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Abstract

This article analyzes my personal experience of having a maternal body through autoethnographic means. Being pregnant is a time of celebration, but moms experience private and public changes in their bodies. These public changes continue during the postpartum period. Ground in Foucault’s panopticon, this paper explores how the maternal body undergoes self-surveillance as well as surveillance by the proverbial others. I provide vignettes and personal experiences to highlight the panopticon: moms self-surveil but moms are also being surveilled when in the public eye. I make the argument of how the maternal body is a site of surveillance often used to judge the goodness of the mother or the usefulness of the maternal body. I conclude with a suggestion of how the panopticon can be used to examine parenting practices.

Keywords

Autoethnography, Critical, Maternal Body, Power, Self-Surveillance

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This article analyzes my personal experience of having a maternal body through autoethnographic means. Being pregnant is a time of celebration, but moms experience private and public changes in their bodies. These public changes continue during the postpartum period. Ground in Foucault’s panopticon, this paper explores how the maternal body undergoes self-surveillance as well as surveillance by the proverbial others. I provide vignettes and personal experiences to highlight the panopticon: moms self-surveil but moms are also being surveilled when in the public eye. I make the argument of how the maternal body is a site of surveillance often used to judge the goodness of the mother or the usefulness of the maternal body. I conclude with a suggestion of how the panopticon can be used to examine parenting practices. Keywords: Autoethnography, Critical, Maternal Body, Power, Self-Surveillance

“Do you think she looks 4 to 6 weeks pregnant?” the text from Jennifer, my older sister, said as I viewed the photo of her daughter that accompanied it. Her daughter’s baby pooch expanded ever so slightly over the band of the blank pants.

That is not 4 to 6 weeks, I thought as I compose my response.

“Looks more like second trimester baby belly than 4 to 6 weeks,” I wrote. I hit send.

Two days later as I work on revisions for this piece, I realize what we were doing as we exchanged messages. We were surveilling Jennifer’s daughter’s pregnant body. Document the growth of the pregnant body is a trend many new moms-to-be participate in, myself included.

Our bodies are something we do. How we do our bodies produces our gender norms, but also alters the bodily functions society finds normal (Butler, 2004). Our bodies assist us in performing our gender (Ellingson, 2012) and sometimes our sexuality. How we perform our gender may contradict how others think we should perform our gender (Butler, 2004). The female body is no exception. Turner and Norwood (2013a) remind us that historically women were expected to keep their bodies in the private sphere, but certain feminine performances, such as how the body performs pregnancy and mothering (Fox & Neiterman, 2015; Johnson, 2018; Neiterman, 2013), takes the body from the private sphere into the public sphere.

Who I am is important to the context, as it has been through my experiences and research that this piece was derived. I am an assistant professor of communication at a medium size Midwest university. My two primary areas of study are health and family communication, especially where the two overlap, which I refer to as maternal communication. I am a working mom having two little girls six and three. I was of advanced maternal age during each of my pregnancies; thus during much of the latter part of the decade, time was spent in numerous exam rooms under the watchful eyes of my obstetricians/gynecologists and their network of nurses. I was subjected to more pre-natal tests than the average mom; my pregnant body was constantly monitored, constantly needing to perform. My daughters were born via cesareans, each cesarean producing a different scar. I attempted breastfeeding with my girls as well, both attempts lasting nine months.

It was during the breastfeeding of my daughters that I became more aware of my maternal body. This is not to say that I was unaware of my body prior to becoming a mother. I used my breasts in seductive, sexual ways, once granted access to a secure military base to meet friends at the base's beach because of the cleavage I produced when I leaned forward to talk with the guard. My body carried two little girls to exactly 39 weeks as well as 38 weeks and 4 days. I weighed, tattooed, and pierced my body to showcase rebellion and loyalty.

My body has produced point of contention. My breasts are above normal size, so at times I find my shoulder blades aching and tops too tight across the chest area. My body has carried extra pounds for a majority of my life, resulting in a lifelong struggle with weight gain and loss. My body does fail me, first with my gallbladder no longer functioning and then with abnormal liver enzymes. And my body hosts scars obtained from shaving accidents, a dog bite, gallbladder removal, and a single cesarean scar.

Having a contentious relationship with my body is not unique; having a contentious relationship with a pregnant and postpartum body is also not unique (Fox & Neiterman, 2015; Johnson, 2018; Neiterman, 2013). Yet my standpoint differs in that I am able to view the body through a scholarly lens, reflect deeply on my experiences both prenatal and postpartum, and examine the symbolic nature and communicative performance of my "maternal body."

The maternal body has received attention from scholars (Fox & Neiterman, 2015; Johnson, 2018; Neiterman, 2013; Watson et al., 2015). Each of these pieces captures the stories of how other mothers feel about their postpartum, not capturing just one voice in particular. Neiterman and Fox (2017) found that in some cases the discourse surrounding the maternal body focuses more on the baby and the health care system puts responsibility on the mother for keeping the baby risk free. This is where research sets the foundation for this study: Fox and Neiterman (2015), Hopper, 2014; Hopper and Aubrey (2011, 2016). Neiterman (2013), and Neiterman and Fox (2017) allude to society judging mothers by watching the mothers bodies; society gazing at pregnant women; and ,new mothers self-monitoring, setting the foundation of looking at the maternal body through a Foucaultian lens.

The purpose of this article is to highlight the Foucaultian nature surrounding the "maternal body." Sharing my story allows the reader to understand the nature of possessing a maternal body as well as how the ownership of the body is questioned. My story takes the surveillance and self-objectification of pregnancy beyond the statistics (Hopper, 2014; Hopper & Aubrey, 2011; Hopper & Aubrey, 2016). The narrative provides a portrait of the unconsciousness actions associated with pregnancy and being a new mom and what it means to be the one gazing at her. By sharing my story, I focus on how as individuals, women, see and experience their pregnant bodies as something they do (Field-Springer & Striley, 2018); yet by looking at the maternal body through a Foucaultian lens, I highlight the dichotomy of being pregnant, living in a pregnant and postpartum body and how pregnancy and post-pregnancy are socially constructed.

While I contend that non-mothers may also face the dichotomy of having their body monitored and self-monitored, I argue that mothers have different experiences with their bodies that non-mothers may not encounter. I argue that the maternal body performance is a consciousness decision made as reaction to the proverbial societal gaze; the performance grounded in the mom's values and beliefs about pregnancy/post-pregnancy, as well as the weight the moms give to society's gaze and narrative. The maternal performance comes from within the mom-to-be/new mom as a counter strike to society's motherhood narrative. This performance is a symbol of rebellion to the disciplinary power of the panopticon. I argue that moms have limited control over their bodies during the pregnancy, birth, and post-delivery stages. I aim to fill a scholarly gap in communicative research by providing an autoethnographic account from a mom's perspective into the trials, tribulations, and triumphs of obtaining and living with "maternal body." First, I begin by providing background on

Foucault's panopticon and how it can be used towards the maternal body. Next, I detail my method, autoethnography followed by three vignettes with critically analysis using the panopticon. I conclude with discussion and suggestions for future research.

The Panopticon

Fixmer-Oraiz (2015) argues "motherhood is increasingly policed, so too is it publicly promoted" (pg. 129). What was once considered a private act, a necessity for survival, has now become an act under increasing scrutiny. Hence why Foucault's panopticon is an appropriate lens to examine the maternal body.

The premise of surveillance has been studied through contexts of digital relationships (Manning & Stern, 2018), workplaces (Brivot & Gendron, 2011), and consumerism (Gates & Magnet, 2007) to name a few, but surveillance has tickled with the feminine body (Johson, 2018; Stern, 2011) setting the foundation of monitoring the maternal body. The irony is not lost on this mom, given how I participate in the act of surveilling other moms while believing I am under surveillance myself. To best understand the panopticon and how it can be applied to maternal bodies, this section will define the panopticon and highlight key components of panopticism.

While the panopticon is associated with Foucault, Foucault borrowed the notion from Bentham (1787/2008), who used a circular building containing cells with a tower in the middle to visualize dual surveillance. Foucault (1977) argues that the prisoners in the cells and the guard in the tower have their gazes everywhere, never knowing when one is watching the other or if the gaze is everywhere. Foucault points out that the panopticon is fixed when he suggested "this enclosed, segmented space, observed at every point, in which the individuals are inserted in a fixed place, in the which the slightest movements are supervised, in which all events are recorded..." (p. 197). Because the prisoners cannot move to another cellblock or building, they are stuck and their actions are observed, noted, and recorded. As such, "visibility is a trap" (Foucault, 1977, p. 200).

Prisoners, hospital patients, and organization employees are subject to control and moms are not. The institutions of prisons, hospitals, and organizations provide a way to monitor their subjects, but non-institutions do not (Foucault, 1977). But that is okay. Foucault (1977) argues it does not matter if one is actually being monitored in an institutional setting because the possibility of being monitored is enough. The "seeing of another" and "the fear of being seen" present a dichotomy that produces homogenous effects of power.

The notion of the panopticon and surveillance relate to the maternal body in two ways. First, there is the disciplinary power (Grbich, 1999). Disciplinary power puts other under continual surveillance, monitoring the mom's time and labour (Grbich). When out in public, the mom's time and labour are performed externally; the surveillance occurs in the sociocultural system in which moms navigate (Manning & Stern, 2017). Society has set definitions and expectations of what it takes to be a "mom" and these expectations, such as how much time we should spend nursing or what constitutes as exceptional mom labor are exhibited in the public sphere through the growing pregnant body, body postpartum, and how moms perform the role.

As Foucault (1977) once questioned, who has the power when it comes to control of the maternal body? Society would argue that they have the power when it comes to moms' bodies; the bodies are "governed by various code" (Stern, 2011, p. 251) and become a public body once the mom begins showing during her pregnancy. Neiterman (2015) found that often the pregnant body would be "an elephant" in a professional setting, often cloaking the mom's professional self. Foucault (1977) points that those who make themselves visible and know they are visible "assumes the responsibility for the constraints of power" (p. 202).

The second way the maternal body and panopticon relate is through bio-power, the regulation of bodies as regulating whole populations (Grbich, 1999). Examples of bio-power include medical personnel telling a mom-to-be how much weight she can put on, if she is carrying high or low, how the baby is growing, or even how the mom feeds the baby postpartum. For example, society wants moms to breastfeed (Quart, 2013) but neither in public nor in military uniform (Midberry, 2017) showcasing how society deems what is right for breasts (use them for nourishment) but also what is wrong with them (breastfeeding can't be seen). Norwood and Turner (2013) found that the general public prefers to see the breasts sexually than as a place of nourishment and health for babies. These conflicting views of the breast lead to a power struggle between society expectations and the actions of new moms, concurring with Stern's (2011) and Foucault's (1977) notion that the whole body is a site of power struggle.

Performance of celebrity post-baby bodies adorn the cover of national magazines within weeks of celebrities giving birth (Hopper, 2014; O'Brien Hallstein, 2011). Even the performance of motherhood has been examined, such as how Michelle Obama performed her maternal role while first lady of the United States (Hayden, 2017). I find myself participating in "homeland maternity" (Fixmar-Oraiz, 2015; Neiterman, 2015), the act of scrutinizing performances of motherhood to punish those who don't fit the ideal. Such scrutinization centers on acts such as mothers judging how other mothers feed their children (Koerber, 2005), how mothers deliver their children (Cripe, 2017) and how mothers raise their children (Moore & Abetz, 2016). I scrutinize other moms depending on whether or not the baby's head is covered during colder months. As my daughters play in a local mall's play area, I watch other moms, some with newborns, and question if a "new baby" should be in such a public place at that age. I caught myself judging the mother in how she was mothering while also worrying about the health of her newborn. I have judged other moms based on how their children follow the rules and behave within play area. I am surveilling other mothers, while in those moments not surveilling myself. Simultaneously, I wonder, as I watch my girls play if the other mothers judge me.

By giving society, and the general narratives about feminine body, agency, mothers' bodies face scrutiny. Australian parliament member, Larissa Waters, made news for breastfeeding her child during a vote (Erickson, 2017) and then again while she addressed parliament after making a motion (Farber, 2017). One year later, Senator Duckworth entered the senate chamber carrying her 10-day old infant, becoming the first child under the age of 1 under a new rule that allows women senators flexibility with their infants (Viebeck, 2018) Waters and Duckworth exemplifies what it means to be a mother in today's world: society was watching them and their moves as mothers. Moms practice self-surveillance (Johnson, 2018) but moms' bodies are social, hence also facing social scrutiny (Neiterman, 2015). This dichotomy of watching/being watched, or dual surveillance, is best illustrated through the use and explanation of Foucault's Panopticon.

Maternal bodies change during a pregnancy from the day of conception to the day of delivery. During my first pregnancy, I taught in a mid-size lecture hall, lecturing from a stage at the front of the room. We were two weeks into the semester, when I exited a bathroom stall, and for some reason turned sideways. I glanced at my body in the mirror and noticed that I had popped a "basketball" shape bump. I debated "do I tell my students or do I pretend to ignore the "basketball" size bump?" I went with addressing the bump in the room. When I announced my pregnancy, the class was cheerful and many of the female students excited, supportive.

As the semester progressed, my students watched my belly expand, secretly hoping that I would go into labor early. I could not control how my belly expanded, as Foucault argues, decreasing the constraints of the power over my body. During my second pregnancy, I tried to hide my changing body, wearing non-body conforming pieces, during the spring semester.

Near the end of my second trimester, approximately six complete months in, a colleague commented “you finally popped,” a reference to my pregnancy belly showing and an indication that she had been watching my pregnant body. The semester was ending so these students did not have the privilege of watching the bump expand during the third trimester.

Fuchs (2015) has argued that the notion of the “panoptic surveillance is outdated because it presupposes a surveillant center that monitors the many” (p. 7). But as a mom, I argue that the panoptic surveillance is not outdated as it is relevant to maternal bodies, as illustrated below.

Autoethnography

To capture the experience of being under a watchful eye while watching others, autoethnographic methods are used. Autoethnography is a “social constructivist approach that [to research] enables critical reflection on taken-for-granted aspects of society, groups, relationships, and the self” (Ellingson & Ellis, 2008, p. 448). The site of the pregnant woman, the woman sitting on the bench in Target breastfeeding are aspects of society that many of us encounter. We take these scenes for granted, unconsciously knowing we will see another pregnant or breastfeeding woman. By looking at my pregnant and post-pregnant experiences, I critically reflect upon the symbolism that these scenes, these images convey.

Stern (2011) used her experiences online to demonstrate how queer and feminist theories interact with Foucault panopticon, I use my pregnancy experiences to highlight the panopticon surveillance of the pregnant and postpartum maternal bodies. Me, as the subject, (LeBlanc, 2017 2019a, 2019b, 2020) is what I do because if I can’t analyze myself, turn the communication theory or critically examine my actions, then I shouldn’t analyze the narratives or culture of others. Autoethnography does just that; it turns the proverbial camera inwards using the self as the body of analysis, as a culture to be explored (Ellis, 2004).

During the course of both my pregnancies, I made journal entries or scratched down notes detailing my experience. I examined my social media posts, examining status updates and photos, to build the narrative and fill in the holes not present in my notes. On my oldest sixth birthday, social media reminded me that “it should surprise no one but the doctor is running late”, reminding myself and others how medical professionals have the power and we do not.

The combination of autoethnography, my maternal experience, are retrospective narratives that capture some of my pregnancy, labor, and postpartum experiences. After each narrative, I conduct a critical analysis of how the panopticon relates to the narrative.

Delivery and Post-Delivery: Who Controls the Body?

The nurse stood behind my head as Dr. White continued to stitch up my incision. Caroline was delivered at 1:25pm on May 2 via C-section. As she was moved to the warming bed, Matt walked through the surgery room in his Breaking Bad attire to count her fingers and her toes.

I begin tearing, the doctor hearing my sniffles.

“Sarah”, Dr. White began. “Are you okay?”

“I want my daughter,” I replied as the tears began to roll down my cheeks.

“Just a few more minutes,” she replied. “The nurse is making sure she is okay.”

During the discussions of what a C-section entailed, I was informed that the baby would be placed on my chest immediately, as the doctor and the hospital believed in skin-to-skin. The baby is placed belly down on the mommy’s chest and is a way for mommy and baby to get to know each other. The mommy body becomes a site of comfort for the baby.

As I laid sprawled out on the table, my lower half numb, my husband no longer in view, this was not the case. My baby was not on my chest. The tears continued as I lay there waiting for my daughter, having only seen her over the sheet that separated my chest and head from my stomach and legs after she was pulled from my uterus.

I closed my eyes, hoping that when my eyes opened again she would be with me. The sounds of the machines are like a lullaby. I open my eyes and watch the clock, feeling as if 30 minutes have passed when it has only been 3.

I want my baby. I need my baby. I have waited so long for this baby.

Within a few minutes, Caroline was placed on my chest.

Tears of joy began to trickle. It is true: you can love someone with your whole heart before you meet them. As Caroline laid on my chest, she began to pucker her mouth and the nurse behind my head informed the room that Caroline wanted to eat.

“We need 5 more minutes,” Dr. White told her as she stitched away. “Why not escort dad and baby to the post-op room? We will be there shortly.”

I lay, screaming internally in my head that I want my baby and my husband. Please don't take them away. But I lay here, a sheet dividing my body in half, a hospital gown covering my upper right arm and my breasts, since I am laying flat.

All I want is my baby on my chest.

I want my baby.

Lying there under the hands of Dr. White as she stitched up my incision and feeling nothing below my chest left me no control over my body, of swinging my legs over the side of the surgical table, exiting the room, and walking into recovery. I had to wait, the seconds seeming like minutes, the minutes acting like hours.

Finally, I joined them in the recovery room and Matt immediately placed Caroline on my chest, her puckering continuing. But the act of beginning to breastfeed was difficult as I laid flat on my back and knew nothing.

“I think she is having trouble latching,” I informed the recovery nurse as she asked how things were going. She walked over, her blue scrubs covered by her sheer white medical jacket and hair pulled under a white netting, she leaned over, squeezed my right breast with her gentle hands, and maneuvered Caroline so she could suck.

They are my breasts yet the control and use of the breasts are no longer mine. It was my body, but yet I had no control of it, the body numbed from the epidural.

My first birthing and breastfeeding experiences highlight the transition of the body from being mine to becoming a prop for doctors and nurses as well as a place of nourishment for a newborn. From the moment I arrived at the medical center and admitted to the labor and delivery floor, the control of my body began to diminish. I had no control over where the IVs or the epidural would be placed, how my body would react, how long and deep the incision would be, and how long it would take to stitch me back up. My body became a sight of surveillance as wires and devices were placed so that my heart rate and blood pressure as well as the heart rate of the baby could be monitored. My power over my body decreased the more my body was subjected to medical procedures during the delivery and post-delivery. I was watching the medical personal perform their duties on my body, while they watched my body to make sure things would go smoothly.

Surveillance of the post-partum body did not conclude once I was wheeled out of recovery and into a postpartum suite. Because of the cesarean, I had an epidural, a shot in the spine that numbs the lower half of the body. This meant I was confined to a bed, using the buttons to raise the head of the bed so I could be in a seated position. The first 19 hours of my postpartum stay allowed “the public” (visitors to the room) to see when (and if) I was producing enough urine, the urine bag hanging for all who entered my room to see. Any medical staff that

entered the room monitored my bodily functions, each stream of urine, wiggle of toes, temperature, and intake of pain medications recorded.

Meanwhile, I watched the medical staff enter, make notes on the board on the wall, add comments into the computer, and check on the baby and me I paid attention to who took my baby from the room in case she was not returned. I watched as the compression socks were removed after determining there were no blood clots. I monitored how they cared for me and Caroline. They monitored our health. They checked out bodies. Although Caroline has no memory, we watched them watch us. I watched them.

Self-surveillance was also ongoing. I felt the anesthesia began to wear off. I monitored my pain, calling for my husband to help me in the shower when I could not reach anything below my chest without experiencing unbearable pain. I monitored my breasts, the feel of the breasts as they grew heavy with colostrum and later milk. I watched the nipple to make sure Caroline was sucking on it correctly. Then I had to monitor my tiredness so that I did not fall asleep with Caroline breastfeeding in bed.

The medical center's delivery unit became the institution where I was being monitored, even when no medical personnel were in the room, I was monitoring medical personnel, and I was self-monitoring. Like Foucault (1977) argues, I made myself visible and knew I was visible, therefore assuming the constraints of power over my body. Yet, the monitoring occurred for my body and the baby; monitoring of self, of mom as a being, was absent. They did not see me, Sarah, my true self but rather they saw the pregnant and post-pregnant body (Kannen, 2013). I became a conduit, having fulfilled the social norm of having a baby.

“I Haven’t Even Given Birth Yet”

I maneuver the hallways of the hospital having started at the entrance to the Women’s and Children’s hospital (aka the labor, delivery and postpartum section of the hospital campus) walking slowly as I check out the door numbers as I head in the direction of the cafeteria. I am running 2, 3 minutes behind and I can feel my anxiety growing as my thoughts start moving through my mind at a quicker pace and my hands beginning to feel clammy. I couldn’t be late to this class. I just could not.

Having not done a breastfeeding class when I was pregnant with Caroline, I decided to attend one this time around. I finally find the room, open the big conference room door, and enter, seeing two other individuals, one I assume to be a mom, and the other a hospital employee, and noting the tables filled with hard baby dolls, all dressed in only diapers, and of various races.

“Please sign in and pick up the paper work in the back,” the nurse, and who I assume to be the class leader, says. I do what she says, noting the various colors of the papers, turn back around to face the tables, and choose to sit in the second to last row in the first seat on the left side.

The class is scheduled to last two hours and to force myself to pay attention, I grab a pencil and my “notes” book, wanting to take notes as the leader explains what, why, and how. Truthfully, I brought the “notes” book so I could take fieldnotes while experiencing the class.

“Hi! My name is Chris and I am a lactation nurse here at Midwest Hospital. I am here to educate you on the basics of breastfeeding, including the hospital’s stance, how breastfeeding works, and some proper holds. If you have questions, please feel free to ask.”

I sit there, trying to be a good student and absorb new information, but it is hard since I have breastfed before. I remind myself “it was not very successful. You didn’t make it to a year. Pay attention.”

“The goal of the hospital is to encourage all new moms to breastfeed their newborn. After the first feed, the hospital’s policy is for the newborn to remain in the room with the

mother at all times, unless needed for tests, their daily check-up, or if a boy, their circumcision. We do not provide pacifiers as we do not want to encourage them too early in the child's life."

"Wow!" I think as she continues to go through the hospital's stance on breastfeeding, pacifiers, and what dads can do while there.

"You have been producing colostrum since 16 weeks," Chris begins. "Colostrum is 'liquid gold' and is beneficial for the baby until your milk comes in 2-5 days after giving birth. You may have noticed during your pregnancy that your breasts have begun to change, feeling heavier and your areola changing colors."

Oh I know my breasts have been changing, since my husband has been watching them, once commenting "looking good" and "watching your breasts change is my favorite part of your pregnancy."

The class continues and Chris discusses topics such as proper holding techniques, neck support, and signs of hunger.

"Feeding is baby led," she informs the class. "Respond to the baby and not to the clock. Breastfeeding is not a race. Keep going as long as the child is suckling. Don't stop a baby who wants to eat."

"Wait a second," I think as I jot this down in my notes. "My baby gets to control how long she is on my breasts and when she wants them. Do I have no say? What happens when my breasts are full and they start leaking and she isn't hungry? Do I just put in some breastpads, relieve the milk over a bathroom sink?"

My notes become less frequent and soon I notice that the class is almost over. Chris concludes the class with "if you are giving birth here, I will stop in to visit you to see how you are doing and I encourage you to attend our breastfeeding support group."

The surveillance of the mom-to-be's body by the medical community has begun. The hospital becomes the watchtower and the mom is the inmate. The pre-birthing ritual highlights the panopticon in action: each party surveilling the other without knowing they are being surveilled, highlighting the bio-power nature of the panopticon (Grbich, 1999). The medical community is monitoring the mom-to-be, explaining what classes to take, how they will be treated, why they should breastfeed. The mom is monitoring the hospital: will my baby and I be safe here (This is evident in two ways: first, doctors inform the mom where they will be giving birth so the mom knows where to look up "birthing classes." Second, the hospital has notes of new moms, encouraging them to come take a tour of the labor and delivery suite and encouraging them to take classes. Once I signed up for a class, I received email and phone call reminders as the day approached; and then once I attended the class, Chris knew when I was suppose to give birth so she will know herself, or from the other lactation nurses, if I am breastfeeding. As for the other classes, I did not find them necessary as I was delivering via cesarean and we did the parenting class with Caroline. There are no direct consequences for not attending the classes.

I am also watching the hospital, researching the women and baby hospital to find other moms' testimonials. I want to know about where I will be staying for 48-72 hours. I ask what other moms' experiences were like when I did the tour, attend the breastfeeding class to see what education and advice they provide for new moms, and "interviewing" hospital staff to take note of their communication and what to expect during my stay. My research is similar to what Oh (2019) described during her four pregnancies, searching for a OB/GYN that would listen to her concern and being in an environment that put the patient first. Moms-to-be and moms need to have trust established with the institution that will be caring for them for 24-72 hours. We research, we investigate, and we take notes on the facility and what we learn about the doctors. Then we watch the behaviors of the medical personnel to determine if they are living up to our expectations. We surveil.

Are they watching me or am I watching them, so I know how to prepare for questions or hiccups along the way? The bright lights are shining keeping me from seeing them watching me and me watching them. But the surveillance has not ended, as it progresses through the delivery and post-partum hospital stay.

The Battle of Control

No two birthing events are the same, as I found out in August 2016 when I delivered my second girl. Even the journey to that moment differed as Caroline and I just had our regular pre-natal appointments while Evangeline and I had weekly ultrasounds to monitor her weight and movement. The only thing that was the same between these two cesareans was the birth weight of the girls, as even the control of the power of my body differed in my birthing experiences.

As my husband left to run an errand Saturday evening, I said “just so you know...my body has been feeling like...” I pause wondering how to describe it...” my period wants to start. I don’t know if this means anything but wanted to let you know.” As a mom and yet a mom-to-be again, I was in tune with my body, noting how I had some minor cramps, similar to those experienced during my adolescent menstrual cycles. I did not experience these cramps when pregnant with Caroline.

I thought nothing of it and went about my evening routine.

The first pain hit at approximately 11:34pm, the pain so intense that in my deep-sleep-induced-state I maneuvered my body onto all fours breathing deeply, my eyes closed, my head hanging down between my arms. In that sleep pain filled haze, I prayed that I was doing something right, having not taken the birthing classes for either girl since they would be delivered via cesareans.

When the pain had subsided, I laid back down on my right side, the side I fall asleep on, continuing to breathe deeply, and eventually drifted back off to sleep.

At 2:30, the pain started up again. Not wanting to disturb my husband, I left our bed and made my way to the couch and television, found a repeat of Dateline, and watched the clock on the DVR to monitor the pain.

“Okay these are about 15 minutes apart.” I went back to watching Dateline, snoozing during the commercials.

I wasn’t sure I was having contractions. I didn’t experience contractions with Caroline. For some period of time, I thought my mommy body had failed me, not even producing Braxton Hicks, or practice contractions. With Caroline, it was easy.

Another pain strikes. I place my hand on my belly and breathe deeply through the pain. Now they are about 10 minutes apart.

“Okay, if these are Braxton Hicks then perhaps it isn’t a big deal. If the time frame between the pains decreases, I will wake Matt,” I thought as I snuggled under the blanket on the couch.

When the pain started coming every 7 minutes, I rolled my mommy body off the couch, walked back into my bedroom, approached my sleeping husband, put my hand on his shoulder, and said “Matt, I think I am having contractions and they are 7 minutes apart.”

He sprang into action, throwing on some clothes, rushing across our ranch style home, grabbing Caroline out of her bed as I grabbed my hospital bag, and calling his parents as we made our way to the car. We dropped Caroline off at her grandparents, the pain now 5 minutes apart, and made our way to the Women and Children hospital.

As we approached the hospital, Matt asked if he should drop me off in front of the entrance so I wouldn’t have to walk as far. “No,” I answered knowing that I still had two

functional legs. We walked to the reception desk, one other couple before us, and I took a seat on the bench as we waited our turn.

“How can I help you?” the receptionist asks.

“I am having pain and I think they are contractions but I don’t know.”

She pulled up my information in the computer and called for a nurse. A few minutes later we were greeted at the entrance of the delivery surgical ward and led to a pre-surgery room. I was asked to change out of my clothes, my purple nightgown and an exercise skirt I had thrown on, into a hospital gown.

I was hooked up to machines and I began to panic.

“What if I am not in labor? There are all these people coming in and out of this room. I would be so embarrassed if they are watching to see if I am faking it,” I think as another pain strikes, the result showing on the monitor.

At some point, the on-call-doctor, Dr. Turner, arrived and announced, “you aren’t in active labor.”

“These aren’t contractions?” I asked.

“They are contractions but your water hasn’t broken,” he explained.

“Dr. Coda (my OB/GYN for this pregnancy) does not want my water to break as I tested positive for that bacteria that could make the baby sick.”

“Dr. Coda is on call at the pregnancy ward at the other hospital so I will give her a call and see if she can make it and if not, what we should do,” Dr. Turner informed me.

I eventually learned that after being on call, Dr. Coda was exhausted and would not make it to deliver my baby, the baby she helped keep healthy during my pregnancy journey. When Dr. Turner returned, he said “okay, Sarah”, we are going to do your C-section. Are you comfortable with me doing the procedure?” he asks, me feeling like every nurse and nurse technician eyes are on me. I am being watched as I make this all important decision.

By asking the question, “are you comfortable with me doing the procedure?”, I am given a choice, the power of determining if I am having a baby today. But did I have the power. I sometimes wonder what would have happened if I said no. I thought about it for a micro-second, wondering if no meant injecting me with drugs to stop the contractions and having to come back. But I psyched myself up by saying, “you’re ready for this, Sarah.”

The slight hesitation was gone quickly. I looked at Dr. Turner and I immediately answered yes, my fears of a male OB/GYN drowned out by the 3-minute intervals of my contractions.

“Sarah”, a nurse begins. “I have to shave you before we head into the OR.”

“But I just got it waxed. Is it necessary?”

“Yes. The doctor likes to have clean area around where he will make the incision.”

“Okay,” I said resigned that even trying to control how my body looks was in vain as waxing before the cesarean was not necessary.

Evangeline Grace Duncan was born at 6:57am on Sunday, April 28 weighing 5lbs, 14 ounces. This time I held the baby skin-to-skin for 2 minutes before she was whisked away for her vitals.

As Evangeline was having her vitals checked and being wiped down, the clock hit 7am and a shift change occurred, resulting in new eyes seeing into my exposed womb. The individuals I trusted, who stood by me for the last three hours are leaving, exposing me to a new set of watchful eyes. Even the anesthesiologist changed. Given my position, flat on my back, I was not able to see the faces of the new nurses, nurse technicians, or even my new anesthesiologist.

Approximately 29% of births in the state of Indiana were cesareans, a percentage slightly less than the national average of 32% (Center for Disease Control, 2017). I can’t help but wonder what percentage of those cesareans occurred right at a shift change.

“Sarah”, Dr. Turner, the on-call doctor, began. “Your uterus is shot. You should plan on not having any more children.”

“Okay,” I reply in a drowsy hoarse whisper.

“In addition, I am in here and I can remove your tubes. Are you sure you don’t want them removed?”

“Please don’t remove them” remembering the emotion of not wanting to feel less like a woman because I had my fallopian tubes removed.

“And would you like me to fix the scar?”

“You are the doctor, do what you need to do.”

I remember laying there, feeling more in control of my body this time than I had the first time, stating I wanted to keep my tubes, understanding the status of my uterus, and even getting to the hospital before my water broke, following medical advice given at a previous appointment. At an appointment four weeks earlier, my OB/Gyn asked if I wanted a tubal ligation. I asked if I could talk to my husband about it. I feared losing the tubes would make me less of a woman, that my body would not be whole. I feared others would know, even without me saying something, watching me, whispering “she can’t have any more children.” I wanted to stay intact, maintain some control of my body.

But at the same time, surveillance was at full force. One doctor monitored my pain and assisted when I reported that I felt nauseous, while the other doctor did the cesarean and monitored my reproductive system. As Dr. Turner and his assistant worked on closing me up, he knew the inside of my body, the part of the body that defines my gender, better than I did. I learned new knowledge, such as the state of my uterus, from him but unlike the others watching and participating in the cesarean, I never was able to see my insides. They could see me under all the bright lights, but my position kept me from seeing them, becoming reliant on surveilling them with my hearing and what was left of my sense of touch.

The labor and delivery process are interesting events as the “maternal body” is exposed to others, whether through cesarean or vaginal delivery. Medical personnel get to see parts of the “maternal body” that the mom is not exposed to. They monitor my heart rate. They monitor my contractions, able to determine the severity of them by watching the monitor. Doctors cut open a part of my bikini area, exposing the uterus and then the womb. They remove the placenta, which I never did see. And they are able to monitor the growth of a fibroid (LeBlanc, 2019a). I have to trust that they know what they are doing, because I lack the skills and the capabilities of being able to monitor these specific parts of myself.

As patients, we lay there watching nurses and doctors surveil our bodies. We know they are watching us, keeping tabs of ours and the babies’ vitals or even checking how much we are dilated. We then watch the medical personnel afterwards, as they check to see if the cesarean incision is bleeding or if the stitches are holding. And the process is continuous, a nurse entering the room every two hours, as if they are the prison guard checking on their inmates, the moms. During my first night stay at the hospital, I had one nurse come in every four hours, wake me from a sleep, and say “It’s been four hours, you need to feed your baby.” I would roll over, remove Evangeline from her basinet, and feed her. Sometimes I actually dozed off, resulting in a rebuke from the same nurse. “You aren’t suppose to sleep while feeding the baby.” I gently put Evangeline back into the bassinet. For that first night, I had to do things her way, never saying anything to anyone else but also never experiencing those directives again; but even her directives went against the advice from the breastfeeding course the same hospital sponsored. “Let the baby tell you when they want to be fed.” But instead, the nurse’s direction/interruption overrode the baby’s power. This process epitomizes Foucault’s panopticon, as moms watch others watching them, while others watching them. While this may be the job of the nurse to monitor my vitals, medication, and urine discharge, it is still a type of surveillance. They have

the power to take what they see and communicate it in a way to moms to either cause unease or relief.

Antiquing or Antiquated Ways?

As she awoke from a slumber, the crying filled the patron-less void of the vintage antique mall, the sound flowing over the booths and through the remaining four aisles of treasures.

“Shhh, Evangeline,” I said as I tried to soothe her with my voice, knowing I wanted to finish my trek through the vintage mall, an outing I found both pleasurable and peaceful. “I know sweetie, but we don’t have a bottle and I am almost done.”

As I examined a Fisher Price Little People house circa my generation, an older woman, an antique collector, seller, and booth renter, approached saying “oh I recognize that hungry cry. Do you have a bottle?”

“No, she is exclusively breastfed at the moment, but we are almost done. She won’t starve to death,” I replied back.

“I’m sure if you talk to the owners they would not mind you feeding her in their restroom.”

“I am not going to feed my child in the restroom.”

Her words upset me, the undercurrent of judgment of how I was mothering my child by not having a bottle, even a bottle filled with expressed milk. Yet, I balked at her question of using a bottle, assuming only mothers who formula fed their babies carried bottles. Then when she suggested talking to the owners about feeding my child in the restroom, my anger increased as I recall my mom saying, “you don’t eat your lunch in the restroom why should my child.” I am sure she was trying to be helpful but instead I felt insulted. My mommy body was publicized through the cries of my newborn yet the restroom suggestion privatized a part of my body that defines my motherhood. It is as if society wants to see our new bundles but they don’t want to see them eating. Society wants to monitor our mothering, but they don’t want to see us performing mothering.

Not wanting to go all mommy bear in my favorite antique mall, I turned the stroller around, asked Matt to pay for our items, took Caroline by the hand as I pushed Evangeline in the stroller, and exited the store. I made our way to the car, opened the back hatch, climbed in, and proceeded to breastfeed Evangeline in the back of the Equinox, in the middle of the parking lot, in front of the only vintage antique mall in town.

In that moment, the moment of wanting to fulfill a need to nourish my child, I did not care who saw the act of breastfeeding. I wanted others to see that I could mother and that I could mother by society’s rules, but I did not have to become a victim of the “mommy police” or society’s norms.

I did not use the nursing cover.

I didn’t even close the hatch.

I choose the back because the passenger seat could not recline because of the car seat behind it. I wanted Evangeline and I to be comfortable.

I sat there, Evangeline suckling at my breast and Caroline’s legs dangling over the bumper, feeling as if this was my way of giving society the middle finger. *Who are you to suggest moms breastfeed in the bathroom?* After all, I have read stories about moms being approached in public places, like Target, and reproached for them feeding their child in such a public place.

I did not observe anyone watching, the parking lot somewhat empty of cars but I was waiting, watching for someone to observe our little family scene and suggesting how I should mother.

Stern (2011) suggests that because of the constant surveillance we normalize our behavior. As a new mom, I feel pressure to conform to what the “other” deems right, normalizing my behavior. I needed to feed my child; I am comfortable feeding my child in public. But in that moment of me judging the antique dealer over her antiquated ways, I didn’t want to conform to societies’ standards. I wanted to sit in an antique rocker in the middle of the vintage antique mall and breastfeed right there, but I held back not wanting to be banned from my sanctuary.

But the incident in the vintage antique mall, left me questioning was I being a good mom by not feeding Evangeline right away? Was the vintage seller judging me, still watching me? Will she follow us out to the car and apologize for upsetting me? Will she be watching me the next time I come in? (I found I would watch her and learned, that sadly, she closed her booth.)

Moms encounter the dialectic of wanting to be a good mother versus wanting *to be seen* as a good mother (Turner & Norwood, 2013b). They face the notion of fulfilling society’s definition of a good mother: breastfeed her infants, keep her children quiet, and dress her children gender appropriately. Yet as found by Turner and Norwood (2013b) moms don’t fall neatly in a category of being a good mother. However, being a mom is a public act as moms are “constantly on” (Stern, 2011). Just like an accident on the highway, moms who mother are watched, scrutinized, and judged. When moms are breastfeeding in public, society notices as in the case of a judge asking a breastfeeding mom to cover up or leave the courtroom (Larimar, 2016). By breastfeeding in public, moms are trying to fit into society’s notion of “feminine ideals” of the proper infant feeding method. But at the same time, society is asking that the feminine body be forced (Foucault, 1977) into this ideal or face judgment of exposing their breasts publicly or being rebuked for using formula.

Conclusion

The maternal body is a site of contention, often caught in society’s narrative defining what it takes to be a “good mom.” But as research (Fox & Neiterman, 2015; Johnson, 2018; Neiterman, 2013; Watson et al., 2015) has explored, the maternal body is a site of self and other surveillance. Neiterman (2013) found:

Expectant mothers are also more extensively scrutinized and are subject to constant control and monitoring by pregnancy experts – physicians, psychologists, and other licensed professionals – and by individuals who voluntarily take on the duty of making sure that pregnant women follow the experts’ advice on pregnancy. (p. 337)

The surveillance of the maternal body is guided by our social interactions during the pregnancy and postpartum stages. The contexts in which the surveillance occurs influences the meaning we attach to our bodies (Neiterman, 2013). Therefore, how our physicians and other licensed professionals see our body and how they communicate about it influences our perception of our body.

The purpose of this article was to demonstrate how Foucault’s panopticon is present in the context of the maternal body. I set out to demonstrate mothers have different experiences with their bodies that non-mothers may not encounter. For example, women’s bodies are under surveillance as a means of sexual gazing (Aubrey, 2006; Aubrey et al., 2011), but the maternal body is watched in terms of a growing bump, weight gain, and even internally. Next, I showcase

how the maternal body performance is a as reaction to the proverbial societal gaze; the performance grounded in the mom's values and beliefs about pregnancy/post-pregnancy, as well as the weight the moms give to society's gaze and narrative. This was evident in my narrative about breastfeeding in the back of my car but also in the cases of mom's bringing their babies to work (Erickson, 2017; Farber, 2017; Kannen, 2013; Midberry, 2017; Viebeck, 2018). The maternal performance comes from within the mom-to-be/new mom as a counter strike to society's motherhood narrative. This performance is a symbol of rebellion to the disciplinary power of the panopticon.

Finally, I described how moms have limited control over their bodies during the pregnancy, birth, and post-delivery stages. As I laid on the table during my second cesarean and the doctor told me my uterus was shot, I saw my maternal body as failing, a dream of having three children floating away like a balloon floating high into the clouds. The surveillance of moms-to-be and new moms is an ongoing cycle. While some may see it is a negative thing due to mom's self-doubt and questioning their parenting ideology (Abetz & Moore, 2018; Das, 2018; Pederson & Smithson, 2010), the panopticon highlights the intricacies moms-to-be and new moms face just to perform motherhood.

But this autoethnography also brings to light how it just isn't the maternal body that is under surveillance but all of motherhood. Parents are trolled online, questioned about their behaviors (Abetz & Moore, 2018; Das, 2018; Pederson & Smithson, 2010). Future research should critically examine the panopticon theorizing "sharenting" (Haelle, 2016), the sharing of parents' children's pictures on social media. We surveil what other parents post about their children as we self-monitor what we, ourselves, post. Using the panopticon to surveil the mothering and parenting actions of self and others brings light to the "socially, and problematically, hierarchized" (Kannen, 2013, p. 171) reading of the maternal body. Future research should tease out this digital panopticon and how it impacts perception of self and others.

Being a mom is a trap (Foucault, 1977). Females are expected to bear children but once we do and become a mom, we are under surveillance because motherhood is a visible entity; the surveillance of the "maternal body" centers around how moms perform motherhood. Females not performing motherhood to societies standards are punished (Fixmer & Oraiz, 2015). Adrienne Rich in her book, *Of Women Born: Motherhood as Experience and Institution* (1976; as cited in Fox & Neiterman, 2015, p. 671), once described her postpartum experience as being "incarcerated" by her maternal body. As seen through the vignettes above, and now as my children continue to grow, I find myself agreeing more and more with Rich. Moms can be "incarcerated" in their bodies, as they develop from being a feeding machine, to a place of comfort, to even a playground. It is time to open the prison door and let moms handle their maternal bodies their way without the pressure of the guards.

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