frontiers in Sociology

EMPIRICAL STUDY
published: 01 May 2018
doi: 10.3389/fsoc.2018.00005

"I'm Just a Woman Having a Baby": Negotiating and Resisting the Problematization of Pregnancy Fatness

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This article explores how fat pregnant people construct successful narratives around their pregnancies and birthing. Fat pregnant people are a critical site for the war on fatness; viewed as irresponsible: threatening the health of their pregnancy, and the far-off future of their child. Contemporary knowledge about pregnancy fatness is imbued with longstanding and powerful gendered biomedical discourses that have served to script women's reproductive bodies as faulty and deviant compared to the masculine "norm," priming them for medical management and control. The problematization of pregnancy fatness represents a concerning extension of maternal responsibilization to pregnancy, entangling pregnant people in a politics of preemptive action to secure their children's future health, all the while denying the socio-political, economic and cultural realities of women's lives that constrain their ability to do so. Policy and media responses have located both the causes of, and solutions to, the problem of pregnancy fatness in women's individual self-management imploring them to take responsibility for the necessary lifestyle changes needed to reduce the risks posed by their fat bodies to their babies and the health system. This paper extends critical scholarship on the problematization of pregnancy fatness by identifying the importance of understanding not only how women are oppressed by these dominant discourses but also how they are involved in strategies of negotiation and resistance. By creating space for alternate versions and visions, discursive resistance offers a critical means by which individuals can exercise agency by redefining their lives and recovering their harmed identities.

Keywords: pregnancy fatness, birth, fat studies, discursive resistance, biopolitics

OPEN ACCESS

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Specialty section:
This article was submitted to Gender, Sex and Sexuality Studies, a section of the journal Frontiers in Sociology

Received: *04 February 2018*
Accepted: *05 April 2018*
Published: *01 May 2018*

Citation:
Parker G and Pausé C (2018) "I'm Just a Woman Having a Baby": Negotiating and Resisting the Problematization of Pregnancy Fatness. Front. Sociol. 3:5. doi: 10.3389/fsoc.2018.00005

And you know the thing is they treated me like I was doing something wrong, but it can't have been wrong, my body did it!

(Emma)

Counterstories come into being through a process of on-going engagement with the narratives they resist. Many start small, like a seed in the crack of a sidewalk, but they are capable of displacing surprising chunks of concrete as they grow.

(Nelson, 2001, p. 169)

INTRODUCTION

Human reproduction has recently emerged as the new front line in the "war on obesity"—the full-scale conflict waged against fatness in Western health, social, and educational institutions in recent decades. A proliferation of medical science and popular media discourses have becried the risks, harms, and costs of being fat immediately before or during pregnancy. In response, health policy makers have introduced a raft of measures intended to regulate risky fat pregnant bodies and called for women, as "responsible mothers-to-be," to manage their weight. While dominant in constituting contemporary meanings, the problematization of fat pregnant people as a risk to the life and health of their babies-to-be, and the public purse, is not universally accepted as a public good. Critical scholars have pointed to the ways in which the dominant discourses and practices that constitute contemporary concern with pregnancy fatness have been shown to be highly disruptive to the emergence of a positive maternal identity for fat pregnant women leading to increased medical management of otherwise health pregnancies, anxious engagement with self-managing behaviors, and a highly negative affective space in which to embark on parenting (McPhail et al., 2016; Parker and Pausé, 2018).

While these dominant discourses are highly oppressive, women are not simply passive recipients of these meanings about their fat pregnant bodies. Drawing on in-depth semi-structured interviews with 27 ethnically diverse self-identified fat pregnant people and new mothers, this paper explores their struggles to transform meaning in the face of dominant understandings about fatness, pregnancy and mothering. Grounded in poststructural notions of the reflexive and ambivalent subject, we explore the nuanced, creative, and partial ways in which fat women attempt to negotiate and resist "master scripts" of their problem bodies in order to tell their stories of pregnancy and birth in more affirming and helpful ways (LaFrance and McKenzie-Mohr, 2014). We argue for the importance of exploring fat pregnant peoples' attempts to resist the problematization of their bodies as a pathway to the production of counter knowledge on pregnancy fatness that offers new (and less oppressive) meanings and possibilities for fat pregnant embodiment and subjectivity. We explore the possible dimensions of this counter knowledge, that might affirm the capacity of fat bodies for health and reproduction; demand a more compassionate, caring and just approaches to maternal and child health; and generate possibilities for more peaceful and positive fat maternal subjectivities.

Problematizing Pregnancy Fatness

In recent decades, a so-called "epidemic" of fatness has come to be framed as one of the greatest threats to the health and economic security of Western Nations leading to a full-scale policy and programme response that has been termed "the war on obesity" (LeBesco, 2011). Within this "war" fatness has been equated with poor-health and a failure of self-management resulting in the scrutiny and discipline of fat people across social, health, and educational institutions (O'Hara and Gregg, 2012). The more recent "maternal turn" in obesity science has placed pregnancy, and new mothers and their babies, at the epicenter of this "war" as both consequence and cause (Parker, 2014). A substantial body of literature has pointed to growing rates of fatness amongst reproductive age women, and its association with an increase in almost all pregnancy and birth complications from infertility, congenital abnormalities, miscarriage and stillbirth, growing rates of cesarean section, postpartum hemorrhage and infection, neonatal unit admission, and failure to initiate breastfeeding (see for example Heslehurst et al., 2008; Denison and Chiswick, 2010; Jarvie and Ramsay, 2010). In tandem, through the scientific developments of epigenetics, pregnancy fatness and diet is now also argued to result in an *in-utero* programming effect on the fetus predisposing the future child to fatness and a greater risk of chronic disease over their lifecourse (see for example Gluckman et al., 2007). In effect, the womb has been located as the very origin of the "obesity epidemic." The risks, harms, and costs purported to be associated with pregnancy fatness has led to its articulation as a major public health concern which poses "the biggest challenge for maternity services today" (Heslehurst et al., 2011, p.161).

In response health policy makers have introduced a raft of interventions intended to regulate and discipline fat pregnant bodies including the introduction of weight restrictions on access to publicly funded fertility treatment and low risk birthing facilitates; increased screening and medical management of fat pregnant and birthing people; and a narrowing in of population health programmes aimed at weight management to the new "priority area" of pregnant women, new mothers and their young children (see for example Farquhar and Gillett, 2006; Ministry of Health., 2012; Office of the Controller Auditor General, 2013). For example, in the Ministry of Health (2014) "Guidance for healthy weight gain during pregnancy" fat women are urged to lose weight prior to pregnancy, are encouraged to eat healthily (but not for "two"), undertake 30 min of exercise every day while pregnant, and to regularly weigh themselves and chart their gain according to advised pregnancy weight gains. Media institutions have been thoroughly engaged in the problematization of pregnancy fatness with a plethora of news media stories declaring it a "massive problem" that will harm the future health of children and "cost the health system a fortune" (Grunwell, 2011).

Pregnancy Fatness as Dominant Discourse

The problematization of fat pregnant (and potentially pregnant) bodies as a health and economic crisis that warrants urgent action and intervention dominates contemporary understandings. However, this framing is not universally accepted as common-sense. Critical scholars writing from diverse epistemological positions have questioned both the "problem" of pregnancy fatness and the proposed solutions (Furber and McGowan, 2011; Lindhardt et al., 2013; Mulherin et al., 2013; DeJoy and Bittner, 2015). For scholars writing from a poststructural epistemological frame, contemporary knowledge about pregnancy fatness does not represent an objective truth or reality but rather historically and socially specific "truths," constituted from multiple dominant gendered, biomedical, and neoliberal discourses about health, fatness, reproduction and mothering (Jette, 2006; Tolwinski,

2010; McNaughton, 2011; Warin et al., 2011, 2012; Jette and Rail, 2013; Parker, 2014; Parker and Pausé, 2018). Dominant discourses, from a poststructural perspective, are the practices of knowledge production which, through existing power relations, come to constitute truth and meaning, as well as producing a range of subject positions or ways of being in the world (Bacchi and Bonham, 2014, p. 174). A large body of feminist research has pointed to the dominant discourses implicated in the construction of women's reproductive bodies as defective, deviant and dangerous in Western medical knowledges leading to the medicalization and social policing of pregnancy (see for example Young, 2005; Ruddick, 2007; Lupton, 2012). Scholars have also pointed to the discursive influence of neoliberal politics, with its emphasis on citizen's individual self-management for health and social wellbeing, in contemporary meanings about pregnancy fatness (Miller and Rose, 2008, p. 79). Feminist scholars have pointed to the ways in which neoliberal politics segue with a long-standing tradition of pregnancy policing and mother-blame for health and social problems in Western nations, working to responsibilize mothers for the health of their children, indeed for the health of the nation all the while constraining families' material resources (Parker, 2014). The greatest burden for this has been shown to be borne by those mothers most marginalized through raced and classed inequalities (Parker, 2014; Friedman, 2015).

Dominant discourses are described as "omnipresent and yet often invisible" constituting the subject by providing the conditions for her existence and constraining her options for action (LaFrance and McKenzie-Mohr, 2014, p. 5). The dominant discourses constituting contemporary knowledge about pregnancy fatness are argued to script women's bodies in deeply pathologising and oppressive ways as abject, threatening, and burdensome, severely constraining fat pregnant peoples' possibilities of being by constituting a disempowered, pathological, indeed a monstrous subjectivity (Ussher, 2006). Scholars have pointed to the ways in which fat pregnant people take up this monstrous subjectivity. Through a pre-emptive biopolitics, fat pregnant people seek to reduce the harm their bodies pose to their babies through anxious engagement with a range of self-managing practices aimed at weight minimization and control, along with acquiescence to the intense surveillance and medicalization of their pregnancies and births (Parker and Pausé, 2018). However, despite their efforts, fat pregnant people describe the impossibility of controlling their bodies and their resulting decline into a vicious cycle of struggle and negative self-regard. As the "monstrous" maternal subject of fat pregnancy, women describe feeling as though they have hurt their babies and burdened society, resulting in a deeply negative affective space as "failed fat mothers" in their transition to parenthood (Parker and Pausé, 2018).

Talking Back: Negotiating and Resisting Dominant Discourse

Critical scholarship has been essential for understanding the ways in which women are oppressed and harmed by the dominant discourses that constitute the problematization of pregnancy fatness, helping to unsettle the presumed naturalness and fixity of its claims about fat women's bodies (Bacchi, 2012, p. 7). However, we contend that it is equally essential to understand the ways in which women are engaged in efforts to negotiate and resist these dominant discourses in order to produce counter knowledge that offers new (and less oppressive) meanings and possibilities for being (Davies et al., 2006, p. 89). The poststructural subject constituted through and regulated by discourse represents a rejection of the agentic liberal humanist/neoliberal subject assumed to be "unitary, rational, and centered," in control of her own subjectivity and destiny (Davies et al., 2006, p. 89). Constituted through discourse, the poststructural subject cannot simply make the rational choice to be someone or something else. However, this is not say the poststructural subject is always simply a passive recipient of dominant discourses and cannot be agentic in forming resistances. Rather, poststructuralism describes a "radically conditioned" agency, realized through the capacity of the subject to recognize their discursive constitution as "historically specific and socially regulated" and thus able to be questioned and challenged (Davies and Gannon, 2011, p. 318). As Butler (1994, p. 46) writes:

> [T]o claim that the subject is constituted is not to claim that it is determined; on the contrary, the constituted character of the subject is the very precondition of its agency. For what it is that enables a purposive and significant reconfiguration of cultural and political relations, if not a relation that can be turned against itself, reworked and resisted?

Butler (1997) theorizes the poststructuralist subject as able to be reflexive and ambivalent in response to the subjectifying effects of discourse and power. Through the reflexive gaze turned on discourse, the poststructural subject can play with discourses, working to disrupt and resist discourses, refusing to take up the positions implied by dominant discourses, using discourses in clandestine ways, and producing counter-discourses (Foucault and Deleuze, 1977; Georgaca and Avdi, 2012). The task of critical research becomes to unsettle and clear away oppressive discourses so that those oppressed by them might have space to speak up and begin to define themselves through their counter-discourses (Foucault and Deleuze, 1977, p. 208). Discursive resistances in all their forms then are a political act challenging and disrupting dominant discursive framings in order to expand the boundaries of knowing and being. This is not to say, however, that resistance to dominant discourse and its subjectifying power results in the production of counter-knowledge and the movement to a new and liberated subjectivity in a straightforward or easy way. Because dominant discourses operate as taken-for-granted truths and norms that are taken up as the subject's own beliefs and values through the process of subjectification they can be difficult to identify and challenge (LaFrance and McKenzie-Mohr, 2014, p.9). As a result, dominant discourses are very good at assimilating opposition such that when discursive resistances do emerge, they can be easily co-opted, heard and understood in reference to dominant discourses (LaFrance and McKenzie-Mohr, 2014,

p. 10). The production of counter-discourse also requires a careful consideration of power because whilst it can be liberating, it can also exact its own oppressions and risks, such as increasing the vulnerability of subjects in places where subscription to culturally acceptable narratives is strongly enforced. The challenge then is to hold the political potential of discursive resistance in opening up new possibilities for knowing and being, whilst also abandoning "any fantasy that counter-stories will emerge fully articulated, be universally helpful, and hold power to silence oppression once and for all" (LaFrance and McKenzie-Mohr, 2014, p. 11).

Rather discursive resistance should be understood as a messy, often frustrating, and always a partial process of deconstruction and decomposition in which the poststructal subject is simultaneously both the ongoing effect of dominant discourse whilst also attempting to dismantle it (Davies et al., 2006, p. 100). As such counter-discourses will not necessarily emerge as grand narratives of transformation but might begin with small, tentative moments or "tendrils" of resistance to oppressive meanings (LaFrance and McKenzie-Mohr, 2014, p.11). Because of this, some poststructural scholars have suggested that negotiation with dominant discourses rather than outright resistance might be a more available and common strategy, particularly in discursive contexts that are particularly constrained such as within health and justice institutions, or where discourses prove particularly heavy (Raisborough and Bhatti, 2007; Sykes and McPhail, 2008; Day et al., 2010). This is not to say, however, that the act of negotiation can't be agentic and empowering by creating small openings that can grow into bigger opportunities for change. One of the tasks of feminist scholars seeking to support women's resistance to and transformation of the oppressive meanings and conditions of their lives then becomes to support and nurture such "sapling forms of counter-storying" in order that they may grow to displace the foundations of oppressive dominant discourses and open up new spaces for being (LaFrance and McKenzie-Mohr, 2014, p. 11).

METHODOLOGY

The findings reported here were part of a wider research study asking how the problematization of pregnancy fatness shapes fat women's emerging maternal identities and embodied practices and the resulting impact on their health and wellbeing; findings are drawn from semi-structured in-depth interviews with 27 ethnically diverse, cis-gendered, self-identified fat women and new mothers in Auckland, New Zealand undertaken by the first author who herself was visibly pregnant at the time and has the lived experience of fatness. Participants' self-identified fatness was considered important in order to neither reproduce nor affirm reductive and pathologising medical classifications of fatness. To this end participants' weights were not collected nor reported. Basic demographic data was collected including ethnicity, occupation, number of children, where those children were born (home, hospital, birthing unit), the type of birth (spontaneous vaginal, vaginal assisted, and cesarean section etc.), and the primary caregiver involved. Answers to these questions varied widely. Of note, was that most participants already had a born child/children and were describing a current or recent past pregnancy/pregnancies. This suggests a greater readiness for reflection amongst those who were further through their reproductive experiences. As a strategy for validation, interviews were undertaken until saturation was reached between participant accounts which occurred surprisingly early on in the data collection process suggesting the generalizability of participants' experiences.

Interviews were undertaken as "caring conversations" (Frid et al., 2000, p. 701). This describes an approach to research interviews in which the researcher grounds her practice in an ethics of care and concern for the wellbeing of participants. The goal is to create a warm, open and comfortable space which is not only productive in terms of gathering research data but also opens up the potential for a "healing dimension" to the research (Frid et al., 2000, p.701). By emphasizing relationality and care in the research encounter, the researcher seeks to offer a counterpoint to neoliberal logics in which women are separated, blamed and shamed, offering participants a pathway to the articulation of discursive resistance and counter discourse (Lee, 2012). Prepared transcripts were analyzed using a form of poststructual discourse analysis with a particular interest in problematizations and subjectification (Arribas-Ayllon and Walkerdine, 2008). This theoretically-driven method of analysis is a course-grained discourse analytic approach (as opposed to "fine-grained" linguistic approaches), interested in identifying the discursive objects constituted as problems in the research text and their effects. The researcher asks under what circumstances and by whom are aspects of participants' bodies and selves rendered problematic, and therefore visible and knowable, what truth claims are made on behalf of that problematization, what subject positions are offered up, and how the subject fashions and transforms themselves in response to these? This approach to discourse analysis is interpretive and primarily aimed at cultural analysis and critique in order to question taken for granted realities, and open up other possibilities for being. The goal is not to represent participants' experiences in a "straight forward and transparent way" but rather to interpret participants talk in ways that reveal the discursive influences on subjectivity (Weatherall et al., 2002, p. 533).

Analysis of our participants' stories identified two key sites of discursive resistance to and negotiation with the dominant discourses that have constituted the problematization of pregnancy fatness and a monstrous subjectivity for fat pregnant people. Below we explore these sites in which participants talk back to and wrestle with the construct of their fat pregnant bodies as unhealthy and poorly managed, and as incapable of safely and easefully birthing their babies. We then discuss how these forms of resistance help open up new discursive spaces and possibilities for the production of counter knowledges about pregnancy fatness leading to more peaceful embodied maternal subjectivities.

RESULTS

"Don't Judge a Book by Its Cover": Resisting Fatness as Poor Maternal Health

Although the dominant discourse of poor health and a failure of self-management permeated participants' experiences of themselves and their practices as mothers-to-be, our participants nevertheless found room to resist and articulate counter discourse about their healthfulness in the context of their pregnancies. Participants exercised the "radically conditioned agency" imagined of the poststructural subject by recognizing the discourses at play in constructing their bodies as unhealthful and inactive, and questioning and challenging these meanings as they encountered them in the course of their maternity care (Davies and Gannon, 2011, p. 318). As Talia, for example, reflected:

> It's just, I think it's very stereotypical, the way especially doctors they just view you and that's it, they don't want to go beyond, they don't want to go further, they just see you as "ok, you're fat, let's... let's sort that out first" rather than "ok, well how about we look within" and you would see that I'm actually a really healthy person apart from this, you know.

Stacey was similarly aware of and resistant to the problematization of her body as unhealthful and inactive, when these meanings were deployed during her first encounter with her midwife. Stacey expressed frustration that her midwife, "in one quick judgment without any discussion about any other things about my lifestyle" decided she would not be able to achieve a straightforward birth at home as she planned. Like Talia, Stacey questioned and challenged the discursive constitution of her fat body as inherently problematic in relation to her pregnancy, asserting that she was "actually a healthy person." Stacey expressed frustration about her ability to "break through" the dominant discursive meanings about her body deployed by her midwife in order to have her own counter-knowing acknowledged and valued. Alice was also strongly resistant of her body's discursive construction as unhealthful and inactive, challenging the construction of a person's weight is an accurate indicator of their health and asserting a counter-knowing of her own healthfulness:

> They [health professionals] don't look at the individual, they just make assumptions based on what we look like, that we are going to have health issues, that we are going to have high blood pressure, when, for me, anyway, that's not the case, a number on a chart isn't my health, I mean I'm very healthy.

Resisting the idea that their weight marked poor pregnancy health, participants produced counter-discourses in which they described their bodies as fit and healthy despite their weight and emphasized the absence of weight-related illness. Tui, for example, described herself as "pretty fit and well, generally." Acknowledging she was overweight, Tui countered that she had never had any health complications because of her weight nor found that it had stopped her from doing anything, describing herself as "still very active." Likewise, Kahu also described her body as fit and active despite her weight:

> No, I mean I'm a fatty, there's no doubting it, but I don't feel like I need a fricken gas mask to get through the day, or constant visits to the doctors because I'm in pain because of my weight, I'm mobile, I'm quite active, I'm in full-time employment, what more can you want?

Talia also admitted she was fat, laughing that "yes I know I'm fat, I'm not stupid" but countered that she also knew she was healthy and active, and that "everything in me was working ok." It is interesting to note that participants could not articulate counter discourse about their health and fitness without first addressing their fatness. The "heaviness" of the construction of pregnancy fatness as a problem meant their fatness could not be completely disregarded. Rather, participants created discursive spaces for resistance by first admitting to their fatness as an undesirable state but asserting their health and fitness in spite of it. Maia, for example, countered her midwife's dire predictions for pregnancy complications due to her weight by acknowledging her fatness whilst also dismissing its with poor health:

> I remember saying to my husband and others, I'm just fat, I've got really good genes, you know. I don't have diabetes, I don't have high blood pressure, I don't have anything, I'm just overweight, I don't have high sugar levels, I don't have high cholesterol.

Some participants struggled to carve out enough counter discursive space in which to articulate healthful identities and instead found ways to negotiate with the problematization of fat pregnancy by claiming health in much more tentative ways. These participants tended to accept that their fatness compromised their health during pregnancy but pointed to the ways in which they were at least healthier than others. Isabelle, for example, drew a parallel between herself and a "seriously unhealthy" fat man she saw at the bus stop. In doing so, she created a discursive space in which she took up the problem of her fatness describing her work to remedy it through self-managing behaviors, whilst also negotiating her health as "not that bad" compared to those who are fatter:

> I walked past this guy yesterday, and he was just sitting at the bus stop and was huge, and he had this huge belly and he was smoking and he had a pipe in one hand, and he was just revolting, that to me is obese, its obscene, and it just made me feel yuck because he was clearly seriously unhealthy, and here's me, I'm overweight, I'm 123 kg, *way* bigger than I should be but I don't see myself as that big fat man in the bus stop, you know, I'm out walking and looking after myself, and eating healthy.

Emma, too, tried to negotiate her health by comparison. Emma emphasized her own health seeking practices: "I was doing everything I could do, I was eating so healthily, I was researching everything, all I would do was go to work and come home and rest," and contrasted these with pregnant people who she knew were "taking drink and drugs during their pregnancy" and were thus were much less entitled to make a claim to pregnancy health than she was.

As well as producing counter-discourses about their healthfulness, participants also undertook to create discursive

space as healthy maternal subjects by questioning and expanding the meaning of pregnancy health. Kahu, for example, pointed to her own mum, a 6ft something, "*big* woman" who "can run up and down netball courts like there's no tomorrow" asking "is it healthy because she can run or is it unhealthy because she's fat? I don't know, but that's it, what is healthy?" Stacey also questioned the meaning of health, describing health and wellbeing as subjective and as a state of flourishing "on the inside":

> I just think that you can live a healthy, you know, a healthy in inverted commas, cause that means different things for different people, but that you can look after your body and do good things for your body, move it good ways and fuel it with good things and still, um, and still be considered to be an overweight or obese person. So, from the outside that they might just consider that you're unhealthy, because of what you appear on the scales, or physically to be, but you can actually be healthy on the inside. You know, your body is healthy, or everything is functioning well, and you're growing a good healthy baby.

Expanding the meaning of pregnancy health as a holistic state that extends beyond physicality to include emotional, mental and spiritual health, was a creative and effective strategy of resistance for participants. Mere, for example, described health as determined by things that "keep you healthy minded," feeling happy and not being stressed. Finding their own happiness was described as central to participants' experience of healthfulness. For Hana, her happiness, and thus her healthfulness were drawn from the connectedness of close and caring relationships rather than her physicality:

> I don't think it comes down to, yeah actually being healthy does not come down to being a certain weight, or doesn't add up to what you eat, for me, being healthy is being happy, and that factors into a lot of different things. It's having a good family life, it's just got nothing to do with weight. Cause you can be, I can be this size and be quite happy, and feel healthy, it's not… there's a lot of big people out there who are quite healthy.

Jasmine counter-discoursed health as a state of having a positive body image and self-regard, and thus not being a war with herself, "being healthy is being happy in your own skin." Eva also described how coming to accept her body was critical to carving out a space for seeing herself as a healthy person capable of growing her baby:

> I've always been a bigger girl, so I thought maybe this is just how I'm supposed to be, this is how my body functions, it can cope at this size, I know that kind of sounds like a bit of an excuse but, and it's not like I ate badly, it's not that I didn't exercise.

Despite participants' exercise of agency through their discursive play with the meanings of healthfulness, it is important to note that these discursive resistances did not constitute an escape from the oppressiveness of dominant discourses about pregnancy fatness, nor a recovery of their damaged maternal subjectivities' in any direct or straightforward way. As Eva's quote above demonstrates, participants' discursive resistances, whilst often strongly articulated, were still partial and messy. They constituted sapling forms of resistance that were part of an on-going process of engagement with the dominant discourses of fat pregnancy in which participants were simultaneously both constituted by them and finding ways to resist them (LaFrance and McKenzie-Mohr, 2014). Eva simultaneously described her acceptance of her larger body and belief in its capacity to grow and birth her child whilst clarifying that she was "not making excuses" for herself, retaining responsibility for herself as a "healthy" maternal subject by eating well and exercising. Likewise, Hana described her "struggle" as she simultaneously took up and resisted the dominant discourses of her "unhealthy" fat pregnant body:

> Oh, I'm actually having a bit of a struggle with myself in my head because on the one hand I'm like, I'm torturing myself being like, I need to be in better shape, before I get to the birth, and then on the other hand I'm going, hang on, cut it out, you'll be fine, there's nothing, nothing wrong with you…

Further, while participants made attempts to reclaim and redefine the meanings of pregnancy health in order to make space for their fat bodies, the primacy of healthfulness as an expression of maternal care and responsibility during pregnancy proved much harder to resist. We found few examples where our participants outright resisted the pursuit of healthfulness as a core task of pregnancy. At best, some participants resisted the idea that women should carry sole responsibility for the health of their future children and asked what political forces were at play in this construction. Mere, for example, observed:

> See the woman has to be healthy, but your partner, they don't have to do anything. And it's like, why is that? I mean they've got sperm and we've got eggs, fifty-fifty eh? I just can't figure it out, males can be the most unhealthiest people in terms of what they eat, drink smoke, things like that. And it's like why is it that women have to have all those requirements on them.

Alice traced a relation between the responsibilization of pregnant women for health and the neoliberal political economy with its focus on productive "healthy" citizens: "Basically to me, it is about control, we're trying to control women, and say right, you need to be a perfect, healthy environment for this baby, otherwise this baby isn't going to be a good citizen for our country."

"I Showed Them Though!": Stories of Positive Birthing and Healthy Babies

When participants' experiences of giving birth, and meeting their newborn babies, did not align with the dire predictions prescribed within contemporary knowledges of pregnancy fatness, participants' discursive resistances were further energized. Participants whose pregnancies and births proved uncomplicated and easeful adopted a strongly ambivalent stance toward the dominant discourses of pregnancy fatness leading them to produce animated counter-stories about their fat bodies' strength and capacity to grow and birth their babies. Alison, for example, took great satisfaction in counter-storying her easeful

pregnancy and birth in defiance of predictions of complication and risk:

> Yeah, so no complications with the pregnancy, it all went well. I was eight days late and I got booked in to be induced, and I had her the day before I was going to be induced, four-hour labour, popped her out, 15 minutes of pushing, no drama at all. So yeah, all this "oh no, this might happen and you're going to have to do this because you're overweight", nothing!

Lisa also took pleasure in producing a counter-story of the quick and easeful vaginal birth of her baby in the toilet of her hospital room as she was being prepared for the cesarean section she had been told she would need because of her weight:

> I got my own back anyway (laughs), that's kinda what I thought afterwards, like "ha ha ha, tell me I can't do it". You know because the hospital was saying it was going to be so difficult and a caesarean, and the hospital midwives were there, and the obstetrician was on his way and it was just like all of a sudden it was over and she [midwife] was still filling out the paperwork and I was on the toilet going "he's here", "hello?".

In the face of dire predictions about her ability to safely give birth at her weight Alice had engaged in self-managing practices throughout her pregnancy so she would be able to stage a defense when presenting to the hospital in labor: "I tried to stay healthy, and exercised all the way, like I walked a lot and tried to do as much as I could so that if they questioned me on it I could be like, I've done all this and my blood pressure's fine." However, Alice's experience of giving birth was in fact quick and easeful which she noted was counter to the "official story" of fat pregnancy: "I sort of got to the hospital and they were ok, well we'll see how you go and left me in the room and when the doctor arrived I was 9 cm and then it was all over, and you just don't hear that with large women, that sort of experience." Alice also drew on her postnatal experience to counter the construct of her fat body as posing a risk to her children's future health:

> They were always like your weight is going to affect the baby, and you're going to have a child whose overweight and I mean from my experience my children are all perfectly where they should be, they weren't giant babies, they weren't like any of the scaremongering that you hear.

Notwithstanding the dire predictions of pregnancy and birth complications and fat babies with compromised health, participants' counter-stories led them to call into question the "truth" of contemporary knowledge about pregnancy fatness that insists upon high levels of surveillance and management as a medical necessity. This represented a disruption of the dominant discourses that constitute the contemporary problematization of pregnancy fatness as a significant health issue, in turn opening up possibilities for expanding the boundaries of knowing and being in relation to fat pregnant bodies. Describing her straightforward labor and birth, Kahu questioned whether the medical management of fat pregnancy caused more problems than it solved:

> When I went in [to the hospital] I was 7 cm dilated, and I was in labour for about 3-4 hours and then I popped him out. So, I wonder is there meant to be drama or are they just assuming that because you're fat, well because you're fat you're going to have more problems, is that it? That's stupid, they just end up making the problems.

Following the birth of her healthy, normal weight baby, Maia questioned the need for the repeated growth-related ultrasound scans during her pregnancy ordered by her maternity carers who were concerned about the size of her baby: "I was happy to go have those scans if they told me I needed them, don't get me wrong. But I personally didn't expect to have a large baby and I didn't. So, were they really necessary? I don't think so." Likewise, Leilani questioned the justification for her maternity carers' insistence that because of her weight she needed to birth at a major hospital some distance from her home rather than her local birthing unit as she had wished. Leilani's labor ended up being straightforward leading her to weigh the costs of having been removed from her support networks to give birth in a highly medical setting, against what seemed very little benefit:

> Well you always want to be in the best place for you, and you know that's what they [midwives] said to me was the best place but after experiencing the normal birth, which to me was just like everybody else, I thought, you know, we could have done this at the birthing unit, and my husband would have been able to stay and I would have got a lot more support with breastfeeding and family coming in, we could have done things together.

Again, the partialness of our participants' resistances is evident here. While both Maia and Leilani called into question the benefit afforded by the medical management of their fat pregnant and birthing bodies they still wrestled with their desire to have done everything they could to ensure their babies' wellbeing. This highlights the power of maternal care and concern as an affective force in women's acquiescence to, and taking up of, the dominant discourses of fat pregnancy even in contradiction to their own counter-knowing. Lisa, for example, whose counter-story of easeful birthing and a healthy baby was told in defiance and pleasure above, reflected that she should she become pregnant again she would still likely submit to the intense medical surveillance and control of her pregnancy:

> And after all I went through, I think that even if I got pregnant again, that I'd still do it all, because I would have hated something to have happened to my baby that could have been avoided if you'd had the scan, or had the blood test.

However, whilst partial, and not a source of resistance as accessible to those participants whose births did not prove straightforward, participants' counter-stories of positive and easeful birthing did prove agentic and empowering. Participants described how their new insight into their bodies capacity to grow and birth their babies opened-up possibilities to de-emphasize their weight as a defining aspect of their pregnant embodiment and for the movement toward a more positive and peaceful maternal subjectivity. Stacey, for example, tentatively described

how her positive and easeful birthing experience was a step toward the restoration of pride in her body with the new insight of what it was capable of:

> I do feel good that I was able to give birth, I don't know, yeah, I guess it gives you a sense of your body, a sense of something, hmm, function almost? That you did it, that you did something that you wanted to do and that it was something that you could do. And that even if you had a large body, your body still did it and did it well. I feel that, I feel good. I guess it's a sense of something more important than just how much you weigh on the scales.

Likewise, Kahu drew on her body's capacity for birth to at least partially restore her maternal subjectivity, "I'm not the *best* mum on earth, but I did it [gave birth] without help, and I think I'm doing an alright job." Other participants described a new sense of agency and empowerment as the recipients of health care. As observed in the opening quote to this paper, Emma could now draw on her bodies capacity to grow and birth her baby to unsettle her problematization: "And you know the thing is they treated me like I was doing something wrong but it can't have been wrong, my body did it." Newly reflexive about the limitations of medical knowledge about her fat body, Emma vowed to be much less tolerant in the face of fatphobic treatment and attitudes in future health care encounters and to question medical certainties about her body:

> If there's anything that I don't think is ok I'll say because I know now that they don't always get it right, and that there actually isn't anybody advocating for my best interests, they're just trying to do what's easiest, or what's procedurally right.

Kahu, reassured by her body's capacity for easeful birth, described her determination to give birth where she wanted to in her next pregnancy: "Oh, put it this way, when the time comes I will go to [birthing unit] regardless,… [I] mean what can they do? Turn me away? In my head, I probably shouldn't say this word but when push comes to shove I'm going to be a bitch about it and I'll go where I want to." Other participants described a determination to pursue a more peaceful and contented relationship with their bodies grounded in the new knowledge of their bodies strength and capacity. Alice, for example, described her determination to claim happiness for herself as a fat person and reject negative discourses about her body and health where possible: "There's sort of this whole, you can't be fat and happy, we don't want to see fat happy people, you're supposed to be miserable… [B]ut it's like well, I am happy, I'm active and I eat well and what else has it got to do with you?"

DISCUSSION AND CONCLUSION

As we have demonstrated, fat women are not simply the passive recipients of the dominant discourses that problematize their pregnant and birthing bodies, and constitute them as failed maternal subjects, before they have even held their babies in their arms for the first time. Rather, fat women are engaged in a range of nuanced and creative strategies of resistance in which they attempt to negotiate with and counter these dominant discourses in order to tell their stories of pregnancy and birth in more affirming and helpful ways. In particular, we have demonstrated how fat women's strategies of negotiation and resistance have aimed at creating space for fat pregnant bodies to be understood as healthful and nurturing bodies that are fit and capable of growing and birthing healthy babies, and that center happiness and positive self-regard as core determinants of their health. We have also demonstrated how participants used their stories of uncomplicated and easeful birthing to call into question the need for, and benefit of, medical and self-management and control of their bodies, helping to disrupt the medical "truths" that constitute their problematization. Whilst these resistances did not emerge as fully formed and complete "grand narratives" of transformation and betrayed an on-going subjection to the dominant discourses of fat pregnancy, these resistances are not without effect (LaFrance and McKenzie-Mohr, 2014). As we have shown, participants' discourses of resistance and negotiation helped to foster a sense of agency and empowerment, opening up possibilities for transformation and change at the level of the indiviudal subject. Participants were shown to take tentative steps toward the recovery of their maternal identities, finding small spaces for positive self-regard as new mothers and a determination to shape their future healthcare encounters.

In addition, we contend that by fracturing the certainty of medical knowledges about pregnant fatness, our participants' resistances also open up spaces for the production of counter knowledge, with the potential to challenge discourses that construct fat maternal bodies in harmful and oppressive ways. But what form might this counter knowing take? We suggest that a counter knowledge of pregnancy fatness first demands a re-examination of current approaches that elevate the "problem" of fat and that emphasize the importance of fat pregnant people's submission to regimes of self and medical management as an expression of "good mothering." As we have demonstrated, such approaches are not productive in producing healthfulness and positive self-regard for pregnant people and new mothers. A counter knowledge of fat pregnancy could instead open up the possibility of de-centring weight as a pregnancy health issue in order to create space for more effective strategies for securing the health of pregnant people and their future children. Such strategies could draw on a much more holistic and just concept of health, one that incorporates attention to spiritual, emotional and mental health alongside its physical dimensions, and emphasizes shared responsibility and access to the material conditions needed to secure healthful pregnancies. Such strategies would also insist that fat pregnant people be treated with dignity and respect, replacing approaches to pregnancy health that produce blame and shame with those that promote care and celebration. As Talia imagined: "Well I think... I think women getting pregnant should be celebrated, like it's one of the most natural exciting things that humans can possibly do." Within this counter knowledge, fat pregnant peoples' motivation for healthy pregnancy and birth could be revalued as a resource to be harnessed, rather than negated and dismissed. This could be achieved through an affirmation of fat pregnant bodies' (indeed

all bodies') capacity for healthy reproduction through the offer of positivity, encouragement, and individualized support to help achieve pregnant people's own health goals. In Nadine's words, "Being positive, encouraging me that I could do this. Not once did I ever hear those words, it was never, ever about how I could do this."

We contend that this counter knowledge of pregnancy fatness would help generate possibilities for more peaceful and positive fat maternal subjectivities helping to counter the vicious cycle of struggle and negative self-regard precipitated when fat pregnant people are placed at war with themselves. As a result, fat pregnant people would have the opportunity to embark of parenthood in a positive state of mind, identified by participants as a primary determinant of their healthfulness. As Leilani described: "I think being a good mum is a state of mind, not a state of body, when you're excited, and you want to take that baby home. So just don't judge a book by its cover, weight doesn't make a good mother, state of mind does." This would in turn likely significantly enhance the future health and wellbeing of new mothers and their babies, the proclaimed but intractable goal of dominant knowledges that have problematized pregnancy fatness in the first place. Such a shift in taken for granted knowledge would also represent a challenge to the dominance of neoliberal politics in constituting oppressive meanings about human reproduction and birth at this contemporary moment. This might in turn create sapling opportunities to pave the way toward a more liveable and compassionate politics of birth. One that rehumanizes this profound moment in human life and insists that the health and wellbeing of mothers and their babies (and thus our future citizenry) is a political and collective responsibility rather than the domain of individual mothers.

ETHICS STATEMENT

This study was carried out in accordance with the recommendations of the University of Auckland's Human Participants Research Committee. The protocol was approved by the University of Auckland's Human Participants Research Committee (reference #9168). All subjects gave written informed consent in accordance with the Declaration of Helsinki.

AUTHOR CONTRIBUTIONS

GP defined the design, selected the participants, conducted and analyzed the qualitative interviews, and wrote the manuscript; CP contributed to the discussion and the manuscript making.

FUNDING

The research was supported by funding in the form of a University of Auckland Doctoral Scholarship.

ACKNOWLEDGMENTS

The authors would like to thank the School of Social Sciences at the University of Auckland, in particular Associate Professor Vivienne Elizabeth and Professor Nicola Gavey, and the Institute of Education at Massey University for their support in writing this paper.

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Conflict of Interest Statement: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.