Essentialism as a form of resistance: an ethnography of gender dynamics in contemporary home births

Abstract

Feminist scholars have criticised the essentialist construction of femininity associated with "natural" childbirth movements. Along these debates, planned midwife-attended home births stand as the typical representation of this counterculture. In this article, we present data from a multi-sited ethnography on Portuguese home births where we analyse how gender ideologies are reproduced and operationalised by families and home birth professionals. Our findings illustrate how home birth care and associated practices are configuring apparently contradicting gender ideologies. Essentialist perspectives, which conceive birth as an opportunity to reconnect with women's oppressed femininity, coexist with non-binary conceptions of gender, where femininity and masculinity are conceived as fluid forms of energy that everyone has in different degrees; and where men are potentially welcomed in the birth setting, either as fathers or as professionals. Given the androcentric references of modern obstetrics and the marginal position of home birth, we argue that essentialism was constructed as a form of resistance.

Introduction

The critiques of medicalised childbirth entered the agenda of feminist research and activism rather late, from the 1970s' onward, when the second wave movement already

had its momentum (Macintyre, 1980; Oakley, 2016). Since its early stages, feminist approaches focusing on women's roles in childbirth were far from being consensual, and the debate remains unfinished (Annandale & Clark, 1996; Beckett, 2005; Oakley, 2016). These approaches are often criticised for having an underlying conception of women as a homogenous group, and different from all men, based on their reproductive functions (Augusto, 2013; Beckett, 2005). Annandale and Clark (1996) claimed that early studies on the sociology of human reproduction failed to recognise the diversity of women as a social group across the intersections of place, race, class, and many other social markers, excluding transgender and non-binary gender persons, falling into biological essentialism. An emphasis on women's roles in pregnancy and childbirth, some authors argue, may represent a step back in feminist achievements, particularly by limiting women's social lives back to their private, family life (Badinter, 2011).

On the other hand, the mere act of talking about gender without essentialising may be challenging (DeFrancisco, 1997), and even feminist scholars who reject essentialism are often unintendedly trapped in "the notion of a 'raw material' that women hold in common" (Annandale & Clark, 1996, p. 27). Gender surely remains central when discussing the medicalisation and demedicalisation of childbirth. Traditional gender roles in childbirth seem to be broadly internalised. K. Martin (2003), analysing gender identities in hospital births, concluded that white, middle-class, heterosexual, cisgender women demonstrated a concern with their behaviour during labour and birth, trying to be discrete, contradicting the culturally dominant image of a lack of emotional control, and demonstrating how internalised gender technologies control the body in the interactions with all other actors in childbirth. According to K. Martin (2003, p. 56), "[i]nternalised technologies of gender are those aspects of the gender system that are in us, that become us". She highlights how the control mechanisms of the female body are

not only external, institutional, and interactional, but are also related to a traditional gender identity internalised by the woman, that leads her to remain calm, docile and quiet during birth. Cohen Shabot (2016) also highlights the gendered nature of the medical management of childbirth. She notes how the moving, powerful, and strong labouring body collides with medicine's general objectification of patient's bodies, and, additionally, how it defies the hegemonic ideal of passive and docile femininity prevailing in patriarchal societies. As such, childbirth is, at the same time, the opposite of femininity and the archetype of femininity. An active labouring body is often surrounded by a sexual and erotic imagery that can be highly disruptive within a paternalistic and medical-centred setting (E. Martin, 1992). Labour pain, itself, may be framed as feeding this eroticism, in a way that it contributes to the construction of subjectivity and ambiguity (Cohen Shabot, 2017). The hospital structure, the control mechanisms, and the medical interventions are thus needed to domesticate this disquieting, erotic female potential (Cohen Shabot, 2016).

In fact, the medicalisation of childbirth may be analysed as a process of masculinisation (Cahill, 2001). Critiques to the medicalisation of childbirth tightly connected this process to the advent of masculine obstetrics and the imposition of patriarchal hospital practices (Annandale & Clark, 1996; Oakley, 2016). In the hospital, aligned with the mechanistic view of biomedicine, women's bodies were commonly portraited as broken machines in need of male control and repair (Rothman, 1982; Segal, 2007). Indeed, in Portugal, there is an increasing prevalence of a paternalistic model of maternity care, with a growing tendency to control and standardise the duration of pregnancies and to schedule births for weekdays, avoiding weekends (Pintassilgo & Carvalho, 2017).

Along these debates, planned midwife-attended home births have been considered the typical representation of a counterculture and a resistance to childbirth medicalisation and masculinisation (Mansfield, 2008). But in fact, by looking at how gender is performed in contemporary home births, they seem to be more than the plain expression of a demasculinisation movement. In this article, grounded in the growing body of knowledge on childbirth and gender, we report findings from a multi-sited ethnography on Portuguese planned home births, and analyse how gender ideologies are reproduced and operationalised by home birth professionals and by families.

Gender, demedicalisation, and home birth

Home births, in particular, stand as one of the most significant countercultures to obstetrics, but retain several characters of medicalisation. How is then gender operationalised and configured? Although stressing the need for further research, K. Martin (2003, p. 67–8) notes how internalised gender technologies seemed to operate differently on two of the women she interviewed, who chose and experienced a home birth. There were minimum references to traditional gender roles when these women described their labour and birth experiences:

> Two of these women also described interactions that might be seen as challenging gender norms. For example, Andrea took pleasure in her own, out-of-the ordinary cursing and ordering. [...] Jill, who gave birth at home, described taking charge of the labor and telling others what she needed them to do. She did this without reservation and without apology. [...] She also describes holding up her finger several times to signal to her birth attendants that she needed quiet to get through a contraction. At

another point, she told her husband to stop reading a book and to pay attention to her and her contractions. She does all of this without apology. No other interviewees told such stories.

The oppressive power of internalised gender technologies might have been differently expressed in these women because they had home births, with several contextual differences from hospital labour rooms. However, K. Martin notes that further research is needed before establishing causal relations, to know whether women with lower degrees of internalised gender technologies are more likely to choose a home birth, or if actually home births free women from these technologies.

Drawing on K. Martin's work, Carter (2009) analysed interviews and birth stories posted on the internet from women who choose out-of-hospital births (at home or in midwifery-led units). She illustrates how their behaviours during labour and birth were not aligned with traditional gender roles, although they were coherent with the traditional feminine role in the private sphere, where women are in charge and delegate tasks. But Carter notes how this is one of many possible interpretations, and stresses that it is not clear if women were, in fact, adhering or defying gender norms. In fact, we add, when people who do not belong to the household are present – as is the case of a home birth with professional assistance – the boundaries between public and private spheres at home are less clear. Plus, the focus on women's behaviour during labour and birth seems not to be enough to understand how gender is operationalised and reproduced in home births more broadly, before and after the birth takes place. The practices of home birth professionals – midwives and doulas – may well contribute to the definition of particular gender dynamics, but this seems to be largely underexplored in the literature.

In a research on Portuguese home births, Santos (2012) also highlights how gender seems to mediate the birth experience. The author states how, from the women's description of their hospital and home births, there were forms of resistance to external and internalised control mechanisms in both settings. In some cases of hospital births, there were no significant internalised gender technologies, but an external control by the hospital staff. One of the interviewees had her second birth at home, after a first hospital birth, and she described how being at home with her midwife and doula allowed escaping both from external and internalised gender technologies (Santos 2012, p. 25–6, our translation):

> Because, in the hospital, we kind of feel that a woman who screams is a woman who disturbs, isn't it? In the hospital, I was always saying sorry! I didn't want to bother. I just wanted them to like me! […] And there [at home], I knew they [the midwife and the doula] wouldn't judge me, they wouldn't point their fingers at me, they wouldn't, you know? And I could do what I wanted! I could embody the woman giving birth that I was, you know? Freely. Screaming. I screamed. Basically, that was my scream, my war scream.

It seems the relationship established with home birth professionals may influence the way gender is enacted. Yet, for Santos, the experience of a home birth does not necessarily grant an autonomy from internalised and external control mechanisms. It is in the context of each home birth that a set of conditions may allow exercising and experiencing such an emancipation. Santos notes how access to the home birth setting, in late modernity, is mainly conditioned by reflexivity[1] and the birthing woman's trust-based relationships, and not so much by gender, expertise, or family ties. On the other

hand, the author reports the re-emergence of a gender ideology apparently rooted on essentialism within the discourse of women who had a home birth, where birthing without control mechanisms and in the desired setting is said to be an opportunity to fully experience femininity. However, this femininity is not always built on traditional gender roles. Gender is stated as an important feature of home births, but its role remained unclear.

Fedele (2016) goes further, analysing the connections between home births and gender in what she calls "holistic mothering" in Portugal. She notes how holistic mothers share, in different degrees, attributes found on the rather diffuse Goddess spirituality movement, were female reproductive processes are sacralised and celebrated. Among the women she interviewed, the ones who gave birth at home recalled their socially devalued and oppressed abilities to give birth without medical interference. Yet, Fedele stresses how there is an underresearched political dimension underlying their claims, where gender stands as a cornerstone for social critique. These women generally acknowledged the pitfalls of reproducing traditional gender roles and searched for conciliating solutions to challenge patriarchal models.

Following the work of Santos and of Fedele, we propose an in-depth analysis of gender in the home birth setting, focusing on how birthing women and both established and emerging home birth practitioners – midwives and doulas – operationalise and reproduce gender ideologies and control mechanisms through their discourse, their birthing experiences, and their care giving.

Method

This article draws from an ethnographic research aiming at observing the dynamics of Portuguese home birth practices, throughout pregnancy, birth and postpartum. In Portugal, home births are legal, but rare – representing less than 1% of all births (Pintassilgo & Carvalho, 2017) – and home birth care is not available in the public sector. Practices related to home birth are rather hidden from a wider audience and happen intermittently, in several spaces. The action of different social actors is not framed by an organisational dynamic of a specific site or institution. Therefore, we developed a multi-sited approach (Hannerz, 2003; Marcus, 1995), and by observing the singularities of each situation, searching for its *local ecology* (Hannerz, 2003, p. 208), we were able to learn their common features. This led to an in-depth understanding of the social dynamics surrounding home births, more broadly.

Ethical approval for this study was granted by the Institutional Review Board of the PhD Programme in Sociology of the University Institute of Lisbon (ISCTE-IUL), and all names are pseudonyms. Fieldwork was carried by Santos (the first author) in Portugal from October 2015 to July 2018. Because there was no formal home birth network in the country, entering the field was driven by existing personal relations, at first mainly in structured and formal fields, such as conferences, activists' meetings, women's circles, and doula courses. Gaining direct access to home births was less common in the first stages of research. The fact that the ethnographer was a man may have had some implications in gaining deeper access to the field at these stages. But as stronger trust-based relations were built, both with families and professionals, being a man became less relevant, and more opportunities for accessing intimate settings were granted. In the end, the ethnographer took part in 27 consultations with midwives, 15 doula sessions, and 8 home births, with varying degrees of engagement, apart from numerous spontaneous conversations with professionals and families.

Further data was produced from auto-ethnography of Santos' home birth experience in June 2016, and from 20 semi-structured interviews to home birth professionals, including nearly all active Portuguese home birth midwives. A total of 13 midwives, 1 birth photographer, and 6 doulas were interviewed. From these doulas, 3 were also doula trainers. Interviews lasted an average of 96 minutes.

Ethnographic fieldwork was extended to online settings and to mass media, producing a minor, yet relevant volume of data. Fieldnotes were taken from occasional online interactions on social media (Bryman, 2012; Kozinets, 2010), and from the media coverage of the rather sparse debates on home births, in Portugal, keeping a reflexive attitude in data analysis and interpretation, through an ethnographic content analysis approach (Altheide & Schneider, 2013). All fieldnotes and verbatim transcription of interviews were further submitted to an inductive thematic analysis, assisted by the software MaxQDA, version 12. The gender-related categories emerging from this analysis will guide the following discussion.

Results and discussion

Gender in the inner and outer layers of home births

Doing ethnography in and around home births allowed a privileged analysis of gender dynamics. At home, there are no formal or institutional rules regarding the access to and the stay in the birth setting. Despite the likely gendered context of the home, gender dynamics emerge independently from the constrains found at the hospital. Gender and any control mechanism may be then analysed in the interplay between how gender is individually enacted and how it is conditioned and reproduced through interaction.

While at the hospital, apart from the external and internalised gender technologies, there are overarching institutional norms formally conditioning the access, the stay, and the behaviour in the birth setting.

Although home births were at the centre of this research, broadening the fieldwork to the "outer layer" of home births – other settings and activities where people talk, train and elaborate on home and natural childbirth – allowed the ethnographer to interact and to gain intimacy with more people, and to get further access to more private settings, such as midwifery consultations, doula sessions, and labour and birth at home – the "inner layer" of home birth. At first, interviewing some of the home birth practitioners, attending public or semi-public events dedicated to natural birth or home birth, and reviewing on-line information on doulas' websites showed an abundance of essentialist perspectives. These were structuring elements of the discourses produced around home birth. Yet, as the access to the inner layers of home birth was granted, a more complex picture started to be drawn on how gender ideologies are integrated and reproduced in more intimate interactions. During the analysis, three main categories emerged: *rhetoric essentialism*; *gender as energy*; and *essentialism as emancipation*. To a certain extent, they are presented diachronically, roughly representing three stages of immersion in the field.

Rhetoric essentialism

In the outer layer of home birth, the role of women is strongly conditioned by the biological nature of their reproductive processes. A rhetoric essentialism was found in different public and semi-public settings, offline and online. There was a certain consensus regarding the relative position of women and men in childbirth in the discourse of women and midwives, doulas, or other professionals linked to home birth.

The medical management of birth was described as a form of patriarchy and thus the processes of demedicalisation were mentioned as a form of gender re-appropriation, of recovering the feminine in childbirth, as described here by Beatriz, a doula and doula trainer, in an interview:

> [On the content of a doula course:] Many times it's not a matter of "I read" or "I studied", but "I intuitively knew" or "I always knew this [medical management of birth] was not the normal thing to happen". It is that rescue of that feminine wisdom that we do [in the course], right? Giving the leading role back to the woman, and improving her self-esteem, because a woman with a strong self-esteem is not easily deceived, she is not. She is responsible for her choices, for her decisions, and if necessary she says "no" to her doctor, or changes doctor, or has no doctor, or no obstetrician.

Home birth emerged as the option where a woman can truly free herself from the masculine dominance: with women back in charge of the birth setting and without the presence of men, an ancient feminine knowledge about birth could be reclaimed. In some situations, there was a strong reference to witches, who symbolised this subjugated knowledge. There was a homogenising rhetoric of women as a group, bonded by their exclusive experiences of motherhood, often translated into a celebration of reproductive processes that are biologically female. This is well represented in this interview to a doula, conducted by another doula and posted on her blog on 10 October 2015 (accessed 10 November 2015):

Q: When a mother is born, we discover an inner strength that we did not know of. Don't you agree?

A: Certainly! It's one of the things I most appreciate, seeing how much a Woman grows when she can give the best birth to her son. It is a double birth. It is a kind of growth that has a glow in the Women's eyes, they change, and with them changes the world around them. A contagious chain is produced. I am surrounded by a feminine strength which is an incredible chain. I am grateful to all these Women, for the strength with which we are feeding each other.

This narrative conveys a straight association between being a woman and being a mother. Similar discourses contributed to reproduce the idea of motherhood as enabling a more complete fulfilment of womanhood. This resembles some of the contours of the concept of holistic mothering proposed by Fedele (2016), where being a mother legitimises women's authority over their bodies.

In this outer layer of home births, at the discourse level, other elements of holistic mothering could be identified, such as emphasising the importance of the female lineage, or referencing Mother Earth; as reflected in the discourse of Andreia, an obstetrician, at a Portuguese conference on normal childbirth, in May 2016, when she was explaining her alternative approach to antenatal care:

The first part of the pregnancy is to work on the feminine, 'me and the mother'; the second will be like adolescence; the third is to work the masculine, to be ready for choices, to decide when and where the birth is going to happen. [...] The mother is the Earth [where life is created], the father is the Universe [with its masculine ability of protection].

Having a home birth was frequently described as a way of keeping birth feminine. Part of the information channelled by women and professionals reflected the relevance of living and sharing the experience of pregnancy and childbirth within a circle of women, in a feminine protective environment. Pregnancy was sometimes referred to as a phase when repressed issues with the women's mother, or issues dating further back in the maternal lineage, surface; representing an opportunity to "heal the feminine", either metaphorically or through specific practices focused on female body parts, such as the "blessing of the uterus".

Being a cisgender woman and, in some cases, having the embodied experience of childbirth was thus rhetorically recognised as a form of authoritative knowledge in the support given to other women throughout pregnancy, labour, birth and postpartum. This was particularly evident in the definitions of the role of the doula found on two of the Portuguese websites advertising doula services and doula training (accessed 27 October 2016):

> [A doula is someone who] ... has lived the experience of motherhood and recognises this stage as one of the most important stages of a woman's life, if not the most important, which she will save in her memory forever. [Website A]

> Birth is part of the feminine universe and, until recently in history, it has always been "a women's thing". Women protected and helped each other, because they are bond by the miracle of giving birth. The role of the doula, in a way, rescues this cooperation between women, this intuitive feminine wisdom, and thus a doula is, by nature and tradition, a woman, and usually has the experience of motherhood.

> However, there are some women who do not have children *yet* but already feel within them the will and the vocation to help other women in this moment of their lives. Some men may have in them the sensitivity and the understanding of the feminine that allows them to accompany a woman in her birth, especially their partner, but it is not usual that they would want to dedicate their life to this. [Website B, our emphasis]

Doulas are not a monolithic and homogenous group. But, in general, their role was the most intrinsically connected to this line of rhetoric essentialism. Most home birth professionals are women, but while it was generally accepted that a minority of home birth midwives were men, many doulas and mothers were clearly against the existence of male doulas.

Yet, among midwives, essentialism also had particular features. More than rhetorically recognising childbirth as a feminine territory, some expressed a fascination with the "feminine" and with the uniqueness of women's bodies, which required a specific set of knowledge that they have neglected through their hospital midwifery practice. Engaging in home birth midwifery was, then, a way of reconnecting with this feminine knowledge. Midwives acknowledged how, through their home birth practice, they were somewhat recovering part of the lost charisma of lay midwives, wise women who helped other women in childbirth using their embodied experience of childbirth and their "feminine intuition" before the hospitalisation process begun. This is in line with what has been described by other authors internationally, regarding the valuation of intuition in home birth midwifery (Davis-Floyd & Davis, 1996; Sjöblom, Lundgren, Idvall, & Lindgren, 2015). However, as Beckett (2005) notes, some of these arguments

have underlying essentialist notions of the nature of intuition, where women are more naturally capable of being sensitive and intuitive than men.

Essentialism, at least rhetorically, notably surrounded home births. From public speeches to online information, and across different social actors and settings, the homogeneity of women and the natural differences between women and men were convened and celebrated. However, in more private and intimate situations, there were circumstances that somewhat contradicted the seemingly essentialist foundations of home birth experience and care. Beyond recognising that gender is in fact attenuated when defining the access (of others) to the home birth setting, as described by Santos (2012), several interactions drawn attention to a more complex and dynamic framework, built around the notion of gender as energy, and as independent from biology, even among the same individuals who expressed essentialist views.

Gender as energy

As the ethnographer accessed inner layers of home births, a surprising recognition of the social construction of gender identity emerged, through an energy discourse. It was distinct from what Fedele (2016) has described regarding holistic mothering, where energy is linked to spirituality. Holistic mothers are said to share, in different degrees, the attributes of the members of the Goddess spirituality movement, including the use of an energy discourse to describe the theory and practice of experiencing a connection with a spiritual or divine force (Fedele, 2013). Here, despite some infrequent references to energy as a component of one's spirituality, the energy discourse generally emerged as linked to the definition of the gender identity of a person or of a certain setting.

This had implications when defining how much "rescuing the feminine" in the birth setting actually meant that it should be (re)established as a place exclusive for women.

Beatriz, a doula trainer, clarified how finding the desired feminine support within a group (of women) was not necessarily determined by nature:

> Q: So, you think that, at the same time, [women relying on other women] it's a feminine thing, but also something inherited from society?
>
> A: I don't think it's something naturally feminine. I think we learned to do that, you know? [...]
>
> Q: My question is why is it possible [to have a "feminine" circle of trust] in a circle of women and not in a circle of women and men, or a circle of men.
>
> A: But of course it is possible in a circle of women and men, of men and cats, and dogs, and giraffes, and crocodiles. I don't know, I don't work with men [laughter]. I don't work with men. But more and more I am starting to be surrounded by men with a completely extraordinary energy.

These results show important parallels with some of the debates on gender as non-determinist, as non-binary, as fluid. And, in some cases, there were accounts of the interplay between structure and agency, in so much gender was recognised not only as a social construct, but also as a set of individual features performed in the context of each social interaction, as discussed by Connell (1987), West and Zimmerman (1987), and Butler (1990). This is well illustrated by this excerpt of Ana's interview, discussing the interaction with a man in a doula course:

> A: We [doulas in training] didn't feel "ok, a man just came in, now we have to..." That issue of patriarchy. "We have to do what he tells us, we have to..." No, no way. We didn't feel that submission, or an oppressive energy, let's put it this way. We

didn't feel that. It was like if he was part of the circle. "Ok, we are among peers, we are all on the same line", so we didn't feel any big differences.

Q: It was almost like if... you were talking about energy and I understood it almost like if you were saying that he had a feminine energy.

A: Yes, he does. And so do you [as a man]. A part of you is also feminine. Yes, he had a sort of energy which was more feminine than masculine, yes.

Likewise, aligned with Connell's work, femininity and masculinity were widely conceived as fluid forms of energy, and everyone could have coexisting traits of femininity and masculinity, in varying degrees.

We note that there is some degree of essentialism in the definitions of what constitutes feminine and masculine energy, some of them clearly connected to traditional gender roles (feminine as listening, being, feeling; and masculine as doing, intervening, oppressing). Yet some conceptions of femininity (though not that much of masculinity) overcome these traditional definitions. Women's femininity in the birth place was also constituted by being powerful, strong, loud, untamable, determined. This was not seen as innate, and not even only a product of socialisation. Gender as energy and the degree of masculinity and femininity in one's self were said to be modulated by each social situation, which is particularly relevant in the birth place. Júlia, a home birth midwife, gives further account of this in her interview:

Wherever a birth is happening, the energy is feminine, clearly. And you must get in, either if you're a man or a woman, you must enter in the feminine energy. Which is an energy of welcoming, an energy of mission, an energy of service, and an energy

of presence, you know? You are there to be on service. And an energy strongly intuitive.

Again, this was not identified in every setting, but generally the presence of men was not incompatible with the feminisation of the birth place. Building on one of the arguments of the famous French obstetrician Michel Odent, who promoted undisturbed birth, Leonor, a doula and doula trainer, develops in her interview how she conceives birth as a place also for men:

Do you remember an interview to Michel Odent, one of the last, to a Portuguese magazine, and that was completely controversial, saying birth is no place for men? And everyone though this guy had gone crazy, but I completely understand that, you see? I think he used some inadequate terminology. Because, my perception is that birth is not a place for masculine energy, at all. It's a place for feminine energy. And in my work with couples and with men, this is my focus: everyone can be present at birth, if you have the right energy. Knowing the minimum about how a birth happens, and how it develops, you can be in a certain energy. If you go to the church, if you know what are the proper manners to be in the church, you can behave adequately. It's the same thing. And I think there are women that, at birth, even if they are mothers and have a bunch of kids, they have such a strong masculine energy that birth is not a place for them. It's not about sex or about having kids or not, it's about your attitude there.

As such, not only the presence of men may promote the femininity of the birth place, but also the presence of women may well interfere with it, depending on how one interacts and performs.

Essentialism as emancipation

The results above, roughly describing two levels of immersion in the field – the inner and outer layer of home births – may unintendedly induce in the reader a sense of two discrepant dimensions of home birth: public discourses and private practices. However, we acknowledge that discourse is not separable from other forms of social practice (Connell, 1987; Wodak, 1997). In fact, deepening our analysis we see how, despite the essentialist rhetoric, "masculine energy" may also be welcomed in a home birth; and how, despite the non-binary gender ideology, being a man or a woman is not completely indifferent and has practical implications in the home birth setting. By looking at the wider context in which home births are happening – how home births and home birth practitioners are socially positioned, and how the role of women and men in childbirth is configured in Western societies today – we can then have a more comprehensive understanding of how gender is shaped in the home birth setting.

Home birth is an alternative, marginal, system challenging praxis (Cheyney, 2008). As such, although the embodied experience of being a woman and being a mother was relevant to the establishment of home birth professional practices, it was not enough. The legitimation of these practices (among families and among other professionals) was first granted by the fact that they were based in scientific and medical knowledge and evidence. Isa, a midwife, in her antenatal consultations, frequently drew on the evidence upon which her advices and practices were based, carefully noting when an advice was based only on her experience.

In general, solely having an embodied experience as a woman did not grant legitimacy to the professional practices in home births, either as midwife or doula. Plus, men in the birthplace, other than the partner, did also use of their embodied experience to inform actions, to discuss options, and to exemplify possibilities. While talking on the phone, Nádia, a pregnant woman, on the ethnographer's presence in her planned home birth, suggested that having another man in the birth place will be an advantage, particularly because of the ethnographer's previous experience of a home birth:

> I think it will be interesting that you're here, because my husband will be here surrounded by women and you're a man, so it will be great. He was very happy to know you would be coming, because he will feel supported and you had that experience already, which is also good in case we want to ask you something.

These home births reflected the emerging diversity in the role of men in pregnancy and childbirth earlier discussed by Daniels and Chadwick (2017, p. 11) where men also explored the "containing, receptive and nurturing possibilities of the masculine". Similarly, here male partners acted in many ways in a home birth, from those who gave direct physical support, to others who remained waiting in a different room for the labour to progress while others offered direct support. And these different levels of engagement also varied during labour.

Moreover, we do not ignore that there are specific rules for social interaction in the birth setting and that being a woman does seem to give way to exclusive forms of social interaction. Elisabeth Challinor (2018), in an autoethnographic narrative of her hospital birth experience, mentions how a kiss in the forehead by the female midwife who attended her birth was meaningful in making the experience more positive. Yet she

acknowledged that the kiss would have been experienced differently if it were from a man (Ibid. personal communication). Likewise, in most of the observed home births, touching and establishing a more intimate physical contact was easier and more welcomed if it was performed by women. Men, other than the partner, giving physical support to the labouring women was less common, and when it happened it was less immediate, happening in later stages of labour.

Also, beyond the "women and men divide", the couple, as a singular system or entity, emerged as relevant. "Pregnant couple", i.e. (mainly) a heterosexual couple of cisgender man and woman where only the woman is in fact pregnant, is a term with growing acceptability among doulas and health professionals in Portugal. Some home birth professionals also integrated this in their practice, focusing on the couple rather than on the women. This was especially clear during antenatal care. The purpose of celebrating reproductive functions of women, rooted in an essentialist ideology, became even less evident.

But why then an essentialist rhetoric, in the first place? We argue that, given the androcentric references of modern obstetrics and the marginal position of home birth, essentialism was constructed as a form of resistance. Júlia, home birth midwife, mentions in her interview:

> [O]bstetrics today has the need to control, so it adopts a masculine role of controlling. [...] Because you have the power to intervene. So, it's the power of the masculine, completely wrong, in a context that should be feminine, of redemption, and of presence. Nothing else. And of wait. [...] It's the sacred energy of the feminine that is there [at birth], at its peak. You can't find it anywhere else. You see? And that's the reason for this eternal fight. Because when you go fighting, to win a war

> you must fight. And this is a lost fight from the start, because the feminine doesn't fight. So, you can't fight. The feminine energy is not an energy of fighting. [...] Unless it is not a battle, were we rest our weapons completely, and start demanding, but without fighting, what is ours by right.

Resistance through discourse may be ephemeral and have multiple shapes, but at its core is the Foucauldian proposal of power as the social control of knowledge and perception (DeFrancisco, 1997). Today, scientific obstetrics and the medical management of childbirth are the norm, and they allegedly exist free from culture. Facing this as a form of oppression, home birth practitioners and families seemed to have found here an opportunity for emancipation, using a discourse strongly rooted in the power of women, in nature, and in emotions, intuitions and other oppressed forms of knowledge. Essentialism offered an exclusive language, clearly distinguishing and distancing home birth practitioners from hospital birth practitioners, securing their own identity as independent from the medical hegemony.

In this line of argument, rhetoric essentialism becomes compatible with the other practices in home births described above, where gender is performed rather than innate, and masculinity and femininity are understood as fluid concepts varying according to each person, each setting, and each interaction. Recovering K. Martin's (2003) research on internalised gender technologies in the birth place, and the apparent gender non-conformity of K. Martin's respondents who had a home birth, we are now able to say that those respondents were probably not incidental outliers. While we cannot say if hospital births are, in fact, what produces and reinforces the technologies of gender K. Martin describes, we can say home births do seem to open way for women to resist to or to be freed from these technologies. In general, the way women and men behaved at

their child's birth at home did not seem to reflect traditional gender roles. Through their behaviour, women and men varied their position within the gender spectrum.

Yet, there was a certain notion of what women in labour (at home) should be and should do: strong, decided, in control, informed, reflexive, aware of their choices and their trajectory, and emotionally developed. This notion was not convened in a repressive way, it was not prescriptive, and women did behave differently without apology on their account or censure by others. But even so, this shared notion did not always have an empowering and positive influence on the women's experience. Despite not being rooted in an essentialist ideology of gender, to some extent this shared ideal conditioned the personal experience of and the professional practice at home births. Some practitioners shared their views on how, in some very specific moments where a labouring woman was "whining too much", they had to "shake her", or yell, or be directive, so the woman could "put herself together"; after what, often, the practitioners returned to their usual caring and supportive behaviour. In Liliana's home birth, at a stage when labour apparently stopped progressing after developing quickly, the midwife paused the physical support she was offering, created direct eye contact with Liliana, and said she needed to stop behaving like a baby and to behave like an adult woman, so she could help labour to move forward. Liliana nodded, and the midwife continued offering physical support.

Also, for some women, not having been completely "in control" could sometimes be felt like a failure. This was the case in Rosário's home birth, when the birth attendant ended up having to be in command, and the woman felt she was not "strong enough". This was recently developed further by Fedele (2018) regarding women who had to have a home-to-hospital transfer, e.g. due to prolonged labour or the need for pharmacological labour pain relief. Nevertheless, we highlight that these occasional

internalised and external control mechanisms were more conditioned by this shared notion of what a person giving birth should be than by traditional gender norms. In general, there seemed to be a liberation from internalised and external gender technologies in these home births.

Conclusion

Gender matters in home birth, but its features are far more complex than what is usually conveyed by the simple association of home birth – and natural childbirth in general – with nature and biological essentialism. In the social framework where this research was conducted, in and around Portuguese home births, gender dynamics were a central dimension of personal and professional experiences and interactions.

Contrasting with the dominant discourse around childbirth, strongly conditioned by the hegemonic medical lexicon, there was an essentialist rhetoric around home births, celebrating women as mothers and conceiving birth as an opportunity to reconnect with the oppressed feminine dimensions of childbirth. And contrasting with the internalised and external gender technologies that may be found in hospital births, home births enclosed non-binary gender ideologies, where femininity and masculinity were conceived as fluid forms of energy that everyone has in different degrees, varying across situations; and where men are potentially welcomed in the birth setting, either as fathers or as professionals. These, we argue, set a rather disperse but coherent form of resistance to the androcentric framework of modern maternity care, that goes beyond the rejection of the hospital as the ideal place for birth, or of the obstetrician as the lead birth expert.

In these home births, in general, there were no internalised or external gender technologies. There seems to be a shared vision of some of the traits a person giving birth should have, but they were not aligned with a specific gender ideology, and they were mostly not prescriptive. These home births, while representing a minority and rather privileged option, can be framed as emancipatory.

Notes

1 Santos uses Giddens' concept of reflexivity: the rupture with traditions, the active search for knowledge, and the ability to reflect upon that knowledge and upon reflection itself.

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