultimately contribute to a sense of coping.

Understanding Women’s Experiences of Hormone Fertility Testing

Chanelle Scott

Direct-to-consumer (DTC) hormone fertility tests have attracted growing attention within academic discourse and the media. Providers of these hormone fertility tests, typically private Femtech/Diagnostic technology companies, claim that these tests ‘empower’ women to make more proactive and informed decisions about reproductive and gynaecological health. While these narratives have become a defining feature of much of the current DTC marketing landscape, little research has been done to interrogate the perspectives of those women and to better understand their true motivations and lived experiences underpinning the use of such tests. Drawing on 31 interviews with users of these hormone tests collected during my PhD research, this paper critically engages with these prominent discourses, considering why some women engage with hormone testing and, crucially, what they hope to learn and subsequently do with that knowledge. Through various technologies, from blood collection to digital app user interfaces, the graphical representations of hormone levels are framed as 'authoritative' visualisations of molecular-level bodily processes. I argue that this not only introduces new modes of bodily observation but also shapes how women understand their reproductive bodies. How might women's socio-cultural-biological knowledge of reproduction influence how they use the test and the value they place in the results, and further, how might those results in turn influence how women understand their bodies, in relation to society? Such questions are essential to considering how these forms of knowledge may both enable and constrain different women's reproductive trajectories.

Stream 2 A - Assisted Reproductive Technologies (One)

International Surrogacy, Transgressive Caregiving and the Lived Politics of Citizenship at Birth

Katie Tonkiss

This paper examines the lived experience of citizenship allocation at birth following international surrogacy. It focuses on how families negotiate state bureaucracies when their kinship formations disrupt heteronormative imaginaries of reproduction and belonging. Drawing on qualitative research with families created through international surrogacy, the analysis interrogates in-depth accounts of their encounters with the machinery of citizenship. The findings illuminate the dilemmas that arise when legal and social parenthood do not neatly align within national frameworks of recognition. Participants describe confronting opaque administrative processes and prolonged uncertainty regarding their child's legal status, and anxiety emerges as a central affective register of these encounters. However, families are also not passive subjects of bureaucratic power. Rather, they engage in what can be understood as 'transgressive caregiving' within and against heteronormative state institutions. The paper thus argues that international surrogacy renders visible the fragility and contingency of citizenship allocation at birth, and reframes citizenship as a contested social process in which status and belonging are actively negotiated. Within this framing, parents through international surrogacy are understood as active agents who navigate, interpret and contest to state's heteronormative imaginaries of kinship.

Parental perspectives on artificial placenta technology: foregrounding embodied and temporal experiences of prematurity

Elizabeth Chloe Romanis and Victoria Adkins

The development of an artificial placenta, that can partially gestate human entities, is being developed as an alternative to neonatal intensive care (NICU). Artificial placentas could drastically improve the mortality and morbidity rates associated with prematurity. Gaining the perspectives of stakeholders is critical to better isolate the ethical and legal questions technology raises as we get closer to first-in-human-use.

This paper reports two themes from the first qualitative study to consider the views of parents who have experienced NICU in the UK. The first, a disrupted trajectory, examines participants' descriptions of prematurity causing a disjuncture in the imagined order of becoming a parent after birth. This disruption was described as an embodied distress where the end of a pregnancy does not coincide with the beginning of a physical parenting relationship. Parents described a range of different coping strategies, highlighting the importance of making space for these in the design of the artificial placenta. The second theme, temporal trade-offs, explores participants' reflections on the justifications for use of an artificial placenta, weighing up the temporally immediate effects against speculative long-term implications.

Our themes illustrate the strength of connection between mental health and embodied experiences following premature birth that have thus far lacked recognition in the existing literature. Our study exemplifies that the design of care pathways for the artificial placenta must foreground parental experience and situate parents as central stakeholders in its development.

An Intersectional Study of Chinese Women's Assisted Reproduction and the Making of Assisted Hun-Xue-Er

Yiyun Bai

This paper examines the assisted reproductive practices of Chinese single women and lesbian couples, who are legally excluded from accessing assisted reproductive technologies (ARTs) in China. As a result, they either travel abroad or turn to domestic underground clinics to fulfil their procreative goals, many intentionally select Caucasian donors to create Hun-Xue-Er, i.e. Chinese–white 'mixed-race' children. While racial matching remains the dominant logic in Euro-American context for stabilising kinship and familial resemblance, these women's deliberate pursuit of racial mixing disrupts normative assumptions about racial continuity and raises questions about how 'race' is mobilised in contemporary family-making practices.

Focusing on donor selection strategies, this paper centres the making of assisted Hun-Xue-Er at the intersection of gender, race, class, and sexuality, examining how these reproductive choices both challenge and reproduce intersecting inequalities. Methodologically, the analysis draws on multi-sited ethnography across digital platforms, community organisations, and fertility clinics, combined with semi-structured interviews. I argue that women's reproductive choices operate not only as forms of resistance to regulatory constraint, but also as future-making strategies through which anticipated life chances are actively managed, negotiated and reconfigured.

Situated within feminist science and technology studies, critical race study, and critical whiteness scholarship, this paper complicates feminist analyses of assisted reproduction by showing that these practices are neither straightforward acts of autonomy nor simple reproductions of global inequality. Rather, they enact ambivalent futures in which autonomy, desire, governance, and self-management are negotiated through reproductive infrastructures shaped by local policies and global hierarchies, entangled with neoliberal markets and ongoing technological transformation.

"Genetically compatible": expanded carrier screening and the universalisation of preconception genetic risk

Herbrand C., Borry P., Culley L., Fearon K., Hudson N., Miedzybrodska, Z,. Norcross S., Parry B., Van Steijvoort E.

Expanded carrier screening (ECS) has emerged in recent years as a new form of genetic risk identification for prospective parents, to identify their joint likelihood of transmitting a large number of recessive genetic variants to their future children. This paper analyses how ECS providers deploy the term ‘genetic compatibility’ in their online marketing materials and examines the imaginaries, values, and expectations embedded in this terminology.

Drawing on an analysis of commercial websites, we show that genetic compatibility is increasingly mobilised to target all prospective genetic parents, positioning ECS as a universal preconception requirement, rather than a context-specific tool for groups with known elevated genetic risks, and promoting universal genetic surveillance (Petersen and Pienaar, 2021). In this broader commercial framing, reproduction itself is subtly reconfigured as contingent upon prior molecular assessment, implying that responsible conception requires genetic verification of compatibility across diverse reproductive settings and beyond couplehood.

We argue that the notion of a “genetic compatibility test” lacks nuance and tends to overstate the implications of ECS results, translating probabilistic and uncertain knowledge into simplified binary outcomes. This framing risks generating anxiety among prospective parents while obscuring the technical and epistemic limitations of ECS. More broadly, it contributes to the normalisation of genetic risk, positioning all individuals as potential sources of harm to their future children and medicalising and responsibilising prospective parents before conception has even occurred (Waggoner, 2017).

imaginaries of reproductive subjects as primarily genetic, while marginalising social, environmental, and relational dimensions of reproductive uncertainty.

Stream 2 B - Reproductive Timing and the making of Parenthood

Spreadsheet ethnography, queer biology, and gestational age assessment in the UK

Marcin Smietana and Giulia Zanini

Gestational age (GA) assessment is a crucial moment in pregnancy and abortion care. The estimated start date of a pregnancy underpins the entire chain of care — from prenatal screening to childbirth planning — and regulates access to critical pregnancy, childbirth, and abortion options. Yet the wide variety of protocols, equipment, and knowledge used to assess GA produces divergent experiences for pregnant people, shaping their perception of pregnancy temporalities and their ability to access care. Within the European Research Council (ERC)-funded project Pregnancy Dating Challenges (PregDaT), we conduct a comparative transnational ethnographic study of GA assessment in relation to abortion access and pregnancy care. This paper presents preliminary findings from interviews with pregnancy professionals and advocates in the UK. Our findings speak to what Sarah Franklin (2014) called 'queer biology' — the remaking of biological 'facts'. Despite the arbitrariness of ultrasound dating, interviews reveal a risk-averse over-reliance on ultrasound over other assessment methods. This produces a computerised sequence of dated steps throughout pregnancy, including routinised and often forced childbirth induction. Professionals also highlight how the margin of error in ultrasound dating may carry serious consequences for GA cut-off dates in pregnancy termination. We draw parallels between these dating calculations, the use of reproductive technologies, and dominant approaches to research governance within the NHS — illustrated by the quantification demands of our own ethics application on the Integrated Research Application System (IRAS), which required us to count ethnographic fieldwork in hours and minutes, thus resulting in what we call ‘spreadsheet ethnography’.

Before pregnancy, at work: anticipation, fertility treatment and working women’s pathways into motherhood

Patrizia Kokot-Blamey

This paper examines the process of becoming a mother for women undergoing IVF while in full-time employment, highlighting how the journey toward potential motherhood is shaped long before pregnancy occurs. Drawing on thematically analysed interviews with 21 professional women in the UK, the study reveals how the anticipation of a hoped-for pregnancy exerts profound influence over women’s lives, structuring decisions, emotions, and embodied practices throughout fertility treatment. The analysis foregrounds the temporal and affective labour of anticipatory motherhood, drawing on Ballif’s (2022) recent work on anticipatory regimes, to demonstrate how employed women regulate their present to protect an imagined reproductive future. Women describe feeling physically vulnerable due to the demands of fertility treatment, emotionally exposed to uncertainty, and structurally constrained by employment conditions that make access to maternity benefits contingent on staying with a particular employer. In the absence of statutory protections around fertility treatment, participants navigate a landscape in which the pursuit of motherhood requires compliance, silence, and strategic self-limitation at work. The paper demonstrates how social policy, organisational norms, and cultural expectations collectively shape women's pathway towards potentially becoming a mother and the effects on employment outcomes. The findings invite reflection on how conception constitutes a gendered and socially regulated stage in the maternal life course, which has implications for our understanding of reproductive agency, embodiment, and inequality.

Between evidence and promotion: The digital marketing of PGT-A in UK and Italian fertility care

Manuela Perrotta

This contribution analyses the advertising and marketing of preimplantation genetic testing for aneuploidy (PGT-A) on fertility clinic websites in Italy and the UK, as well as on the websites of dedicated providers in both countries. PGT-A is widely promoted as an add-on to in vitro fertilisation (IVF), justified by the claim that embryonic aneuploidy is a major cause of implantation failure and miscarriage, particularly in women of advanced maternal age. As a result, it is often presented as a means of improving implantation rates per embryo transfer and reducing time to pregnancy. However, its overall clinical benefit remains contested, with most international professional bodies advising against routine use due to limited evidence, the main exception being Italian guidelines, which endorse its use.

Finding show that claims emphasise the clinical benefits of PGT-A, commonly framed as a technique to "select chromosomally normal embryos" and "increase the chances of a successful pregnancy", while evidentiary assessments are largely absent. An emerging narrative, particularly prominent on UK clinic websites and transnational provider platforms, links PGT-A to the production of a "healthy baby" ("figlio sano" in Italian) despite the fact that the test does not screen for specific genetic conditions. I argue that this framing risks generating conceptual confusion with other genetic tests designed to prevent heritable disease. Overall, the study contributes to sociological debates on reproductive technologies by showing how commercial pressures and marketing practices shape understandings and potential uptake of contested reproductive technologies, with implications for patient decision-making and care.

“Obesity and Childbearing: Meeting Mothers Needs About Gestational Weight Gain”

Rowena Doughty

Obesity during childbearing is a significant health issue, with immediate and longer term negative physical and psycho-social impacts on mothers and their infants.

Findings from a qualitative doctoral thesis suggest that midwives need to engage with mothers lay conceptions of obesity if they are to undertake effective health promotion during pregnancy. Mothers tend to believe obesity and gestational weight gain (GWG) as having a minimal impact on their health during the childbearing years and regard obesity as having negative consequences on health once they reach middle age. During pregnancy mothers do not worry too much about gaining weight; they perceive that midwives expect significant GWG, and they see this as an acceptable consequence of childbearing.

However, mothers are very concerned about their post-partum weight retention (PPWR) and subsequent have poorer body image during the postnatal period. They often wish they had received support to minimise excessive GWG antenatally. The pressure felt by mothers to make lifestyle changes was particularly strong during the postnatal period, when the mother was more focused on ‘regaining her figure’ post birth.

Therefore, mothers appear to be more motivated if the discussion on healthy lifestyles and GWG during antenatal care were superimposed onto a background of body image and PPWR. Midwives need to challenge the lay belief that excessive GWG is acceptable and expected, and that losing PPWR is easily achievable, and encourage the mother to look beyond pregnancy and birth and envisage how they want to look and feel as a new mother.

Stream 3 A - Assisted Reproductive Technologies (Two)

Genes are genes, but family is family - Adolescents’ experiences of being conceived with identity-release oocyte donation

Henrik Groundstroem, Claudia Lampic, Gunilla Sydsjö, & Ingrid Schéle

BACKGROUND Little is known regarding the perspectives of people that are conceived with identity-release oocyte donation (OD). The aim of the study was to explore the experiences of OD adolescents as they approach the age when they can access information about their donor (18 years of age). METHODS A qualitative interview study was conducted with 13 OD adolescents as part of the longitudinal Swedish Study on Gamete Donation. The adolescents comprised of seven girls and six boys ages 16-19, with most having known about the donation from early age. Interviews were conducted online or in person using a semi-structured interview guide and were transcribed verbatim. A preliminary thematic analysis was performed on the data. RESULTS The adolescents held generally positive views about being conceived with oocyte donation but rarely reflected on the donor-conception and regarded it as having little impact on their lives. They described the donor as a person holding genetically relevant information but perceived a sharp distinction between the donor and the adolescents' family. The adolescents were positive about having the right to access donor information but those who wanted donor-information had limited interest in developing relationships with the donor or same-donor peers and were mindful of possible consequences for everyone involved. CONCLUSIONS Adolescents who are aware of their conception with identity-release oocyte donation from an early age appear to view it as having limited relevance to their lives with their interest in the donor often being due to informational needs rather than developing relationships.

How do parents following identity-release sperm donation feel about their child's opportunity to access donor information – findings of the Swedish Study on Gamete Donation

Claudia Lampic, Henrik Groundstroem, Gunilla Sydsjö

BACKGROUND Increasing numbers of different-sex and same-sex female couples are using identity-release sperm donation (SD) to have children. The aim was to investigate parents' feelings about their child's opportunity to access donor information and contact, and if feelings are related to family type or genetic parent-child link. METHODS As part of the longitudinal 'Swedish Study on Gamete Donation', 66 parents in different-sex couples and 118 parents in same-sex female couples following SD (response rate 67%) completed a survey when the donor-conceived offspring was 13-17 years old. Parents' feelings were assessed with study-specific items and categorized into four groups of feelings: positive, negative, ambivalent, and neutral. Group comparisons with chi2-tests and analysis of free-text responses with qualitative content analysis. RESULTS Overall, the most commonly reported feeling regarding their child's opportunity to learn about and contact the donor was curiosity (56-59%). Parents in same-sex couples reported significantly more positive feelings towards their child's opportunities than different-sex couples who reported predominantly neutral feelings ($p< 0.001$). Among different-sex couples, non-genetic fathers differed from genetic mothers by reporting less positive and more neutral feelings towards the child's opportunity to contact the sperm donor ($P =0.029$). Genetic and non-genetic mothers in same-sex couples did not differ in reported feelings. Qualitative analysis revealed that parents viewed the child's access to donor information as positive, but some worried about potential negative consequences for the child or the non-genetic father. CONCLUSIONS Parents experience both positive emotions and concerns regarding the child's possibility to search for and contact the donor.

Fertile Economies: Egg Donor Compensation and Reproductive Labour in the UK Bioeconomy

Jessica Turner

This paper examines how financial compensation for egg donation is understood and experienced within the context of UK health policy, with particular attention to donor wellbeing. While UK regulation, shaped by the EU Tissue and Cells Directive, formally limits the commercialisation of human tissue and frames egg donation as an altruistic act, donors are permitted to receive up to £986 in compensation or payment in kind. Drawing on qualitative interviews with 27 egg providers conducted as part of the EDNA study, this paper explores how donors interpret and negotiate this compensation within their own moral, economic, and embodied experiences.

Findings show that compensation is not viewed in the same way; rather, its meaning differs depending on the type of donation (e.g. altruistic or egg sharing) and how donors conceptualise their contribution. For some, compensation is seen as recognition of the physical and emotional labour involved, while for others it raises concerns about undue inducement, or the blurring of altruism and market exchange. Importantly, participants frequently linked compensation to issues of fairness, bodily risk, and the adequacy of support provided throughout the donation process.

By situating donor perspectives within broader reproductive bioeconomies, this paper highlights tensions between policy frameworks that prioritise altruism, and the lived realities of donors who experience egg provision as a form of labour. Greater engagement with donors as stakeholders is therefore essential to develop more responsive policies, that balance ethical concerns about commodification with the need to recognise and support donor wellbeing.

Unpicking the stitch: cervical cerclage as a reproductive technology

Aimee Middlemiss

For the last decade, a strategic focus for the beleaguered and much critiqued National Health Service (NHS) maternity service in England has been reducing reproductive loss and preterm birth. One of the interventions recommended by NHS England is the cervical stitch, or cerclage, an obstetric procedure in which the cervix at the opening of the uterus is sewn shut to prevent a foetal body from emerging during pregnancy. The procedure seeks to optimise reproductive outcomes by averting foetal loss or the mortality and morbidity risks of premature birth. It is a reproductive technology acting on both the pregnant woman’s fertility, and the foetal body as an object of medical care. However, despite being in use since the 1950s, medical evidence for the efficacy of the stitch is uncertain. This old reproductive technology is the subject of my Wellcome-funded fellowship which investigates the reproductive politics of the cervical stitch. In the research I use multi-sited ethnography to explore the ambiguities and tensions implicit in the cervical stitch and to draw out fundamental understandings of what a pregnancy is, what it does, and how a new person emerges from it. In this paper, I introduce the project, my reproductive governance approach, and some of the sociological and reproductive politics issues which emerge from thinking about the stitch as a reproductive technology.

Stream 3 B – Birth

Birth partners' experiences of understanding and negotiating their roles

Christina Weis and Zaheera Essat

A birth partner's role is popularly described as support, advocacy and being the hydration station.

Empirical research provides evidence that birth partners who are present during the birthing person's labour have significant potential to influence their use of childbirth education strategies, while health outcomes are improved and decisional conflicts are reduced when decision-making is shared during pregnancy. Based on this, our study asks how birth partners understand and negotiate their role, potentials and responsibilities for decision-making when preparing for the task?

This presentation is based on qualitative interviews with n=12 birth partners, including partners, mothers, friends, sister and mother-in-law, to understand their experiences and reflections on preparing for birth and contributing to a birth plan.

Drawing on Bourdieu's practise theory, we present how birth partners have been chosen; secondly what bodies of knowledges or preconceptions and experiences of birth they draw on to inform their process of preparing for role; and thirdly, how they experience their level of involvement in preparing for birth, including contributing to the birth plan and negotiating eventually different ideas regarding birth choices.

This research addresses a gap in knowledge and practise how birth partners can be better prepared and supported to enable/empower them to fulfil their (expected) role as supporters and the birthing person's advocate.

Freebirth in the UK, USA & Australia: A Narrative Review & Cross-Country Analysis

Zeynep Gurtin and Emily Arnold

Against a background of maternity care failings, and poor alternative provision, freebirth has gained momentum, increasing in prevalence across western countries. A small but growing body of qualitative research has focused on women's motivations and experiences of freebirth in individual countries, and some international reviews have consolidated findings. However, as a transnational phenomenon, it has become important to explore the simultaneous re-emergence and growth of freebirth both within and across countries, despite the fact that the countries in question may have very different healthcare and materity provisions. Hence, we conducted a comparative narrative review of freebirth in the UK, USA and Australia. Following PRISMA guidelines, all articles discussing freebirth in the UK (n=7), USA (n=8), and Australia (n=6), were selected; their characteristics were tabulated; and themes were drawn inductively from the literature and synthesised. The findings show that in all settings, the majority of women who freebirth had experiences a previous birth within the maternity care system. Although the maternity systems in the three countries examined are considerably different, it was striking that women's negative experiences were very similar, particularly focusing on issues around (perceived lack of) autonomy and respect, as well as (perceived lack of) safety. In the US and Australia, lack of alternatives was a central theme. Online freebirth communities played an important role in support and knowledge dissemination.

The unintended consequences of place of birth policy for preterm babies

Julie Roberts, Josie Anderson, Natalie Armstrong, Elaine Boyle, Penelope McParland, Thomas Padden, Carolyn Tarrant, Janet Willars, Nici Mackintosh

This paper explores the organisation of care for preterm birth and its implications for families, staff and equity. Place of birth is one of a number of evidence-based interventions that are implemented in the NHS to reduce the risk of neonatal death and associated preterm morbidities. Women and birthing people usually have choice over where they give birth, but this may quickly change if they are assessed as at risk of giving birth preterm (before 37 weeks). Care is organised in regional networks, and across three different types of neonatal unit that care for babies of different gestations. Women and pregnant people are transferred to the closest appropriate unit with a maternity bed and neonatal cot available.

Drawing on an ethnographic study of the care pathway for preterm infants, I will 'reconsider patient-centred care' (Pilnick, 2022) in this context. Families have little choice over where their preterm baby is born if they need to access the appropriate medical expertise for preterm birth and ensure the best possible outcome. We argue that more could be done to support parents and healthcare staff with the unintended consequences. Families can find themselves far from home, resulting in financial costs and reduced social support. Staff find relationships with families compromised when they are engaged in the bedside micro-politics (Felder et al. 2024) of 'shuffling' patients to ensure as many babies are born in the right place as possible. The unintended consequences of place of birth may result in inequities in care and outcomes.

Exploring obstetric violence through racialized migrant women’s stories of childbirth in Ireland

Dyuti Chakravarty

Although the death of an Indian woman, Savita Halappanavar, at Galway University Hospital in 2012 was able to galvanize an intergenerational support for abortion rights, it did not generate as much discussion in feminist circles around the topic of the rate of maternal mortality amongst migrant women in Ireland. The recent death of a 28-year-old Pakistani woman in Mayo University Hospital despite her husband’s attempts at bringing the female staff’s attention to ‘pool of blood’ on the floor, when read alongside the high rates of perinatal and maternal mortality amongst racialised migrant women raises important questions around what few grassroots activists have called racism in public health that contribute to racialised women’s unequal health outcomes (Chakravarty et al., 2023). Drawing on creative biographical interviews, this paper explores racialized migrant women’s experiences of childbirth in Ireland. It situates these stories within the context of publicly available inquests into migrant women’s death during childbirth and the rate of migrant maternal mortality, thereby contributing to our understanding of obstetric violence and racism in maternal healthcare in Ireland.

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