Childbirth with Doulas: Mediated Agency, Embodiment, and Female Bonding in Moscow Maternity Hospitals

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Abstract

In contemporary Russia, childbirth is highly medicalized and over-bureaucratized which leads to the lack of proper care and emotional support of mothers-to-be sometimes accompanied by the cases of medical abuse. Studies emphasize women's institutional distrust and anxiety towards state maternity hospitals. In the discussions of women's resistance to the systematic medical mistreatment, the notion of women's agency is usually reduced to intentionality and individual decision-making, while the less is said about the relational dimension of agency and responsibilities for decisions made. In the present research, I fill this gap by addressing the case of childbirth with doulas in Moscow hospitals. Unlike midwives, doulas do not perform any medical manipulations, but provide women with informational, emotional, and physical support before, during, and after delivery. Drawing on 16 semi-structured interviews with women who experienced childbirth with doulas in Moscow maternity hospitals and at home, I examine how women's agency and embodiment are mediated by doulas' professional support. I introduce the notion of the guided labour to illustrate the role of a doula in childbirth, in which she functions as a guide, a translator, and an advocate. The doulas' support and expertise help women gain a stronger "voice" in the Russian maternity care system. By deploying the phenomenological approach of the lived body, this research goes beyond the study of various discourses of "a good birth" and "a good mother" and explores how they are reinterpreted by women themselves and enacted by women's bodies. I argue that despite the rise of neoliberal parenting culture and commercialization of care in post-Soviet Russia, mothers-to-be are experienced double-burden of responsibility: one comes from the intensive motherhood ideology and the other – from the Russian pronatalist politics.

Key words: childbirth; doulas; mediated agency; embodiment; intensive motherhood; post-Soviet Russia.

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Introduction

Pregnancy and childbirth have been a focus of social sciences interests since Simone de Beauvoir's most profound book "Second Sex" (1953), in which she conceptualizes female fertility as an experience where women lack agency. Later on, the tradition of defining childbirth as the field of domination of biomedicine and the male medical community over women's bodies has strengthened in many respects thanks to criticism of over-medicalized childbirth in the 1970s. Despite the commercialization of maternity care and the popularization of natural approaches to childbirth in Western neoliberal societies, the problem of women's powerlessness in childbirth remains rather acute. In today's Russia, maternity care is characterized by significant structural problems rooted in the Soviet healthcare system. Despite the introduction of commercial services, Russian maternity hospitals are dominated by "assembly line" service, lack of individual care and emotional support, the cases of medical abuse towards women (Rivkin-Fish, 2005; Temkina & Zdravomyslova, 2018). In 2016, a flashmob against "obstetric abuse" was launched on Russian social networks, in which thousands of women were sharing their negative experiences (Litvinova, 2016). At the same time, the emergence of new childbirth professionals – doulas – might be a response to women's wish to gain more control of their childbirth and their bodies. By now, doulas' service is best developed in Moscow, where they have organized their NGO and developed professional networks with maternity hospitals and other childbirth experts. Although their service is not fully institutionalized in Russia, it is steadily spreading around the country. I studied doulas' communities in my BA thesis, and now I turn to the mothers-to-be perspectives on their bodies, self, and childbirth. I ask, how does the support from doulas' affect women's agencies and bodies-in-labour? How can we better understand the agency of a mother-to-be in the post-Soviet neoliberal context? Why is the natural approach to birth not necessarily liberating (Das, 2019; Fedele, 2016)?

To answer these questions, I bring the case of mothers-to-be struggling for their rights and comfort in the hostile system of Russian maternity care with the doulas' help. By examining

women's birth narratives, I show the relational aspect of agency that has been missing in previous research. The doulas' professional support remains understudied in Russia and elsewhere (see Torres, 2015), while it possesses an opportunity to re-conceptualize childbirth as a relational experience. Studies show that early motherhood including birth is mediated by different discourses and technologies (Akrich & Pasveer, 2004; Das, 2019). In the present research, I extend this body of literature by demonstrating the mediation via doulas' support. Following the phenomenological approach of the lived body (Young, 2015), I analyze women's birth narratives to see how they construct their birthing selves through their relations with doulas, whom they define as the most trusted companions, guides, and advocates in childbirth. Although I mostly focus on the embodied experience of women, I locate the case of childbirth with doulas in a broader socio-cultural and institutional context in Russia to show how mothers-to-be re-interpret the various discourses of "a good mother" and "a good birth", and what it can tell us about mothers in post-Soviet reality.

The present research is based on 16 semi-structured interviews with women (all names are changed) who experienced childbirth with doulas in Moscow. All interviews are framed as birth narratives that not just reflect but constitute the woman's childbirth experience (Akrich & Pasveer, 2004, p.65). The interview guide is built chronologically and includes the questions on preparation for childbirth with a doula, the process of birth, and the time right after the birth (appendix 1). While most women I interviewed had childbirth in maternity hospitals, two experienced it at home with a midwife and a doula. All women except one were married at the moment of childbirth. I interview women who experienced childbirth once and several times, for free (by compulsory medical insurance) and for money (paid contract with a hospital and a doctor), and from the middle and low-middle classes (appendix 2). I reconstruct the class of my informants based on what type of childbirth they can afford and how they address the money-related issues. I find that the class is correlated with women's practices, ideas of control, and resistance in childbirth. I recruit mothers by using the snowballing technique. Since it was my second year in the field of maternity care, I asked doulas I already knew to share with me the contacts of their clients. I also found some women

on Instagram accounts on pregnancy and childbirth. The configuration of my sample excludes homosexual couples and women with "not successful" experience of childbirth with doulas that I consider as a limitation of my research. Another limitation is geographical: while in Moscow the doulas' service is well-developed and well-known, in smaller Russian cities, the situation is rather different, and women have much less access to "good care". The problem of center-periphery is not addressed in the present research.

Because of the COVID-19 and related restrictions, I conducted interviews online via Skype and WhatsApp; two times, when the connection was extremely poor, I asked my informants to send me audio voices answering my questions. Despite all the difficulties, the interviews were rich in detail, open, and sometimes therapeutic for women. Since I did not experienced childbirth or pregnancy, my informants commonly possessed themselves as tutors educating me on what I should and should not do when I will become a mother in the future (they assumed I will). Women I interviewed performed a pedagogical role that made the interviews more honest and personal than I had expected. My positionality as "a young woman who knows nothing about what they went through" allowed me to become a willingly uncritical listener and provided my informants with a more space to speak up and reflect on their childbirth experience and relations with doulas.

Here is how I will proceed. In Chapter 1, I present the body of literature dedicated to the phenomenology of female embodiment moving to the more concrete concepts of women's agency, intensive motherhood, and natural parenting, and then zooming into the context of motherhood and childbirth in the post-Soviet Russian context. In Chapter 2, I focus on the process of doulas' bonding with their clients and the creation of trusted relationships between them. In Chapter 3, I show how women's agency is mediated by doulas' support. To do so, I conceptualize childbirth with a doula as the guided labour and elaborate on the notions of resistance and responsibilities in childbirth. Finally, in Chapter 4, I show how the mediation occurs at the embodied level of a woman and what role the emotional work of a doula plays in it.

Chapter 1. Theorizing childbirth in post-Soviet Russia

Contemporary movements for more natural childbirth are deeply rooted in a feminist and counter-cultural critique of biomedicine (Klassen, 2004, p.71) that states that childbirth should not be reduced to a medical event. At the same time, research on childbirth is usually limited by the studies of natural practices of birth and consumer behavior of mothers-to-be. In the present research, I want to take a step further and problematize the idea of naturalness and show the link between it and the neoliberal parenting culture, between agency and female embodiment. To achieve this goal, I deploy the phenomenological approach to a body and self to answer the following questions: how does a female body remember the different discourses surrounding it and enact them? What makes up a female agency in childbirth? What is the relation between natural childbirth and intensive motherhood? As no questions can be answered in the "theoretical vacuum", I put them into the context of today's Russia looking at particularities of the post-Soviet intensive motherhood ideology, families, and healthcare institutions.

1.1. Phenomenology of female embodiment

Although the studies of health and reproduction are dominated by research on new reproductive technologies and professional territorialism, recently more scholars started focusing on female embodiment (Walsh, 2010). This body of literature defines the body as the central category in understanding not only the live experience of a woman in labour but how her body is encultured, performed, alienated, and mediated by different medical technologies. The theories of female embodiment applied to childbirth also provide the insight on the complexity of relationships between the body and the self, which uncovered a variety of types of agencies existed in these relations (Akrich & Pasveer, 2004, p.65). In the present research, I use the phenomenological approach to the embodied self to reveal how women construct their agentic self through the birth narratives. It is worth noting that I am interested not in criticizing biomedical approach to childbirth but rather in exploring the interplays between bodies and discourses.

By criticizing the Judith Butler performative approach to a body as a text (there is no body before a discourse), Iris Young (2005) takes a step further and deploys the phenomenological perspective on embodiment as a mode of being-in-the-world (p.7). Her main contribution to Butler's theory is that the body exists in blood and flesh, in particular situation and sociocultural context. She calls it *the lived body* – a body that is rooted in human biology and, at the same time, internalizes norms, rules, and expectations specific to the local traditions and groups (Young, 2005, p.17). The importance of the concept of the lived body is that it goes beyond dichotomies between culture/nature, body/mind, sex/gender, which I found especially productive in the case of natural or physical bodily transformations such as pregnancy and childbirth. One of the Young's essays (2005), for instance, is dedicated to pregnant embodiment. She writes that "pregnancy does not belong to the woman herself" (p.46) because of the duality and decentrality of the pregnant subject and medicalization, in which female body is considered as an object while pregnancy is portrayed as a disorder. Due to medical objectification and pathologization of the pregnant body, a woman can experience alienation and lack of control over her body (Young, 2005, pp.56-57). Although I find Young's critique of biomedicine relevant and well-justified, it implies the dichotomy between the medical model of pregnant body and the holistic or natural model of body with its emphasis on the unity of the subject. I find this critique problematic because it prevents one from going beyond the dichotomy of biomedical *vs* natural discourses and sees the complexity of their interrelatedness. Hence, in my research, I explore how biomedical and other perspectives on the body are articulated and coexists in women's birth narratives.

Birth narratives are a great source to grasp the experience of the woman's lived body. In the research on (dis)embodiment in birth narratives, sociologists Madeleine Akrich and Bernike Pasveer (2004) state that the body does not reflect the self but rather it is "a category through which women construct themselves as subjects" (p.66). By focusing on women's diaries of their pregnancies and childbirth, they explore how the embodied self is constructed by different actors like obstetricians and/or midwives and technologies (Akrich & Pasveer, 2004, p.81). They found

that women commonly reproduce the mind-body dichotomy, stemming from a reliance on dominant medical knowledge (or other expert knowledge), and use different technologies to monitor childbirth. Akrich and Pasveer (2004) define this phenomenon as "contamination" – the process when the woman's lived body is contaminated by the body set up by biomedicine (p.81). The present research focuses on birth narratives as well, the purpose is to identify how female (dis)embodiment is experienced and what role doulas play in its construction. In other words, I examine how women learn to understand their bodily signals within different discourses promoted by different experts (e.g. doctors, doulas).

The concept of embodiment, hence, is the helpful research tool that allows not only to overcome the Cartesian dualism of the body and mind promoted by biomedicine but also to see the mechanisms of how the outer socio-cultural world becomes the inner world of a mother-to-be. Different discourses of risk and danger, inborn weakness of the female body, a woman's natural capabilities of giving birth, or women's rights and control surround women during their life course and become more visible during the pregnancy. In the research on the "embodiment crisis" in childbirth, Kerreen Reiger and Rhea Dempsey (2006) raise an important question of how culture shapes the "doing" of birth (p.366). Following the phenomenological approach, they also argue that the body internalizes certain cultural and normative frames such as fear and risk of childbirth and then enacted them, raising doubts in women about their birthing capacities (p.368). For instance, Russian research shows that even in commercial sector of healthcare, the middle-class mothers-to-be view themselves as powerless and want to delegate to a doctor the management of delivery (Temkina, 2018, p.222). This shows that the risk culture of birth and the biomedicine emphasize the authority of the obstetrician and deskill the woman making her believe she cannot make her own decisions (see Torres, 2015, p.901).

Reiger and Dempsey (2006) also show that in contemporary Western reality, childbirth becomes both an individual and collective performance (p.369), which indicates the importance of the support provided to women in labour. Although much work has been done in the field of

midwifery support, especially the women-centered one (e.g. Borozdina, 2018; McCabe, 2016; Parry, 2008) doulas' support remained understudied. Doulas are the ones who spend with a woman her pregnancy (usually last trimester) and childbirth from the first contractions, so it becomes possible to assume that their presence shapes the relations between a woman's body and self. The ability of doulas to explain woman's bodily signals or translate them from the body language to the "normal" or medical language gives the opportunity to examine how women construct their embodied self and cope with the unpredictability of childbirth, especially in the situation when they lost control over their bodies (e.g. strong pain, c-section, epidural anesthesia).

1.2. How the woman's agency relates to intensive motherhood

Neoliberal culture of parenting underlines the importance of parent's agency, control, responsibility, and autonomy in their parenting practices – things that become more and more articulated in the alternative discourses of childbirth. In this subchapter, I problematize the "neoliberal" notions of an agentic parent/mother and explain why the notion of control became so central in childbirth.

Despite the word "parenting", neoliberal parenting culture mainly highlights mothers' authority and responsibility regarding childcare practices included pregnancy and childbirth (Faircloth & Gürtin, 2017; Hays, 1998; Reich, 2014). Many scholars describe such practices through the umbrella term intensive motherhood that emphasizes that a woman should invest most of her time, energy, emotional and financial resources raising her children (Hays, 1998; Reich, 2014, p.681). Intensive motherhood is closely related to the natural approach to parenthood with a focus on female experience and embodied knowledge (Faircloth & Gürtin, 2017, p.986). These cultural patterns reflect on women's decisions about childbirth, where a woman starts playing the role of a reflexive and informed consumer in the maternity care market. Hence, intensive motherhood can be considered as a form of self-governance which means that an individual imagines herself as autonomous and responsible for her choices and life (Rose, et al., 2006, p.90). The combination of concepts of personhood and subjectivity, rationality and efficiency composite

a core of what is called neo-liberalism (Clarke, 2008) and transfer individuals into "rational agents" and mothers into "effective mothers".

In post-Soviet Russia, despite the women's economic emancipation and the sexual revolution, they are considered as main caregivers for children at the level of official discourse and social stereotypes. A woman as a primary parent is responsible for raising "a happy child" and "a good citizen" no matter what sacrifices it costs (Shpakovskaya, 2014, p.80). This ideal of motherhood translated by mass media and social media networks is usually supported by the image of a reflexive and competent mother who knows the best what her children need (Shpakovskaya, 2014, p.80). As Susan Gal and Gail Kligman (2012) demonstrate in their book on politics of gender, in post-socialist countries, the state making has been closely connected with the control of human reproduction that is also true for pos-Soviet Russia. Russian family policy is highly gendered and pronatalist. It is mainly oriented towards the increase of population and financial support of families with two and more children, while childcare is delegated to mothers only (Chernova, 2012, p.75). Women are responsible to the state for the reproduction of nation but left alone on this path (Shpakovskaya, 2015, p. 1584).

Although numerous studies use the concept of intensive motherhood regarding parenting and childcare, in present research I deploy this concept concerning childbirth only in order to demonstrate how the logic of intensive motherhood penetrates women's decision-making and perspectives of being "a good mother" already in childbirth. In my previous research on doulas, I learnt from my informants-doulas that their clients are scared "to fail the exam of childbirth" – the idea correlated with what intensive motherhood promotes. This makes me think about the key role control plays in childbirth. Control in childbirth has different meanings, for instance, it may indicate the desire to give birth without pain or naturally without any medical interventions (Lupton & Schmied, 2013, p.829). The idea of control and "good childbirth" also depends on class. Research shows that women from the middle- and upper-classes used to have the control over their professional lives and losing it during childbirth might be seen as a failure, while women from the

working-class would care more about safety of birth rather than control over it (Lazarus, 1994; Lupton & Schmied, 2013). Based on my previous research findings, the doulas' service claim to be accessible to women from different classes due to its relatively low cost (at least for Moscow citizens) and their inclusive agenda of insuring women's rights and dignity in childbirth. For this reason, the present research focuses also on women from the lower classes, who are now in the margins of childbirth research, to see how the ideology of intensive motherhood presents in these women's birth narratives.

The doulas' service perfectly fits the market demand and this neoliberal frame of intensive and natural motherhood, since their professional mission is focused on supporting woman's agency during delivery. In the present research, the role of the woman's agency is extremely important since it is embedded in power relations and historically has been associated with the idea of resistance[1], although it cannot be reduced to it (Ortner, 2006, p.137). Saba Mahmood (Mahmood, 2001) also views agency not simply as a resistance towards the oppression, but rather "as a capacity for action that historically specific relations of subordination enable and create" (p.203). Mahmood (2001) agrees that agency does not derive from the undominated self but is the product of power relations (p.210). She argues that the capacity to act freely is rooted in the process of learning and working on oneself to become "a willing subject" (Mahmood, 2001). Take as an example a mother-to-be who learns a lot of information about natural childbirth, attends specific courses and participate in online-communities for pregnant women in order to acquire the ability to be an agent of her childbirth. Therefore, following Saba Mahmood (2001, p. 205), I argue that agency and power structure mutually condition each other, and the latter can provide the means to emergence of the former.

Exercising agency means bringing one's intentions formed by past experience into action. Anthropologist Sherry B. Ortner (2006) defines this capacity as intentionality or goal directedness (p.139). According to her, "intentionality as a concept <…> include all the ways in which action

[1] Here, it is possible to draw a parallel with the feminist and patients' movements against the overmedicalization of birth in 1970s in the US and other Western European countries

is cognitively and emotionally pointed toward some purpose" (Ortner, 2006, p.134). She contrasts intentionality to passivity of routine practices, underlying that agency requires active actions in relation to a certain goal or project, so it is oriented towards the future (Ortner, 2006, p.136). At the same time, defining the agency through intentionality can be challenged in the situation of childbirth. First, childbirth is the process that cannot be consciously controlled. It is unpredictable, changing, and emotional; it is "biopsychocultural" since it involves intensive body work (childbirth is also called "labour"), changing feelings, and embodied cultural perspective and expectation towards childbirth (Reiger & Dempsey, 2006, p.368). The concept of agency in childbirth transforms from being aimed to a certain goal to being a goal itself. In other words, childbirth is already the form of women's agency that also adds to Mahmood (2001) and Ortner's (2006) perspectives of agency another bodily dimension. When we encounter the process of birth in which the work of the body is so central, we cannot fully understand the agency without paying attention to the biophysical level of birth. As feminist scholar Iris Young (2005) points it out "for others the birth of an infant may be only a beginning, but for the birthing woman it is a conclusion as well" (p.55). As a result, in the present research I define agency neither as resistance nor as control but rather as a capacity of decision-making based on the accessible resources and the work of the body.

However, this agency of birth can be limited for different reasons: from unnecessary medical interventions and a lack of sympathy, to women's embodied fear and anxiety towards giving birth. The result of this limitation is likely to be dissatisfaction with childbirth, physical and mental complications such as postpartum depression, childbirth trauma (Walsh, 2010, p.492). In present research, I identify how a woman's agency is enacted and what role the doula plays in supporting it. I aim to contribute to understanding of female agency by showing its embodied dimension so clearly promoted by doulas, the "uncontrolled control" over childbirth, and how it can be reached (if at all).

1.3. Responsible mothers in the post-Soviet Context

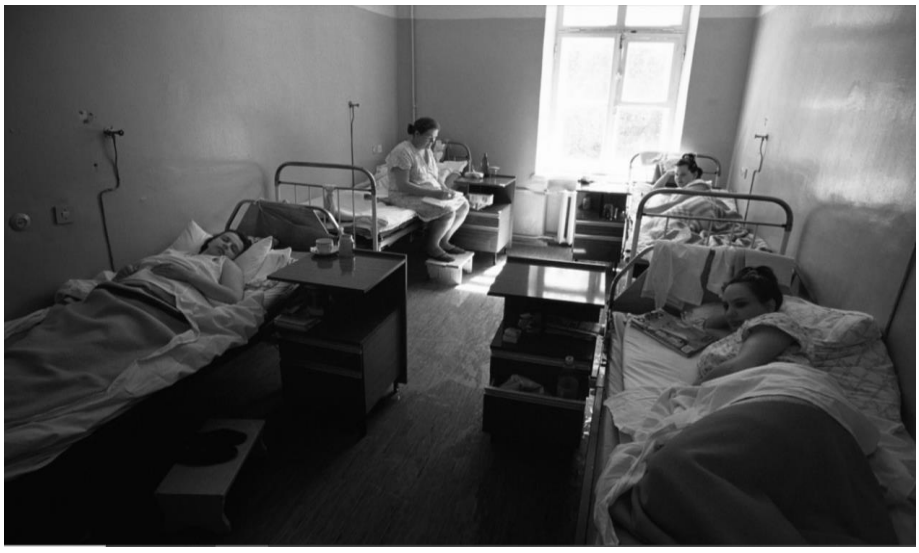
For better understanding the specificity of intensive motherhood and natural childbirth in Russia, I examine the complexity of institutional, cultural, and gender contexts of what is called "post-Soviet" Russia. Neoliberal reforms in healthcare, its commercialization, and the intrusion of expert knowledge into the private life of families resulted in what Russian sociologists Anna Temkina and Elena Zdravomyslova (2018) call the rise of "responsible mothers" in Russia. In this chapter, I explain the process of the responsibilization of mothers-to-be as both patients and consumers and locate doulas' service in these new neoliberal settings.

As I demonstrated before, natural childbirth is a product and a part of intensive motherhood. It implies the essential perspective that by nature all women are able to give birth with minimum medical assistance. It also portrays childbirth as a women's business, a celebration of womanhood, in which the high value is prescribed to a large network of women (Das, 2019, p. 89). Doulas' service seems to perfectly satisfy the demands of the natural childbirth ideal: women helping other women in childbirth embracing the sisterhood and "essential" femininity. However, in the Russian context, the definition of childbirth as the women's business only has other and perhaps even stronger premises. Although the Russian state claims to take care of family lives and translate the value of supportive two-parent families, in reality, Russian "families are matrifocal and women turn to other women for support in the perceived absence of reliable men and the state…" (Utrata, 2015, p.221). In the book on single mothers in Russia, anthropologist Jennifer Utrata (2015) shows how gender inequality and the double burden of women with paid work and care work are normalized in society by the discourse of weak men and weak state (p.4). In contrast, the image of a strong and self-sacrificial woman has been embraced in the Soviet and post-Soviet times (Utrata, 2015, p.184). This type of argumentation is used to portray the overburden women as something natural and normal leading to silencing the female experiences like periods, abortion, and childbirth. These social and cultural patterns are still visible in mothering practicing including childbirth: women commonly deal with it on their own, sometimes with the help of an individual midwife or a doula.

In the recent study on practices of reproductive choices among middle-class women in St. Petersburg, Temkina and Zdravomyslova (2018) show that mothers-to-be invest much money and knowledge in organizing pregnancy and childbirth. Driven by the ideal of a responsible mother, women behave like consumers working on the project of "perfect childbirth". Mothers-to-be choose commercial services in childbirth (e.g. paid contract with a public hospital and a doctor) to get the individual care and control over the birthing process (Temkina & Zdravomyslova, 2018, pp.171-173). On the one hand, the neoliberal discourse of a good competent mother together with new commercial services introduced in public maternity care open new opportunities for women including better access to expert knowledge. On the other hand, the very same ideal of a good mother and good childbirth creates unrealistic expectations and exclusion of mothers who do not fit into this ideal picture. As media researcher Ranjana Das (2019) points out in her book on motherhood and the digital, "good birthing, was very much positioned as an individual achievement, an individual responsibility and hence, an individual failure when things went wrong" (p.131). The so-called "moral weight" of ideal childbirth (Das, 2019, p.75) is also supported by the institution of maternity care and new natural childbirth experts that contributes to the responsibilization of mothers.

Deeply rooted in Soviet times, Russian healthcare underwent several "neoliberal reforms" in the last two decades including commercialization of public healthcare and development of private healthcare provisions. The National Healthcare Priority Project launched in 2006 introduces birth certificates allowing mothers-to-be to choose any state maternity hospital to give birth in for free by the compulsory medical insurance (Temkina & Zdravomyslova, 2018, p.169). Women were also given a chance to use commercial services in public hospitals or go the private midwifery centers. The paid contract with a hospital commonly includes assistance in childbirth with a doctor or/and a midwife of a woman's choice, having a personal ward, water birth, etc. All these new opportunities encourage women to behave like rational consumers on the market of healthcare that perfectly fits into the ideological framework of intensive motherhood.

However, the relations between private and public spheres in maternity care are further complicated by the Soviet heritage which imposes strict hierarchy between a doctor and patient, doctor and midwife, and medical staff and higher medical administration. As research shows, Russian maternity hospitals are still overmedicalized and highly bureaucratized: medical personnel does not have much autonomy in decision-making, their practice is characterized by excessive paperwork, and strong administrative responsibility to medical officials (Borozdina, 2018; Novkunskaya, 2014; Temkina, 2014). Moreover, relationships between doctors and midwives are strictly hierarchical; midwives are subordinated to doctors who independently make decisions and carry the major responsibility (Borozdina, 2018, p. 153). Due to structural problems such as lack of medical staff and their long working hours in the highly emotional settings women do not get individual care and are even treated like objects (Borozdina, 2018; Temkina, 2014). The common description of childbirth in the state hospital is the following: a woman stays in a room with other birth-giving women, a midwife makes hourly vaginal examinations, then when the time of childbirth comes the woman is transferred to another ward, put on a gynecological chair, there the midwife assists birth-giving under the supervision of a doctor. Most of the time the woman stays alone emotionally unsupported and must obey the doctors and midwives' commands without much explanation. As some research shows, objectification of women can be accompanied by humiliation and medical abuse (e.g. Ozhiganova, 2019, pp. 271-272, 274).



Picture.1. Typical ward for women in labour in the Russian state hospital (photo taken by the journalist Daria Litvinova, 2018)

As midwives in Russia have a subordinate position to a doctor (obstetrician-gynecologist) and are overburden by their working tasks, they do not have the space to provide individual and emotional care for women in public hospitals even if they want to. There are some communities of midwives who provide assistance in homebirth, which is illegal for medical professionals in Russia making the work of home midwives dangerous (Novkunskaya, 2014). The service of individual midwives who support a natural and women-centered approach is available only if a woman signs a paid contract with a hospital, which might be costly. Unlike midwives, doulas occupy the position outside the hierarchy of the medical system, they come to the hospital as a birth partner with a woman, although their service is not fully legalized. According to Russian Federal Law (N 323, 2011), a woman can be accompanied only by a close relative in childbirth; therefore, a doula is not included in this list. However, in practice, a doula may claim herself a woman's relative and enters a hospital. Since a doula does not belong to the medical system, it is possible to assume that by using the doulas' service, women seek to find new sources to gain more control and power in the delivery or even protection from unnecessary medical manipulations. Despite all, doulas service is cheaper (around €250-350) than contract with a doctor/a midwife (started from €750) and it is possible to have a doula in childbirth in a state hospital under compulsory medical insurance (CMI). Hence, in the present research, I suppose that relatively new and small-scale doulas service[2] is more accessible for mothers-to-be even outside the middle-class.

Unlike midwives, doulas seek to establish close and non-hierarchical relationships with their clients which raises an interesting question of the role of a woman's agency and responsibility in childbirth with a doula. An individual midwife has the task to keep mother and a baby healthy, so she takes the major medical responsibility and keeps a professional and emotional distance from the client (Borozdina, 2018, p.161). In contrast, in childbirth with a doula, it is a woman who is the main agent making decisions and taking responsibilities. Doulas encourage women to be

[2] Doulas' service is mainly available in big Russian cities like Moscow and St. Petersburg. There are 110 doulas registered in the Association of professional doulas, NGO established in 2015 (registered in 2017). There are two other doulas' organization in Moscow having their own doulas and providing courses for future doulas certified by DONA (doula training and certification organization).

"agentic" mothers and follow their ambition to have natural childbirth, hence, supporting the ideal of "a good birth". This makes doulas' service a part of the discussion of the individualization of responsibility of a patient-client in healthcare. At what level can childbirth with doulas be considered as empowering experience? What is the role of doulas' service in Russian maternity care? How does the case of childbirth with doulas help us understand better the interplay between agency and responsibility?

Chapter 2. Echoed Voice: bonding with a doula

In their study on paid sector of St. Petersburg maternity care, Temkina and Zdravomyslova (2018) identify the consumer-like behavior of mothers-to-be who wish "to buy humane relations'" in childbirth (pp.173-174). Women participated in this research had a paid contract with a hospital and a doctor and possessed themselves as consumers who purchase emotional security and comfort in the healthcare market. This consumerist rhetoric perfectly demonstrates the tendency of commercialization of care (Torres, 2015), when the patient enters the role of consumer. The present research expands this horizon by showing the humanization of relations between a patient-consumer and a care provider. In the relationship between a doula and her client, the emotional aspect becomes central, while money-related issues are downplayed. Women I talked to commonly describe their relationships with a doula as trusting, close, and sometimes even romantic. The emotional attachment is significant and probably the most important part of the doulas' service that provides the positive experience of pregnancy and childbirth for my informants. How can we interpret such close relationships with a doula in the sphere of market and the doulas' service regarding the given narratives of women? The questions addressed challenge the perspective of commodification of care allowing us to see another "story" where commercial and reciprocal relations can live together.

There are several ways of finding a doula: some women met their doulas on pregnancy courses or classes for preparation for natural childbirth, others used recommendations of their friends or simply browsed the internet. When I asked what was important for them in a doula, women told me they mostly rely on the feelings, intuition, and compatibility with the doula. "When I met my doula, I realized she was my type of person", "she just found a way to my heard", "I felt good with her at the level on intuition" were the common phrases recur in women's narratives. Women talk a lot about first usually face-to-face meetings and matching with a doula, sometimes comparing it to dating or being in love.

> I settled down with her from the first day we met. This is how my love for her arose. She sat next to me, and immediately, instantly! You know, there are sparks from the

> eyes of people who are in love, I had the same with [doula's name], at least it was like that from my side. And I was not mistaken. I am 100% sure. This is the person who helped me give birth quickly, easily, comfortably. (Inna, second childbirth, CMI)[3]

Inna was joking that her relationships with the doula reminded her of dating. She told me how excited she was when she asked her doula a phone number and then to be with her in childbirth. Other informants highlight that they were looking for a person who would be like them: having the same temperament and views on mothering and childbirth, and even looking alike. Women also mention the professional experience of a doula and her personal experience of childbirth and motherhood as important criteria, while the doula's training certificate did not matter in the selection process.

When a woman finds the doula she likes, they sign a contract or make an oral agreement that the doula will accompany her client during pregnancy, delivery, and after childbirth. The long-term intensive interactions with the client are a distinctive feature of the doula's service distinguishing it from the services of an individual midwife or a doctor, who usually appears only at the moment of childbirth. It allows doulas and women to establish trusted and close relationships, so in childbirth women have the confidence that the doula will be always on their side. Describing the role of a doula in their relationships, some mothers refer to her as "the best friend", "a sister", and even "a mother" in childbirth. The difference in naming is conditioned by what women needed in childbirth the most: whether it is the support of a friend who will cheer you up, compassion from a sister, or the guidance of a strong mother. Three women describe their doulas as "a guardian angel" indicating the protective and guiding role of a doula in childbirth.

It should be stressed that such close relationships are instrumental. While highlighting the close relations with a doula, some women also talk about doula's help in childbirth in terms of "providing additional services", which include massage and other physical assistance. After the doula's work is done, she and her client say goodbye to each other and usually never meet again. At the same time, women say that after they experienced childbirth together, the doula will stay a

[3] All translations of quotes are my own.

close person for them forever, a person who witnessed and helped the birth of their child. This usage of the language of friendship, intimacy, and love serves two functions for women. First, it explains for a woman herself and people around how a complete stranger becomes the most trusted companion in childbirth. Calling a doula a close person, a friend, or a relative fits into the discourse of natural childbirth that embraces the centuries-old traditions of having childbirth in the company of other women (Das, 2019, p.89). Second, this narrative of close relationships with a doula helps downplay the commercial aspect of the doulas' service and oppose the discourse of commodification of care. Even when women talk about money-related issues, they always stress that "it's not about business but about a mission that doulas have that is to help women in childbirth".

> I understand now, returning to real life, that this is a commercial project. It is her [doula's] job. I mean, she provides the service, that is, she should be like she is – as open as possible, as sociable as possible. And she is really professional in this regard. On the other hand, it was so natural that all this commerce goes into the backstage, so you do not feel it at all. It is super, of course. (Olga, second childbirth, CMI).

Doula's professional support is characterized by compassion and empathy that frames her relationships with a client as non-commercial in the first place, hence contributing to the "naturalness" of the service. Some women say that the doula's capacity to listen and empathize differs her work from the work of midwives who supposed to be more authoritative and less emotionally involved, sometimes even rude with patients due to the structural problems of post-Soviet maternity care (Temkina, 2014). The "naturalness" of the doula's service is highly conditioned by the discourse of "natural childbirth". A doula helps a woman cope with pain naturally and avoid medical interventions underlining woman's authority in childbirth (de-medicalization of childbirth).

The majority of mothers I interviewed underline that it was precisely a female energy or support they needed in childbirth. Although childbirth with male partners becomes popular as part of the discourse of natural parenting, many women emphasize that they did not want their husbands to be in childbirth. Some of them even say that men are too fragile and weak to cope with childbirth, other women mention that childbirth is a female business only and men cannot help

cope with it. This narrative correlates with what Jennifer Utrata (2015) says about the dominant discourse of weak men in the Russian context. In contrast, some of my informants, especially middle-class mothers, embrace the ideal of a strong and self-sacrificial woman.

> Childbirth is not about self-pity but the enormous work, willpower and the true nature of a woman. There was no pain that my body could not endure. If you remember this and not feel sorry for yourself, then everything will work out. (Alina, first childbirth, paid contract with the hospital).

Alina's narrative carries an interesting image of a strong woman embedded both in the intensive motherhood ideal of a responsible mother relying on her female instincts and the Soviet ideal of a strong fearless women who, like famous Russian poem says, "the horse will stop racing, Will enter a burning hut!"[4]. This popular linguistic construction is widely used in todays' speech of people in Russia indicating that "true" Russian women can handle any hard job without the help of a man. When I asked Alina why she decided not to have her husband in childbirth, she replied that a husband cannot replace a doula just because he is a man, while a doula can feel you because she is a woman. She adds that it is all about the female energy of her and her doula that creates "the magic of birth". In the narratives of other women, I also notice the strong interrelationship of the Soviet and post-Soviet neoliberal discourses, where the latter follows the narrative of the former. From this perspective, Russian mothers have been "responsible mothers" since Soviet times primarily relying on other women's help and care (usually their own mothers – "institute of babushkas") (Shpakovskaya, 2015; Utrata, 2015). The neoliberal ideal of a good mother brings the idea of "expertise" that transforms the notions of "good care" itself: women prefer to hire an expert because they no longer trust the knowledge of their family members and need the approval of their mothering practiced from the expert (Torres, 2015, pp. 905).

> I needed someone who would be with me as support all the time. I did not consider my mom since mom is not helping. She also worries more and seeing her worries about you will be a bad story. I also did not consider my husband, because my husband is rather psychologically weak. And I needed someone as a friend, someone professional, who knew what to do. That is, from a medical point of view, she [a doula] possesses knowledge. (Olga, second childbirth, CMI)

[4] The extract of the late 19-th century poem "Russian women" written by Nikolai Nekrasov. "Nekrasov's woman" is the linguistic stereotype characterized a heroic Russian woman and commonly used in today's speech.

In the interviews, women talk a lot about the importance of the doula's professional support and care that nobody else can provide them with – nor partner, nor mother, nor friend, nor state. This is how doulas' service fits into the framework of women helping women to cope with the experience of birth and early motherhood, while being, at the same time, a commercial and neoliberal project.

Doulas' service aimed at supporting women in childbirth and providing them with a better opportunity to give birth naturally steadily develops creating the market around it in Russia, especially in big cities like Moscow. In this sense, their service de-medicalizes but commercializes childbirth. Institutional distrust of the Russian healthcare system, "assembly line" service in maternity hospitals, and lack of individual care explain why more and more women turn to the commercial sector of maternity care, in particular doulas' support. Post-Soviet neoliberal changes in Russian institutions (healthcare reforms) and cultural patters (rise of natural parenting) contributed to the ideal of a good mother and good childbirth. As Ranjana Das (2019) shows in her book, "the role of a parent has become the role of a risk manager, and much like an 'ideal' citizen, the 'ideal' parent is ever vigilant and always engaged in risk anticipation, management and harm avoidance" (p.97). Surrounded by the discourse of the weak state and weak men (Utrata, 2015) women I interviewed choose a doula as the trusted and reliable companion in childbirth.

Unlike any other childbirth professionals, doulas' professional care is characterized by an emotional attachment that started building from the time a woman matches with a doula. The narrative of "friendship with a doula" or "being in love with her" help women to redefine commercial relationships as close and even intimate one, and hence, to oppose them to the discourse of commodification of care. The short-lasting relationships conditioned by the period of paid contact between a woman and a doula are emotionally expensive. Thus, in the present research, I argue that due to the building close and trusted relationships with a doula, a woman can rely on her in childbirth delegating to her the role of a mediator that I am discussing in the following chapters.

Chapter 3. Mediated Agency

3.1. Doulas navigating the uncertainties: the guided labour

My informants, especially the ones who experienced childbirth previously, underline that giving birth is an unpredictable and hardly controlled process. The only thing a woman has control over is the organization of childbirth settings: where, how, and with whom she wants to give birth. For my informants, a doula was the key actor in the preliminary preparations, as well as labour itself. Women I interviewed say it was important for them to have someone on their side – a doula who would follow their needs and desires. Even women who were able to afford a paid contract with a hospital and a doctor or/and a midwife perceive it as an additional advantage or comfort, while considering the doula's service as a necessity. The structural position of a doula as being outside of the medical system but knowing its formal and informal rules makes her a trusted companion in childbirth. Doula's professional training and experience in accompanying childbirth, as well as her insider perspective on Moscow maternity hospitals, show her ability to guide a woman in the ambiguous system of Russian maternity care.

Many women rely on doula's opinion regarding the choice of the maternity hospital and/or a doctor, since not all hospitals welcome childbirth with partners, especially with doulas. Although other factors like closeness of the hospital to home and/or familiarity with medical personnel in the particular hospital are important in the selection process, women usually need the approval of their choice from a doula. The doula can save the time searching for hospitals by offering her client the list of hospitals supporting "natural" or "soft" childbirth. For women I talked to, it is important to be surrounded by medical professionals who are interested in natural childbirth at least to some extent.

The informational support of a doula, in general, appears to be an important source of women's confidence in childbirth. While the labour process is highly individual and cannot be fully managed, a doula can always explain what is going on, and hence reduce the level of uncertainty.

> Doula's support is primarily in her tranquility. The fact that at any moment she can explain what is happening and what to expect next. I did not go to childbirth training courses. I already knew what would happen, how to breathe in general. And if I had learned something new, I would have definitely forgotten it in childbirth. So, here I relied on the doula, on her prompts. (Alina, first childbirth, contract with the hospital)

Alina says that her doula helps her navigate in the process of labour by explaining her labour phase and upcoming changes. The doula reminds her of how to breathe and move, so she is not worried about forgetting something in the process. Moreover, many of my informants emphasize that the doulas warned them about the possibility of medical manipulations reminding they have the right to say no. Here, a doula is performing her *guiding role*. As some of my informants say, a doula helps you orientate in childbirth "because it is difficult to understand what it is going on when you are in pain and almost unconscious" (Valentina, first childbirth, contract with the hospital).

Since childbirth is a highly unpredictable process: it is performed both individually and collectively (Reiger & Dempsey, 2006, p.369), there are many inner and outer factors leading to possible deviation from "good childbirth". In this case, having a doula decreases the uncertainty of childbirth by making it a guided process. I introduce the notion of *the guided labour* to demonstrate the complexity of childbirth itself and the role of a doula in it. Childbirth is the hard work of a body and the expression of a woman's will to give birth the way she wants. Here, a doula comes to support woman's intentions by remaining control over the settings and help her not get lost in time and space. In the following subchapters, I show how the guided labour relates to resistance to (over)medicalization and why "being guided" does not exclude "being agentic".

3.2. Resistance to (over)medicalization with doulas' support

Although resistance does not solely constitute agency, it plays a significant role in exercising power of a woman in medicalized childbirth and provides the ground for institutional changes in healthcare (e.g. Walsh, 2007). Resistance is commonly characterized by personal choice and self-determination (Parry, 2008, p.787), however, in the present reserch I specify this definition as resistance to (over)medicalization when women decide to give birth naturally without

medical intervantions. The leitmotif of resistance to medicalization is present in many interviews with mothers proving its importance for understanding the need in the guided labour.

For women who experienced childbirth more than once, medical abuse and humiliation were the reasons they turned to homebirth or the commercial sector of childbirth and, in particular, doulas' service. Some of them were sure they would cope with childbirth on their own or with a husband's company, but the reality of the first childbirth proved the opposite. Therefore, they were searching for professional support in their second/third childbirth. For mothers expecting childbirth for the first time, the need for a doula is mainly conditioned by the strong desire to give birth naturally and friends' recommendations to have someone's support during delivery.

All of my informants expressed the interest in natural childbirth and not using unnecessary medical manipulations such as oxytocin or epidural. As Ranjana Das (2019) shows in her research, the desire of having natural childbirth is discoursively constructed as an ideal of "a good birth" (p.29). The natural childbirth approach prioritizes vaginal birth without medical assistance and marks other types of birth as unnatural and wrong (Das, 2019, p.49). Mothers I interviewed said that natural childbirth was the priority for them because "it's better for baby's health", some women even demonize anesthesia concerning it can cause long-lasting health complications for their babies. This type of argument is a part of intensive motherhood discourse (Hays, 1998). It portrays the choice of natural childbirth as morally justifiable because prioritizing baby's health already in childbirth makes a woman a good and responsible mother. Here, a doula plays the role of a protector helping women resist medical interventions, especially in the critical moments like intense painful contractions. At the same time, this resistance varied between women who had childbirth by the paid contract with hospitals and for free. If a woman has a paid contract, she has more control over the actions of the medical staff who should provide her *as a customer* with good care. In this case, doula's support is less protective than it can in be when a woman has childbirth for free by the compulsory insurance. In the public sector, she plays the role of *a patient* who gets

only what the healthcare system can give at the moment – "assembly line" service and assistance of the commonly exhausted medical staff.

> And I needed the doula's support more as a psychological aspect. And in case I change my mind and want to inject myself with a carriage of anesthesia, so I don't want it happen, there should be a sobering agent as a doula who would tell me why I decided to go for a soft childbirth. (Valentina, first childbirth, contract with the hospital)

Valentina has a paid contract with a hospital, a doctor, and a midwife; and needs a doula to help her have fully unmedicalized childbirth. For her, resistance to medical assistance was mostly directed to herself, so she would not end up asking doctors for anesthesia. Here, an interesting paradox arises: natural childbirth needs extraordinary strength of a woman, extra-preparations, and extra-support for a woman. It is not something that can be easily achieved without strong intention, knowledge, and discipline. "Coming back to nature" becomes another challenge for contemporary Western women socialized in a highly medicalized society. For instance, some of my other informants strongly believe that attending courses and lectures about childbirth, reading books and other informational sources are the only way to understand one's body and resist the intentions of obstetricians to impose the need of medical stimulation in childbirth. However, this resistance is never easy, especially when medicalization prioritizes the medical knowledge over embodied knowledge of a patient/woman (Torres, 2015, p.901). Here, a doula's expert knowledge and training serve as a validation of women's intentions to give birth naturally.

> - The doctors were urging me to C-section, but I resisted, because everything was fine with the child, everything was fine with me. [My doula] was in touch with me and supported me. And if I did not prepare for childbirth, if I did not know all this, I would give up. So, if the doctor suggested "let's do C-section", I would say "ok, let's do it". I would believe them blindly without critical analysis, and everything would end up not the way I would like. <…> At some point, my dilation stopped, and he [the doctor] said that you've been giving birth for 10 hours, there's no further dilation, let's have a surgery. It seems to me that if I were alone, I would most likely agree, but [the doula] helped me a lot.
>
> **- Did she help you not agree on C-section? Did you discuss it with her?**
>
> - No, there was no such discussion. She gave me a pat on the head and said: "you can do it". It was at the level of sensations like a silent support. She believed in me, so did I. (Oxana, second childbirth after a cesarean section, contract with the hospital)

After having a cesarean section in the first childbirth, Oxana wanted to have a natural non-alienating experience of childbirth. So, she found a doula who shared her aspirations even though it might be a hard process. Here, the doula is not involved in decision-making related to the surgery, her support alone contributes to increasing Oxana's confidence. I heard many stories of my informants how their doulas helped them normalize their decisions not to turn to any medical assistance (despite an emergency).

Not all women are ready and want to escape medicalization, so they do not mind using some medical interventions which can help to ease the labour. Many mothers, especially the ones who have childbirth by compulsory insurance for free, admitted they wanted "natural childbirth without fanatism". However, all of them wanted to be heard and know what obstetricians intend to do. Due to the media and public image of childbirth in Russia as abusing and full of "horror stories", mothers who could not afford a paid contract needed a doula to help them prevent possible negative situations.

The informants, who had a negative experience of childbirth or were afraid of unwanted medical interventions and planned to give birth for free, called their doulas *advocates in childbirth*, whose presence in the maternity ward disciplined medical personnel. Although a doula has no authority nor professional competences to intervene in the work of medical personnel, she plays the role of an advocate of her client's rights in the maternity ward. She continuously monitors the behavior of medical staff and explains their actions to a woman, mediating between them. Women usually describe how polite and professional their doulas act in relation to medical staff, even though the tension between doulas and obstetricians may rise to the extreme.

> They performed manipulation without asking me. My doula and I, and my husband, didn't manage to navigate, even how to say no. The doctor came to measure dilation and just did it! I looked at my doula, she was disappointed but said nothing. She performed professionally at that moment, she tried not to pay attention to what the doctor did, so I wouldn't be nervous. She said: everything is fine, he did it, but don't worry. She tried to reassure me. <…>
>
> The negative atmosphere reigned around, they kicked out my husband from the ward and wanted to kick the doula, but she resisted and said that she wouldn't go anywhere. They took her chair and began to ask: Who is this a doula? Who are you here at all?

> And she didn't leave, she sat on the floor and said that she wouldn't go anywhere and would be there. It was super cool. (Victoria, first childbirth, CMI)

In the given citation, the *liminal position* of a doula in the maternity ward (and in the maternity care system in general) becomes clear. Having a doula in childbirth cannot guarantee the absence of unwanted interventions or medical abuse but her presence can support a woman in a vulnerable position. In Victoria's case, her doula could not stop the doctor physically or even verbally because she has no juridical right to do so, her professional ethics also prevent her from saying anything for a woman or advise her anything. At the same time, the doula has the right to stay with a woman that we can observe in Victoria's case. By refusing to leave Victoria alone, the doula shows her "power of the weak" that helped normalize the unpleasant situation, so Victoria could still feel there is someone on her side ready to support.

Last but not least type of resistance to (over)medicalization is the homebirth. I conducted two interviews with mothers who had extremely negative childbirth experience and decided to give birth at home with a doula and a homebirth midwife. These women express complete distrust of the healthcare system in Russia and question the biomedical approach to childbirth (one of them is into Chinese traditional medicine, another one – into evidence-based medicine and the women-centered natural approach). Both argued that they have a leading position in homebirth arguing that the doula provided them with continuous emotional and physical support. For instance, Sofia says "my doula was following only me and my intentions" (second childbirth, homebirth). Birth narratives of these two mothers are characterized by a higher level of autonomy in childbirth compared to other women, their achieved level of agency and embodiment in homebirth is likely to be higher as well. At the same time, they take much more responsibility because of the "gray status" of homebirth in Russia and related institutional barriers (Novkunskaya, 2014).

Therefore, resistance as part of agency also correlates with responsibility women take every time they say no to medical interventions and medical birth. In the literature of (female) agency, the aspect of responsibility is usually missing while the authors' attention is mainly dedicated to choices, intentionality, and subjectivity (see Ortner, 2006; Perry, 2008; Young, 2005). However,

in the present research, I demonstrate that responsibility is the key to understand the mediated agency. In the following subchapter, I will analyze the aspect responsibilities of women in guided labour showing how it is accepted, shared, and reflected in birth narratives.

3.3. Shifting responsibilities of mothers-to-be

As I demonstrated in the theoretical background, despite the commercialization of Russian maternity care, it is still characterized by women's institutional distrust and lack of their authority in childbirth (Borozdina 2018; Temkina 2014). When the state delegates primary control over women's reproduction to the institute of healthcare without acknowledging the authority of medical professionals (Borozdina, 2014, p.37), the question of relationships between a female body and the state becomes acute. Who is responsible over one's body? While research done on the Western context show that women who seek for natural childbirth possess themselves "against the white-coated, often male, medical community" (Das, 2019, p.43), in post-Soviet context, women seek to get control and responsibility for their bodies and childbirth taken from them by the state.

One of my informants expressing the common attitude to childbirth in Russia argues:

> They say everyone gives birth, so you will. Yes, you will give birth, but the question is how, in what way, how it will be imprinted on your memory. (Inna, second childbirth, CMI)

In this citation, Inna expresses her dissatisfaction with this attitude to childbirth in the dominant discourse. She argues for redefining childbirth as an important life event in a woman's life and not just "a thing that happens". Like other women, Inna talks a lot about her distrust of obstetrics calling it outdated and disrespectful to women and their personal choices. My informants want to play an active role in childbirth, so everyone around respects their opinion and embodied knowledge as mothers-to-be. At the same time, gaining agency means taking responsibility for decisions made which is not easy in the highly medicalized maternity care system. Having a doula in childbirth is the way for women to get the "voice" in their own childbirth. As non-medical professionals, doulas cannot consult women in what decisions they should make, underlying that a woman knows better and only she can make decisions. In other words, a doula is not responsible

for the "success" of childbirth shifting responsibility of making decisions to a woman (and medical staff regarding medical assistance). However, the doula is responsible for monitoring the settings, providing physical, emotional, and informational assistance. This shows how responsibility is shared in guided labour giving a woman the leading role in her childbirth.

> She [the doula] is more for childbirth without [medical] interventions, but she did not tell me that I was crazy that I agreed on anesthesia. All who support natural childbirth, they are against anesthesia. But that was my decision, and she, of course, said "yes, yes, yes, let's do it". She is all for a woman. (Katya, first childbirth, contract with the hospital)

In the given quote, the doula's personal attitude to medical interventions is negative, however, she does not impose her opinion to Katya respecting her choice of using the anesthesia. Such a non-judgmental behavior of a doula is the possible answer to the pressuring ideals of a "good mother" and a "good birth". The doulas' ability to follow the client's will eases the burden of responsibility emphasizing there are no bad choices. In other words, doulas' service can be liberating for mothers-to-be socializing in the discourse of neoliberal parenting (Reich, 2014).

When we talk about neoliberal parenting, the socio-economic class of a woman matters influencing the priorities of needs and responsibilities in childbirth (Temkina & Zdravomyslova, 2018, p.167). Mothers I interviewed attended courses for pregnant women learning much information about natural childbirth and childbirth with partners (doulas, husbands, friends), as well as socializing in parenting online forums and communities on Facebook and Instagram, which mostly translate the values of natural parenting and childbirth as morally justifiable. However, women with more economic resources can afford a paid contract with a hospital and a doctor achieving a higher level of comfort and control. Expectations of childbirth for women from middle- and upper-classes are higher, as well as individual responsibility they carry. The good birthing ideal implies that childbirth is an individual responsibility of a woman: it is her who should be responsible for organization of childbirth or her baby's health (Das, 2019, p.131). If something goes wrong, it is portrayed as her individual failure. Hence, responsibility of a mother-to-be becomes morally weighted.

> In childbirth, you can make many mistakes, for example, do not breathe, but scream, thereby taking oxygen from the baby. These moments which women don't know are, of course, their own problems. A woman must learn this process herself, at least at some basic level. When my doula told me how to breathe, and I realized that this is very valuable information, it can be useful to me. Plus, it is helpful that this person will be next to me providing me with additional services - lie in the bath, massage, jump on the ball. (Kristina, first childbirth, contract with the hospital)

Kristina, an upper-class mother, is convinced it is her who is primarily responsible for gaining knowledge of childbirth and her body, hence controlling her behavior in childbirth. In her case, she gave birth so quickly "she did not have time to enjoy the process". As research shows, "discrepancy between ambitions for control (expectations) and possibilities to exercise it (outcomes) can lead to frustration" (Temkina, Zdravomyslova, 2018, p.166). A role of a doula here is to help a woman stick to the plan and in case something goes wrong, to reassure a woman she did everything she could and ease the burden of responsibility she carries.

To conclude this chapter, I want to stress that all my informants want to be heard in the maternity ward and are ready to take responsibility for their choices and their babies. For them, guided labour means not only ensuring the principles of the natural approach but also providing themselves with additional care and emotional support. The general distrust to maternity care system (sometimes intensified by a traumatic birth experience) and the rise of the discourse of a responsible mother who knows what better for her child contributed to women's desire to play an active role in childbirth constructing it as a significant and intimate life event in their own lives. Here, responsibilising and individualising discourse of a good birth mediates between women's desire to give birth naturally and having a doula as a sobering and guiding agent who can help a woman maintain the control over her childbirth and reassure her if something gets out of hand. Hence, while gaining more agency over ones' body and birth gives a woman more power over her private life, it also provides her with greater responsibility that today's healthcare system in Russia cannot share with her (their task to deliver the baby alive and quick, but not comfortably or naturally) (see Temkina, 2014; Temkina & Zdravomyslova, 2018).

Chapter 4. Mediated Embodiment

4.1. Doulas mediating the embodied self of a mother-to-be

This research focuses on how the woman's embodied self is constructed in birth narratives and how this construction is mediated by doulas. In the interviews with women, I identify that doulas mediate not only between the client and other actors but also between the woman's body and self. Doulas help women understand the work of their bodies and trust their embodied knowledge. By managing the surrounding in the maternity ward, doulas provide women with more space to focus on their inner feelings and bodily sensations. As some women empathize, it is important to "stay inside" of the labour process and not to be disturbed by others without urgency.

First, the association between the body-in-labour and the self can be achieved by recognizing the presence of the body. As Akrich and Pasveer (2004) argue, in "normal life" we do not notice our bodies at all; they disappear from our attention allowing us to focus on the world outside (p. 68). When childbirth starts, the female body signifies its presence and activity through contractions. However, not all constructions are easily identifiable from the beginning and not all of them lead to childbirth ("false contractions"), which contributes to the ambiguity of this process. In women's birth narratives, the process of making sense of contractions and the start of childbirth was often mediated by various technologies and doula's help.

> Later in the evening I suddenly the periodicity [of contractions] appeared. So, I immediately downloaded all phone applications to measure them. Besides, I noticed some menses, and I've already begun to panic. I think I was giving birth: run, get it! I called [my doula] and explained everything. She told me that it can be childbirth, but this is only the very beginning, and even before the beginning. And she says, let's rest, pack up, and we will see how it goes further. (Katya, first childbirth, contract with the hospital).

In Katya's case, technology is used to objectify the bodily sensations, and hence to control the process of labour by knowing what is happening. The information given by the app needs to be interpreted by someone who holds an expert knowledge – a doula (and in some cases, a doctor). Although doulas do not perform any medical examinations, they have medical knowledge and experience to help a woman understand her condition. For Katya, as well as other informants, even in natural childbirth expert knowledge is still more favorable and reliable than their bodily signals,

supporting the argument of contamination of our bodies by biomedicine (Akrich & Pasveer, 2004, p.81). From this perspective, the objectification of the female body in childbirth is not necessarily "evil" (as it is commonly portrayed in the natural approach to childbirth) but is also the tool to make sense of the birthing body. For instance, my informant Olga, who also experienced childbirth for the first time, asked her doula to look at her cervix dilation regularly, so she knows she is doing everything right. This self-objectification contributed to her understanding of the work of her cervix, making her less stressed about the process.

The doula's capacity to objectify woman's bodily sensations and explain them back to her demonstrates her liminal position in the maternity care system from the other side. While promoting a natural and women-centered approach to childbirth, doulas still apply the biomedical perspectives in their practice. They encourage women to view their bodies from the medical gaze, use different apps and tests to identify the begging of childbirth, and interpret their feelings by the means of medical language. The doula's position as a translator between a woman and medical staff also shows her double-expertise in the incompatible worlds of medical and embodied knowledge. This makes doulas' structural position in the professional field, as well as their professional competences, blurred. However, I do not consider this as a disadvantage but rather as a potential. Doulas professional support can be the bridge between medical birth and natural birth, contributing to the transition of Russian maternity care to the more careful and women-centered system.

As I argued before, this transition is possible if women gain the voice in the system meaning they need knowledge and support to resist. Studies on institutional changes in maternity care show that knowledge is the key tool in childbirth activism (see Akrich et al., 2014). In the present research, women deal with the asymmetry of knowledge by learning to believe and trust their bodies. Many informants clearly articulate that cultivated by obstetrics culture of fear and a woman's vulnerability in labour have a negative impact on childbirth. To achieve higher agency,

women must learn how to rely on their embodied feelings as a primary source of childbirth knowledge.

> For childbirth, I prepared not only the body but also my mind. More precisely, I learned to switch it off. During the pregnancy, I read Grantly Dick-Read's book "Childbirth without Fear", it turned out to be enough. I watched many videos of childbirth. I attended yoga hammocks classes for pregnant women two times a week. I tried to walk more and have an active lifestyle. (Alina, first childbirth, contract with the hospital)

For Alina, it was important to understand how she can cope with fear by following her body-in-labour and "switching off the mind". She did much "homework" to see her body as an active companion and not as an object to control. At the same time, for mothers already went through childbirth experience, gaining knowledge by studying the literature on childbirth was less efficient. They believe that in the moment of intense contractions you forget everything you learned. Here, the doula's assistance is helpful because she can guide a woman in this process showing her some techniques of coping with fear, anxiety, and pain.

> Of course, the fact that [my doula] stood next to me and mirrored me was very important at that crucial moment. When I had to breathe "like a dog", "a candle" or something else, she just mirrored me. That is, she performed the same way I had to do it at the moment. Because I was as a machine when you look and repeat what others do. That is, this is the moment when a woman is uncontrollable. (Olga, second childbirth, CMI)

In Olga's case, she is not only guided by her doula, but doula's body becomes part of Olga's childbirth and even her own body. By looking at how the doula acts, Olga makes sense of her body-in-labour. The process of mirroring connects both women at the bodily level. The uncontrolled condition described by Olga is what other women call the altered state of consciousness when a woman cannot fully understand what is happening and getting lost in time and space. When control over the body is lost, mirroring becomes the only source of a woman's knowledge at the biophysiological level (Luhrmann, 2012, p.79). This is exactly what Iris Young (2005) means when she says that time in childbirth is absolutely still: "there is no intention, no activity, only a will to endure" (p.55). So, childbirth becomes the manifestation of the lived body.

This analysis demonstrates that there are varieties between "natural" and "medical" bodies, the process of embodiment is highly mediated by technologies and doulas' assistance. While

understanding one's body requires much learning, this information is not always easily accessible for a woman due to the intense bodily activity in labour. In this case, doulas minimize women's concerns and fears by explaining to them their condition and/or illustrating them how to breathe and move non-verbally. Here, the emotional and physical work of doulas plays a crucial role in understanding the uniqueness of their service.

4.2. Recognizing emotional labor in the system of maternity care

Like in Soviet times, Russian maternity care is dominated by "assembly line" service, lack of compassion, and emotional support of patients (Temkina & Zdravomyslova, 2018, pp.170-171). In this context, medical staff, as well as higher administrative authorities, do not recognize the value of emotional and physical support promoted by new childbirth professionals like doulas. Even the WHO (2018) childbirth recommendations on "supporting women the woman's emotional needs with empathy and compassion, through encouragement, praise, reassurance and active listening" (p.25) are completely ignored by maternity care institutions. For instance, my previous research on doulas shows, medical staff does not understand why doulas' service is valuable if "they just hold women's hands and do nothing". While in the interviews with mothers, I find that they talk a lot about the significance of doulas' emotional or psychological support in childbirth. Many women underline that they want to have a doula because she can provide them with emotional support through empathy and compassion. In practice, this emotional support was closely interrelated with physical care, which the doula performs to help a woman manage pain.

> My contractions started at midnight and I gave birth only the next day at 5 pm. All this time she [the doula] massaged my lower back. Imagine! The person from 12 am to 5 pm massaged my lower back! And she did not say a word that she was tired. And it helped me a lot. Then she suggested that I get up and walk to find a position that was easier for me to endure contractions. <....>
>
> Then I squeezed her hands very hard, I can't imagine how she managed to stand it at all. And she never said: "let it go! It hurts me!". I held her hand and kept saying: "don't let it go, don't let go of my hands". She said: "No, no, I'm here, don't worry". Here, this support was the most important in my birth." (Katya, first childbirth, contract with the hospital)

By doing the massage and suggesting moving, the doula helps Katya cope with acute pain naturally and find the most comfortable position in childbirth. Here, the physical assistance is a

part of the emotional work performed by a doula because it contributes to a woman's feeling of control over the body: "it is painful, but you can cope with it". This pain management also assists women in resisting medical interventions like injecting anesthesia, and hence help them achieve natural childbirth they want. The phrase "she just held my hand, and it helped me" mentioned in almost all interviews indicates the power of continuous emotional and physical support in childbirth. Doulas accompany women during the whole labour, cheer them up, and encourage to stay strong – all of these make doulas' work emotionally and physically consuming.

I define emotional work of a doula in the Arlie Hochschild (2012) terms of emotion management, in which a person evokes or suppresses the emotions expected from her by others. It is not just emotional work but rather *emotional labor* (Hochschild, 2012, pp.10-11) because it is a part of the doulas commercial service. In other words, it is paid emotional work. In the narratives of my informants, it becomes clear that the efficiency of the doulas' emotional labor is rooted in the trusted and even intimate relationships established between a doula and a woman during the pregnancy period. These close relationships contributed to doula's ability to do emotional labor at the level of deep acting (Hochschild, pp.35-36), so it performs "naturally". Women who were extremely scared of childbirth argue that their doulas help them overcome fear and anxiety by the mean of "talking cure". During pregnancy, doulas encourage women to open up about their concerns and traumas and let them go. In childbirth, this knowledge of the client's experience and personality contributed to the individual care and emotional support provided by a doula. In the critical moments of childbirth like extreme pain or panic, a doula can mimic a woman as I showed previously or distract her attention through the process of talking. These two different techniques were widely applied by doulas in their support practices.

> She kept talking *(zagovarivala*) to me in childbirth, I clearly remember that she distracted me as much as possible. She told some stories from previous births, she took all the attention on herself. At the same time, she understood my condition at the moment and she could either fall silent at some point and let me catch my breath, and she began to breathe with me, or gave me water and started to talk again. When I was able to hear her, she started to talk and distract me. (Olga, second childbirth, CMI).

Some of the informants used the verb *zagovarivat'* in relation to doulas' talk that has two semantic meanings in Russian: to distract one's attention for the purpose of fraud and to cure someone by words. Unlike mimicking, the distracting talk is aimed at creating the dissociation from the body-in-labour and channeling the woman's attention to the outer world. In Olga's narrative, we can see that by talking, her doula successfully meditates between Olga's self and the body-in-labour. The doula becomes not only the center of Olga's attention but also an authority because she controls Olga's psychic experience. This technique is related to the what anthropologist Tanya Luhrmann (2012) calls boundedness – "the degree to which presence external to the mind can be understood to participate within the mind" (p.78). In Olga's case, the boundedness appears when the narrative created by her doula is partly experienced by her own resulting in the effect of *zagovor* (a noun from *zagovarivat'*).

Another case of the process of (dis-) association between the body and the self (Akrich & Pasveer, 2004, p.64) with a doula's assistance is hypnobirth. Hypnobirth is a part of the natural childbirth approach based on the relaxation and hypothesis techniques during the delivery (Das, 2019, p.18). It also assumes the possibility of childbirth without pain, fear, and medical interventions ("ideal childbirth"). One of my informants Galina was preparing for childbirth by attending yoga classes for pregnant women and studying literature on natural childbirth. She learned about hypnobirth from her doula but decided not to have this type of birth because she thought she could deal with it without a hypothesis. However, when it came to intense contractions, she applied some techniques that helped her to establish a connection between the self and the body-in-labour.

> Together with her [the doula] we went through strong contractions. She knew the hypothesis techniques, and it helped a lot. I didn't have purely hypnobirth. I learned how to breathe in yoga classes, and the kind of hypnobirth happened naturally. On each contraction, I plunged into a parallel reality, where I was diving very deeply, and the baby was swimming with me. You know, like scuba divers coming to the light. At that moment, I had some kind of altered consciousness when we dived through this painful contraction. As [the doula] said, I even smiled, but I didn't know what I was doing. And she said that I somehow managed to perform hypnobirth myself. It was a spontaneous visualization that helped me go through the pain. (Galina, second childbirth, contract with the hospital).

Here, Galina used a metaphor of diving with her baby to create a positive image of contractions that helped her overcome pain. As a result, she was even able to smile. This shows that such image was cultivated by much training (attending yoga classes, reading books on natural childbirth), so her body learned it and then enacted it "naturally".

By mediating between the woman's self and body-in-labour, doulas create the strong bonds or relations between themselves and their clients at the bodily level, and via this relation agency in childbirth is experienced. Doulas' techniques of mimicking, talking, and hypnosis help women understand they are not alone in this deeply sensational journey ad they can always rely on the emotional support of the doulas. Childbirth becomes teamwork: when a woman loses control over her body, a doula takes her attention away from inner sensation to the outer world created by the doula (for instance, by telling a woman different stories); or she can mimic her to activate the woman's embodied knowledge. Here, responsibilities are shifted mostly to doulas because women's success in going through pain and fears becomes dependent on the doulas' emotional labor. In other words, this emotional labor becomes the source for the mediation. The capacity of doulas to mediate between the woman's self and body and reframe negative emotions to the more positive ones shows the complexity of their service that goes beyond "just holding a hand". While the system of Russian maternity care does not offer any compassion or empathy to women, doulas' emotional support in childbirth demonstrates how much this emotional support is needed and awaited by mothers-to-be.

Conclusion

Recently more research has been focused on the bodily experience of childbirth (Akrich & Pasveer, 2004; Lupton & Schmied, 2013; Reiger & Dempsey, 2006) and the problematizing natural parenting approach as not necessary liberating (Das, 2019, pp. 45, 129; Fedele, 2016, p.106). While scholars uncovered the problematic points of both biomedical and natural discourse around childbirth, one question is still unanswered. What is there between the two discourses? In the present research, by examining women's birth narratives through the phenomenological lens (Young, 2005), I have demonstrated how women's birthing self is constructed, "contaminated" by opposing discourses, and mediated by the doulas' professional support. Doula's double expertise in natural childbirth and medicine, her position outside of the medical system but having the insider experience, her position as an expert but also as a close person to a mother-to-be make her a liminal character shifting between two worlds of natural and medical birth. In the interviews with mothers, I discovered that "natural" childbirth is commonly accompanied by the expert knowledge of doulas, as well as technologies and objectification of the body, shedding the light on how the ideals of "a good mother" and "a good birth" are (re)produced by women themselves.

I have argued that childbirth is a relational experience where women's agency and embodiment are experienced and mediated via doulas' professional support. This mediation is conditioned by the trusted relationships between a woman and a doula that challenges the idea of commercialization of care. In the post-Soviet context, where public maternity care cannot provide women with proper care and the family members' support is no longer reliable or accessible, women who opt for doulas seek their guidance, protection, and empathy. In women's birth narratives, a doula performs multiple roles in childbirth at the same time: she functions as a guide, a translator, and an advocate. By conceptualizing childbirth with doulas as the guided labour, I have shown how doulas help women navigate within the ambiguous system of Russian maternity care and the process of labour itself. A doula guides a woman by providing her with the information, monitoring the setting in childbirth, and mediating between her and the medical staff.

The doula as an expert also supports a woman emotionally helping her rely on her embodied knowledge and resist the (over)medicalized birth. At the same time, the doula does not intervene in the woman's decision-making avoiding giving her advice or expressing opinion. By supporting a mother-to-be, she strengthens her "voice" in the system of maternity care making a woman an active participant of childbirth. I have argued that the doula's professionalization in Russia can potentially lead to the recognition of the importance of emotional support at the institutional level of healthcare, however, this requires further research on doulas' communities and service.

Furthermore, the present research contributes to the better theorizing agency by looking at the responsibilities of mothers-to-be. In the theories of agencies, the aspect of responsibility is usually omitted or underdeveloped (see Mahmood, 2001; Ortner, 2006; Perry, 2008; Young, 2005), while it is crucial in understanding the dynamic of relations between a woman and obstetrician, the woman and her partner, the woman and the state. The mother's major responsibility of childbirth "success" is the key characteristic of the intensive motherhood ideology (Hays, 1998), which is a part of neo-liberal state (Clarke, 2008) and governmentality (Rose et al., 2006). In the post-Soviet Russian context, the family policy is pronatalist and aimed at the increase of population by providing financial support for two- and more children families (Chernova, 2012, p.75). Unlike in Soviet times, when the state shared with women responsibility for childcare, contemporary politics defines women as the only ones who are responsible for it, as well as "reproducing the healthy nation" (Shpakovskaya, 2015, pp.1574, 1584). In other words, women are left on their own in organizing their childcare including pregnancy and birth. Mothers-to-be I interviewed, especially the middle-class, have portrayed themselves as responsible for organizing the best childbirth they could afford and for preventing the possible medical abuse and unnecessary medical interventions. This narrative of childbirth is a direct product of the intensive motherhood ideology (Hays, 1998). Women have opted for a doula as the most trusted agent on their side, since they can rely neither on the system of healthcare (as the representation of the state) nor on their partners, usually portraying their husbands as useless or psychologically unprepared to handle

childbirth. Doulas' service is specific female support, it is the same as in the case of motherhood when women seek support from their mothers and not from fathers or male partners. This also supports the idea of Jennifer Utrata (2015) that Russian women usually rely on the help of other women but not the help of men or the state.

Following Larisa Shpakovskaya (2015) and my own data, I argue that Russian mothers and mothers-to-be are surrounded by double-burden of responsibility: one is coming from intensive motherhood ideology and one is from the state politics. Mothers I talked to have also blamed the Soviet time for making maternity care so indifferent to women's rights in childbirth. They want to give birth but not being delivered. One of the ways to construct childbirth as a significant and intimate event in a women's life is to refer to pre-Soviet "traditional" times when women gave birth at home following their instinct and surrounded by other women. This created nostalgia correlates with today's official discourse in Russia of restoring the 'traditional' family with two-parents, many children, and a bread-winner father (Shpakovskaya, 2015, p.1584). Natural childbirth approach celebrates the "natural" femininity and women's "inborn instincts" (Das, 2019, p. 65; Faircloth & Gürtin, 2018, pp.990, 992) that also relates to the idea of "returning to pre-Soviet traditional times" which often appears in the political discourse. Hence, we can see how different discourses are interrelated and reinterpreted at the subjective level of women.

Thus, the present research contributes to better theorizing woman's agency in childbirth by uncovering its relational dimension by looking at the doula's professional support. It also goes beyond the different discourses of birth and motherhood by turning to women's embodied experience. Although this thesis occupies the research niche of healthcare and childbirth, it brings the perspective of institutional and gender changes in post-Soviet Russia including the relationships between state and mothers, class and motherhood. In the research, I have made an attempt to show how the originally middle-class ideology of a good and responsible mother becomes normative and diffuses among mothers with fewer resources. Since research on the middle-class mothers is absolutely dominant in the sociological field, I believe that in the future,

it is crucial to expand the research to the working-class mothers, their practices of pregnancies, childbirth, and upbringing children to see how these normative ideals of a good mother and good birth are experienced by them. Finally, I have slightly touched the topic of the importance of the digital world (online-communities, forums) as the resources for women to gain information on natural childbirth, to get peer support, and to socialize in the discourse of natural mothering. I trust that this is also important to understand the discursive dimension of the class and the connection between mothering practices and the digital.

Appendix 1

The interview guide (blocks of the interview and main questions)

Decision making about childbirth with doula

How did you start preparing for childbirth? Why did you choose to have a doula in childbirth (and not a partner/friend/midwife)?

How did you find your doula? Did you attend childbirth training courses? How was it? Did you register in any online communities dedicated to natural childbirth and parenting? Why?

How did your close friends and relatives react to the decision to use doula's support? Did they have any doubts about your choice?

Preparation for childbirth

How did your communication with a doula develop during the time? How did you meet each other? What characteristics and qualities of a doula were important for you? Is it important, in your opinion, to establish close friendly relationships with the doula?

How did you communicate with the doula during pregnancy? What issues did you mainly discuss? How did the doula participate in the organization of childbirth (the choice of a hospital, a doctor)?

Childbirth

What type of childbirth did you have: paid contract with the hospital or for free under compulsory insurance? Why did you choose this type of childbirth?

Could you tell me the story of childbirth from the beginning? How did childbirth proceed? How did you understand that childbirth begin? Did you use any devices to track contractions? Did you use any medical assistance during childbirth?

Interaction with a doula: What role did doula's support play in your childbirth? What methods did a doula apply? How did the first hours after giving birth go? How did the doula support you during this period?

Interaction with medical staff: Could you tell me about your interaction with medical personnel. Were the midwife and the doctor attentive to you and your wishes, or not? How did the doula help establish communication between you and the midwife/ the doctor?

What are your overall impressions of the childbirth experience? If you experienced it again, what would you change? Why?

Postnatal period

How were the first days, weeks after giving birth? Did the doula come to your home in this period? (*If yes:* How did she support you?) What do you feel about your relations with a doula after birth?

Appendix 2

Table 1. Information about the research participants

Names	Number of childbirth	Type of childbirth	Description of birth
Natasha	First childbirth	For free in the hospital (via compulsory medical insurance) with a doula only	Refused several times the medical interventions aimed at speeding the labour
Irina	Second childbirth	For free in the hospital with a doula only	Experienced unmedicalized "normal" birth
Olga	Second childbirth	For free in the hospital with a doula only	Experienced unmedicalized "normal" birth
Larisa	Second childbirth	For free in the hospital with a doula only	Experienced unmedicalized "normal" birth
Nadya	Second childbirth	For free in the hospital with a doula only	Experienced unmedicalized "normal" birth
Inna	Second childbirth	For free in the hospital with a doula only	Experienced unmedicalized "normal" birth
Sofia	Third childbirth	Homebirth with a doula and a midwife	Experienced unmedicalized "normal" birth
Margo	Third childbirth	Homebirth with a doula and a midwife	Experienced unmedicalized "normal" birth
Alina	First childbirth	Paid contract with a hospital: own doctor and a doula	Was using bath in labour; oxytocin was applied to solve some complications in the process of birth
Maria	First childbirth	Paid contract with a hospital: own doctor and a doula	Experienced unmedicalized "normal" birth
Oxana	Second childbirth	Paid contract with a hospital: own doctor and a doula	Experienced C-section in the first childbirth; this time had almost unmedicalized birth (amniotic fluid was pierced)
Galina	Second childbirth	Paid contract with a hospital: own doctor and a doula	Partly experienced hypnobirth; unmedicalized "normal" birth
Valentina	First childbirth	Paid contract with a hospital: own doctor and midwife, a private ward, and a doula	Experienced unmedicalized "normal" birth; was in labour for two days refusing any medical assistance
Victoria	First childbirth	Paid contract with a hospital: own doctor, a private ward, a husband, and a doula	Experienced medical abuse: a doctor did manipulations without asking her or the doula
Katya	First childbirth	Paid contract with a hospital: own doctor, a private ward, and a doula	Was using bath in labour; asked for anesthesia to cope with intense pain
Kristina	First childbirth	Paid contract with a hospital: own doctor, a private ward, and a doula	Experienced unmedicalized "normal" birth; gave birth less than an hour after coming to the hospital

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