

BSA HRSG/FaR Joint Study Group Day, 11th December

Making Parents? Reproduction and family life in contemporary society

Whitelands College, University of Roehampton, London

Keynote abstracts

Making transnational families? IVF, gamete donation and parenting projects in the context of reproductive travel.

Nicky Hudson

During the past 30 years, social scientific studies of reproduction have flourished. Spanning subjects such as conception, pregnancy, abortion, birth and infertility, social scientists have explored the personal, relational, cultural, and structural features of reproduction. This body of work has sought to ascertain how the biological and the social come into dialogue via reproductive processes. A significant feature of this field, and the focus of this presentation, is an examination of the mediating and constitutive role of biomedical technologies in shaping understandings of these processes.

As a culturally pervasive technology, IVF and its related techniques have globalised at a rapid rate. Solutions to an increasing range of fertility-related concerns are marketed to an affluent, engaged, mobile and technologically literate clientele. The increase in what has been referred to as 'reproductive tourism' is one example of this ever-expanding, global field of reproductive possibilities. In this presentation I explore the ways in which parenting projects and new familial subjectivities are achieved within the context of globalised IVF. I draw on Beck and Beck-Gernsheim's conceptualisation of 'world families' (2014:2) to explore the ways in which families come into being across national, ethnic, political, and in some cases, genetic boundaries. World families can be seen as a point at which aspects of the globalized world become articulated through and embodied in social relationships. Using this as a heuristic starting point, I present data from qualitative interviews with parents and would-be parents of children conceived via cross-border reproduction. I explore the ways in which ambiguities, uncertainties and differences generated are managed within families and how geographies of relatedness are woven into or excluded from conception narratives. Finally, I consider how an examination of globalised, techno-scientific reproductive practices might generate scholarly conversation between those working on sociologies of reproduction, kinship and parenting.

Bio:

Nicky Hudson is Reader in Medical Sociology and leads the Reproduction Research Group, a multi-disciplinary research group based in the Faculty of Health and Life Sciences at De Montfort University. Her research relates to social aspects reproduction and she has completed a number of studies in this area funded by the Economic and Social Research Council, the National Institute for Health Research

and local NHS trusts. She is interested in the ways people negotiate reproductive technologies such as IVF and egg and sperm donation, particularly as they relate to questions of patient mobility and ethnic and cultural diversity.

Extending parenting backwards

Dr Ellie Lee, Director, Centre for Parenting Culture Studies, University of Kent

At the core of the study of parenting culture is the proposition that the social and cultural task of the care and socialisation of children has become fetishised as a problem of 'parenting'. Parenting Culture Studies explores the development of 'parental determinism' as an ideology. This is an ideology which, paradoxically, attributes unique power to the parent to determine the future of both individual children and the social whole, but at the same time considers the untutored exercise of that power potentially dangerous. Hence parental influence is constituted as singularly important, but also risky, meaning 'parenting' requires the parent to interact with, and share responsibility with, experts and professionals. The study of parenting culture encourages scholarly investigation of areas including: the historically specific features of this ideology, its roots in the wider socio-cultural process of individuation, its relation to risk-consciousness, the social construction of the meaning of expertise, the politicisation of parenting, and the effects of parental determinism for the constitution of the identity of mothers and fathers. The intersection of the imperatives of parental determinism with 'the time before birth' is the topic of this presentation. It will consider ways in which the 'child unborn', and even 'unconceived' is considered 'at risk' from parental (and especially maternal) influence and set out the problematic (if sometimes unintended) consequences of the extension of parenting backwards.

Bio:

Dr Ellie Lee is Reader in Social Policy at the University of Kent and Director of the Centre for Parenting Culture Studies. She is the co-author of *Parenting Culture Studies* (written with Charlotte Faircloth, Jennie Bristow and Jan Macvarish), published by Palgrave in 2014. Ellie researches, publishes and teaches in the areas of the sociology of reproduction, of health, and of the family. Her research and teaching draws on constructionist theories of social problems and sociological concepts such as risk consciousness and medicalisation to analyse the evolution of family policy and health policy. This work explores why everyday issues, for example, women having abortions or how mothers feed their babies, turn into major preoccupations for policy makers and become heated topics of wider public debate. With others at the University of Kent, she set up the Centre for Parenting Culture Studies in 2010. She is also an Advisor to the Institute of Ideas and a Commissioning Editor for the journal *Sociology Compass*.

Panel abstracts

Panel 1: Negotiating Transitions

1. Surrogacy in 2015: a survey of what works and who for Dr Kirsty Horsey, Kent Law School, University of Kent

The UK has regulated surrogacy since the Surrogacy Arrangements Act 1985. Little has changed in the law over 30 years, other than the introduction of a mechanism for the transfer of legal parenthood from surrogates to intended parents (IPs) from 1990 and recognition, in 2008, that IPs may legitimately be someone other than married heterosexual couples.

In recent years, the landscape of surrogacy has changed. The internet brings easily-accessible information and cheap international travel which has, alongside other nations opening borders and clinics for those willing to travel to form their families, led to an expansion of international surrogacy. This brought its own problems – including immigration issues or problems acquiring legal parenthood. Coupled with high-profile media coverage of the rare occasions when surrogacy goes wrong, these issues raise concern about the ethics of international commercial surrogacy practices.

However, new empirical data, collected via an online survey in June-August 2015 on behalf of a working group commissioned by Surrogacy UK, show that despite some claims to the contrary, the majority of surrogacy arrangements undertaken by intending parents from the UK are relationships entered into using UK-based surrogates and on an altruistic basis. Surrogates and IPs (111 and 206 respondents respectively) see problems with the way the law determines who can become a parent following surrogacy: they see the law as out of date, out of touch with the reality of how surrogacy works, and not operating in the best interests of children and families. There was also a strong rejection among respondents of any move towards commercialisation of surrogacy.

2. Identity and Kinship in Lesbian Led Donor Conceived Families Dr Sheila Quaid, Social Sciences, University of Sunderland

My paper is about lesbian parenting culture. I focus on identity, kinship and the meaning of family and kinship for donor conceived children. I will explore interconnections and negotiating transgressions for parents, reinventions of self and negotiating new relational identities. The respondents in my study went through redefinition of themselves, their couple status and family identities and the identities of their children. Lesbian parental couples potentially disrupt normative heterosexual meanings of family and gender and could subvert the meaning of motherhood and gendered parental identities. Evidence from this study indicates that lesbian couples have created joint parented family projects based on egalitarian ideals; however, other definers of identity caused contradictions and tensions. These included culture, disability, ethnicity, class, gender and religious background. Intersections of identities in their negotiated family presented potential sources of

tension for the respondents. The respondents embarked upon a new form of motherhood and family which (at the time of interviews) had no frame of reference in tradition or policy frameworks for parenting. Thus a process of change, flux and fluidity began. The problems they faced were both cultural and structural. These processes were underpinned always with the material realities of class differences. Differences of cultural capital and access to social and economic resources shape this experience and deep in the cultural definers of self lies constructions of race and ethnicity. This research included detailed accounts of their internal and external struggles to resolve their own maternal and parental identities in relation to other aspects of self.

3. The Swiss Bourgeois family model: A step towards reproductive emancipation (1955-1970)

Caroline Rusterholz, Visiting Scholar in History at University of Cambridge.

In most European countries, the post-war area witnessed a dramatic change in reproductive and family behaviours; fertility increased until 1964 and then dropped sharply before finally leveling off by 1975. The upheaval of the economic context gave rise to new models of parenthoods. Historians have generally analyzed this period as one of transition from traditional bourgeois family model to individualistic family model. The former is characterized by asymmetrical gender roles of parenthood while the latter is defined as more egalitarian in terms of spousal relationships. However this transition has never been investigated in detail, in particular by studying personal experiences. Another unchallenged notion about this period is that of a “contraceptive revolution”, marked by changes in contraceptive practices associated with the spread of modern methods such as the pill or IUD.

This paper aims at challenging both the dichotomy between traditional and individualistic family models and the idea of contraceptive revolution by uncovering what Swiss men and women perceived as being their major parental responsibilities during the 1950s and 1970s and how these perceptions shaped fertility behaviours. Based on a confrontation between individual experiences collected through 46 interviews with working class individuals who entered parenthood between 1955-1970, and norms on parenthood and reproduction as echoed in the public sphere, this paper shows that the bourgeois family model still prevailed throughout the period. However, this hegemony triggered new behaviours in the private sphere, encouraging mother to take initiative in reproductive practices so as to comply with the new model of motherhood totally dedicated to her children. In the domain of birth control, this female initiative was paradoxically based on traditional methods of contraception (coitus interruptus, periodic abstinence).

Panel 2: Forging Identities

4. Adopting Identities? In search of the invisible parents

Lucy Ryan, Sociology, Lancaster University/Social Work, University of Salford

Existing literature has identified that parenting is more than simply raising a child; it is site of ambivalence where identities and practices are formed and reformed. The process of becoming a mother/father involves transitions, negotiations and resistance as the imagined sense of self as a parent is placed in opposition to the transformations in everyday lives. The focus of much of this work, however, has typically been on birth parents, with adoptive parents often rendered invisible from the literature. Within the literature around adoption little focus has been paid to the parenting identities of adopters, except in very specific circumstances usually concentrating on sexual or racial identity, rather than identity as a parent. Adoptive parents face a different journey to parenthood compared to birth parents; one which frequently involves extensive transition through (failed) fertility treatment, the loss of the imagined birth child, and intensive inspection and assessment from social work professionals. Throughout this process the adopters are likely to have an imagined sense of who they will be as a parent – an expectation which does not always match with reality.

This paper explores the gaps in the existing literature around parenting identities and practices around adoptive parenting, considering the impact of applying themes identified in birth families to adoptive families. Issues of gender and class, which are cogent in the literature around identity and birth parenting, have different significance in relation to adoptive parents. These differences will be explored in this paper, with consideration given to how this could impact on future adoption practice

5. 'Fathers' 'dads' and 'parents': Biology, nurturing and gender in stay-at-home-dads in the United Kingdom.

Abigail Locke, Social Psychology, University of Huddersfield

This paper is taken from a larger project looking at 'stay-at-home-dads' (SAHDs) in the United Kingdom that examining gendered expectations of parental caregiving. Despite contemporary societal discourses of 'parenting' that implies some form of gender neutrality, and moves towards extended parental leave, caregiving remains a highly gendered practice within the UK with SAHDs still being regarded as a marginal group. Using a critical discursive analysis on a series of unstructured interviews with fathers who were acting in a primary caregiving capacity for their children, it became evident that the fathers were distinguishing between different categories of 'parenthood'. The SAHDs, in the main, defined themselves as 'parents' who were 'parenting', constructing this through their performing of a nurturing role. Fatherhood, in comparison, tended to be defined as a biological act of 'fathering' and something distinct from this parenting role. This distinction becomes particularly salient during the interviews that came from those who had become SAHDs through adoption. The current paper focuses on one particular case of a SAHD, 'Tom', who self-categorised as being in a gay relationship and, at the time of

interview, was the primary caregiver for two adoptive children. Through a detailed analysis of Tom's account, we are able to explore emerging discourses of 'fathering', 'parenting' and 'ownership', set in the context of his decision to become a father, and the practicalities of doing so, considering how these different categories are intersecting in terms of gendered expectations and experiences of the transition to parenting.

6. Transitions into Young Parenthood: Choices, Constraints and Contingencies among Young Fathers

Bren Neale, Ruth Patrick and Carmen Lau Clayton, Sociology and Social Policy, University of Leeds UK

The entry of young people into early parenthood is an issue for social policy and for professional practice in the UK and internationally. The UK has one of the highest rates of teenage pregnancy in Europe, concentrated in the most socially disadvantaged areas of the country (DoH 2010). Young fathers (defined as those under the age of 25, a quarter of whom are in their teenage years) have, until recently, been largely neglected, both in research and in professional practice. The notion of 'feckless' young men, who are assumed to be disinterested in 'being there' for their children, or worse, regarded as a potential risk, continues to hold sway in popular discourses.

This paper presents findings from a Qualitative Longitudinal study that charts transitions into fatherhood for a varied sample of 31 young men from an industrial city in the North of England. We will explore what it means to enter into fatherhood at a young age, the factors that shape this transition for young fathers, and the extent to which this is planned or anticipated. The study revealed great variations in the extent to which the young men engage in life planning and can exercise their agency in relation to their fertility, choices over the pregnancy, and their engagement as a parent, in some cases with more than one mother and child. While these young men attach importance to their children and desire to 'be there' as good fathers, our evidence reveals a lack of agency and in some cases reduced capacity to develop a parenting role and identity. The implications of these findings for ante-natal care will be considered, drawing in particular on insights from one of our partner organisations for this study, The Royal College of Midwives.

Panel 3: Making Narratives

7. Reproductive narratives in Spain: a matter of choice

Bruna Alvarez, Universitat Autònoma de Barcelona/ Reproduction Research Group, De Montfort University

In Catalonia (Spain) people say that they decide to have children as a conscious decision. Furthermore, they should know why they had children (Paxson, 2004), which presupposes or reflects a rational choice. However, most childbearing is not planned and neither do people have a rational explanation as to why they become parents.

Choice is the cultural landmark that defines modernity; symbolizing freedom, autonomy and rationality (Illouz, 2012). Paxson (2004) points out that the choice discourse is replacing ideas about fate or custom in women's reproductive narratives. This paper uses Catalonia as a case study to explore the logics of this discourse and to illustrate how choice has become part of reproductive narratives. The paper analyses the reproduction narratives of heterosexual couples in Catalonia (Spain), and how they explain the reasons they had children. Data are from interviews with eleven women and six men, plus two focus groups with three men and three women (N=23). All of them had had children between 1981 to 2015 through sexual intercourse.

I suggest that reproduction cannot be explained as a rational or irrational choice (Martin, 2009). Moreover, that the reproductive narrative of rational choice is a technique of reproductive governance (Morgan and Roberts, 2012) to maintain families' (and specifically women's) responsibility for reproduction. This is part of the individualization of a social problem.

8. The meaning of social and genetic parenthood in society and in families

Prof. Alexis Dewaele, Prof. Ann Buysse, Dr. Kris Rutten, Experimental-Clinical and Health Psychology, Ghent University

The focus of this presentation is on donor insemination – or Assisted Reproductive Technologies in general - and the socio-ethical and bio-ethical issues that this technology raises for (candidate) parents. The aim is to gain a better understanding of the meaning of social and genetic parenthood – and related moral reasoning - for various constellations of families using Assisted Reproductive Technologies (ART). We start from a rhetorical and narrative approach to science communication. Science communication often consists of a one-way flow from scientists to the general public (or to specific patients and stakeholders) by accommodating scientific findings to a non-expert audience. Contemporary as well as more classical writings have stressed that scientific knowledge is socially constructed (Kuhn, 2012; Latour & Woolgar, 2013). Transferring relevant scientific knowledge to society is important but in doing so one runs the risk of disregarding the contexts that give science its public significance and the ambiguities that arise from particular framings in the public debate, or particular framings in physician-patient communication (see Carnevale et al., 2014). Public concerns and opinions from stakeholders are often seen as (unwarranted) anxieties or vested interests rather than 'assets' that have a role to play in the debate about scientific developments and applications. Attempts to overcome these critics are reviewed as well as the benefits of a bidirectional approach for society in general and donor-conceived families in particular.

9. 'Life is a rollercoaster: Social influences on couples conceiving a child through IVF'

Liz Gale, Midwifery, University of Greenwich

As technologies improve in the field of assisted reproduction, the number of couples becoming parents through ART is increasing (HFEA 2013). Those who have undergone this are likely to have faced greater psychological, physical and often financial demands which may heighten expectation of parenthood for this group.

Whilst having actively sought parenthood there may be pressure on them to be 'good' at it. In addition, previous experiences of infertility (sense of failure and frustration, cyclical nature of hopes raised and dashed) and the associated interventions (high anxiety, medical intrusion, relinquishing of control) may also influence that transition, this is an area as yet poorly explored.

Jauniaux and Rizk (2011) describe IVF as a 'somatic answer to a subjective problem'. Much of the research in IVF focuses on the biomedical, which reduces women to the role of 'vehicle' on which medical teams work (the role of the father being minimised even further). IVF is considered to be a 'good' thing, a medical response to a couple's unwanted situation. Once pregnancy is achieved; and the possibility of it not being is rarely considered, then the 'problem' is considered solved.

The subjectivity of the experience for couples is the focus of my PhD research 'A study to investigate parental expectations and the perceived reality of early parenting in couples with a pregnancy conceived using IVF'. About to start data collection, it aims to gain an understanding of the expectations and experiences of those parents of the transition to early parenthood and whether there are differences between expectation and reality.

10. Birth in the Twilight of Certainty

Lesley Kay, Midwifery, Kingston University and St. George's University of London

"Safety and consumer ideology interpenetrate with the veneration of technology, the institution, and patriarchy in such a way that they become located in the hospital and embodied in the doctor, whose tools and technological expertise become the safe fetal space to be purchased by expectant mothers. Her eyes extended by ultrasound, her hands by the scalpel and laparoscope, her brain linked to databases of the latest clinical research, the cyborg obstetrician seems to guarantee the perfectly predictable product - baby. How can a conscientious pregnant consumer justify buying anything less?"

(Wendland, 2007, p. 225)

In this paper I discuss one of three overriding themes which emerged from my PhD study. In the study I considered how women from two different generations came to understand birth both in the context of their own experience but also in the milieu of other women's stories. The theme 'Birth in the Twilight of Certainty' explored women's experience of being in 'the system' of birth and on the 'conveyor belt of care'. In this space birth was understood as a 'technological feat', a process seemingly stripped of live content and imbued with possibly disastrous consequences for women and birth. In the paper I consider the onus on women to be seen as both 'good patients' and 'good parents', and discuss the responsibility and pressure this puts on women. I end by suggesting that despite being overrun with information, women birthing in the twenty first century may in fact be lacking in birthing 'know how'; having little understanding of physiological birth and lacking the belief in their bodies to birth.

Panel 4: Managing Expectations

11. How are the kids? Cognitive and non-cognitive development of children born after ART

Anna Barbuscia and Patrick Praeg, Department of Sociology University of Oxford, UK

There is great concern about the development of children conceived via assisted reproductive technologies (ART). Medical risks of ART conception as well as worries about the families formed through ART are the sources of these concerns. Indeed, higher risks of adverse outcomes at birth have been observed in ART children, yet later in life they catch up or even show better cognitive development. Different factors are known to affect the development of ART children. Women and couples undertaking ART are a select population in terms of socio-demographic background and in terms of the strong desire to have a child. Both aspects might be related to specific ways of living parenthood and investing in the children's development.

We use the first 5 waves of the UK Millennium Cohort Study to study the cognitive development (as measured by the British Ability Scale) of children up to the age of 11, comparing ART children to those conceived naturally. Our results confirm that women undertaking ART represent a select part of the population, with ART mothers being on average older, better educated, more likely to be in employment, and married compared to the rest of the population. Growth curve models show that ART children perform better compared to the average, however, the effect depends mainly on the specific parental background. For the presentation, we will go further and also consider the non-cognitive development (as measured by the Strengths and Difficulties Questionnaire) and the role played by parenting style.

12. Looking after the Filmstar Baby: discourses on the websites of commercial ultrasound scanning companies

Dr Franziska Wadehul, Prof Julie Jomeen, Dr Lesley Glover Department of Midwifery and Child Health/ Department of Psychological Health and Wellbeing, University of Hull

Over the last two decades three- and four-dimensional ultrasound scans have become available to expectant parents. They are not used primarily for clinical reasons, but are offered by commercial scanning companies, which market them as 'bonding scans' or 'reassurance scans'. Critical discourse analysis was used to explore discourses around 3/4D scans evident on the websites of five private scanning companies. Three dominant discourses were identified: a medicalised discourse of pregnancy, a discourse of 'good mothering' and an entertainment discourse. A medicalised discourse of pregnancy pervaded all websites and was evident in the identities constructed for scanning companies, pregnancy, pregnant women and the fetus, as well as the language used on the websites. A discourse of 'good mothering' was also deeply embedded in the websites in terms of how women 'should' feel about pregnancy and the fetus and in their role as a mother; this was reflected in the

language and images used on the websites. An entertainment discourse constructed 3/4D scans as performance; scans were portrayed as being fun and an interesting and exciting experience. These discourses complement each other but there are also areas of conflict. The discourses evident on the websites reflect wider contemporary discourses around pregnancy, motherhood and consumption; this study shows how 3/4D scans are located within, and enhance, these discourses. It could be argued that discourses around pregnancy and mothering have been further intensified by the commercialisation of 3/4D scans. The research also raises questions about the implications for the commercialisation of medical technology and who controls this technology.

13/14 (Double paper) New mitochondrial donation techniques and reproductive choices: perceptions, hopes and ambivalences in women's accounts

Cathy Herbrand, Reproduction Research Group, De Montfort University, Rebecca Dimond, Social Sciences, University of Cardiff

In this joint presentation we draw on two separate studies that explore the perceptions of novel, high profile IVF technologies amongst women at risk of transmitting mitochondrial disorders to future children. These inherited disorders can cause severe and life-threatening symptoms. While other reproductive options are available, mitochondrial replacement techniques could, under specific conditions, allow some of these women to have healthy, genetically related children. These techniques were legalised in the UK earlier this year after raising much debate, in particular because mitochondrial DNA from an egg donor would become part of a future child's genetic inheritance, alongside maternal and paternal nuclear DNA. This has led to headlines about 'three-parent babies'. Although there are great expectations surrounding treatment and cure associated with these techniques, we know very little about how women carrying mitochondrial disease perceive them and how they understand, and respond, to genetic risk. Personal response to reproductive risk is complex, and can be highly contingent on the embodied and familial experience of health and illness. Drawing on insights from medical sociology and reproductive studies, this talk explores the complex mix of hopes, ambivalences and uncertainties the techniques represent. We examine how affected women understand the techniques, why they may have supported their legalisation, and what personal use they saw in the development of such technologies. With our combined findings drawing on in-depth interviews with women carrying mitochondrial disease, this presentation will report on the first sociological studies focusing on the experiences of these women following legalisation of the techniques.

Plenary panel: Possibilities and Paradoxes

15 *'I suppose I think to myself, that's the best way to be a mother'*: how ideologies of parenthood shape women's reproductive intentions including their use of egg freezing technology

Kylie Baldwin, Reproduction Research Group, De Montfort University

The advent of, what has been termed, egg freezing for 'social' reasons has been the focus of much academic and media interest particularly following recent commitments from large corporations such as Facebook and Apple to fund the procedure for their female staff (Blackburn-Starza 2014). Whilst this technology has often been linked to women's desire to delay motherhood in order to secure a career prior to pursuing parenthood, my research has shown that women's use of this technology is often not due to 'career reasons' but instead is linked to their desire to engage in, and 'perform motherhood', in a certain ways.

Drawing on interviews with 31 women who froze eggs for 'social' reasons, this presentation will discuss how highly gendered ideologies of parenthood, including intensive mothering (Hay, 1996) and 'new fatherhood' (Henwood and Procter, 2003) as well as discourses of the 'good mother', affect women's reproductive decision making and gives rise to their decision to engage with social egg freezing. In this presentation, attention will be paid to how a particular image or expectation of the emotionally involved father as an ideal model of fatherhood led my participants to report a disjuncture between their expectations of men in the procreative realm with the men they actually met and formed relationships. This presentation will examine how the attitudes and intentions the participants encountered from male partners, or prospective partners, impacted on their ability to plan for motherhood and will suggest that for some women it was not only their desire to perform motherhood in a certain way which led them to consider egg freezing but also their desire to perform this role alongside a male partner who also demonstrated certain cultural values when it came to childrearing.

16. The technological imperative and women's autonomy in reproduction **Rebecca Brione, Bioethics and Medical Law, St. Mary's University Twickenham**

Technology in pregnancy and childbirth can be hugely advantageous, allowing the creation of pregnancies which would otherwise not come to be, providing information on foetal development and creating options for birth which can reduce maternal and foetal mortality and morbidity. Equally, however, the availability of techniques such as monitoring and surgical delivery can create a 'technological imperative': a sense that use of such technology is necessary to ensure safe delivery of a healthy baby. This imperative can act to limit a woman's autonomy when making decisions about pregnancy and birth, especially when combined with societal and medical expectations of how a 'mother' should behave when making decisions in cases where her interests and those of the foetus are not perfectly aligned.

This paper examines what autonomous decision-making in medical care during pregnancy and birth means. It reflects on the role that technologies can play in shaping such decisions, particularly where they enable women and their care givers to perceive the foetus as a separate patient, with the potential to increase the expectation on the woman of 'appropriate mothering behaviour'. It then considers whether these impacts are intensified in cases where assisted reproduction has been sought, where it might be assumed that the woman has made an active commitment to the foetus even before conception, and asks whether the use of assisted

reproductive technologies inadvertently places even greater limits around a woman's autonomous decision-making in pregnancy and birth.

17. Reproductive work and fertility treatment: Constructing motherhood through intentions

Dr Pam Lowe, Sociology, Aston University

The growing commercialisation of reproduction has meant that many women are experiencing fertility treatments even though they are not necessarily infertile themselves. Research is increasingly revealing women's experiences of egg donation and surrogacy, and the complex relationship that 'sellers' have to biological connections, gestation and the physical impact of the technologies themselves. These accounts reveal some interesting differences to the experiences of infertile women undergoing similar treatment. Here fertility treatment is often described as more physical gruelling and emotionally hard than in the 'sellers' accounts. Thus, similar reproductive work can seem to result in different experiences. However, in both cases, women need to present themselves as good (potential) mothers within the framework of intensive motherhood.

This paper will use the similarities and differences between the diverse journeys and show how the experiences of reproductive work depends on the specific positioning of women in the reproductive marketplace. The lack of struggle described by those undergoing fertility treatment as egg donors or surrogacy in comparison to the accounts of infertile women illustrates the social construction of the different experiences. Moreover issues such as altruism, body mapping and a focus on the *intention* to mother all help to build a distance between egg donors, women pregnant as surrogates and 'real' mothers. The paper will argue that ideas about good motherhood and maternal sacrifice shape understandings of women's position in relation to any developing foetus, regardless of the body that carries it.

18. Intensive parenting before conception: consumer medicine, information asymmetry and the hyper-medicalization of fertility care.

Elo Luik, Social Anthropology, University of Oxford

This paper examines the role of intensive parenting ideology as a driver for the hyper-medicalization of fertility treatment. The phenomenon of intensive parenting has in recent years not only intensified but also exponentially expanded. The drive for parents to seek out expert advice and services to better care for their offspring has reached into pregnancy and, this paper argues, even conception. Individuals and couples who suffer from infertility have proven to present a particularly fertile ground for such expansion. This is partly because, as a result of their condition and the choice to seek medical treatment, infertility patients are actively seeking ways to improve their chances of conception and successful pregnancy.

The concept of intensive parenting can usefully be employed to better understand the emotional factors that also play a crucial role in the consumer behaviour of infertility patients. These aspiring parents seek to compensate for the disruption they have experienced in their reproductive lives and act out their care and love in

consumer behaviour. Providers of fertility care have learned to leverage these emotions to market their products and services. Patients are presented with a menu of treatment options where the assumption is that the caring, loving, good parent chooses the priciest one. Coupled with the marketing prowess of consumer medicine and the information asymmetry between the providers and recipients of medical care, intensive parenting can become a powerful driver towards the increasing consumption of an ever-increasing range of fertility services, often side-lining better established, safer and more affordable treatments in favour of a hyper-medicalized approach to conception and pregnancy.