Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.
THE ELDERLY PRIMIGRAVIDA: CONTEST AND COMPLEXITY

A FOUCAULDIAN ANALYSIS OF MATERNAL AGE IN RELATION TO PREGNANCY AND BIRTH

A thesis presented in fulfilment of the requirements for the degree of

Doctor of Philosophy
In
Nursing

At

Massey University
Palmerston North
New Zealand

Deborah Payne
February 2002
Acknowledgements

I could not have completed this study without the support and assistance of several people. The most important has been my husband, Allen, and my daughters, Sian and Kate. Their love has sustained me through the worst of weathers and I acknowledge the many sacrifices that they have made over the years to support the completion of the thesis. Other family members, particularly my mother, June, and my parents-in-law, Beth and John have looked after my daughters creating much-needed space. I thank them all for their support.

My primary supervisor, Dr Cheryl Benn has been unfailing in her encouragement and comments. She has navigated me through the course of this Ph. D. study. Dr Kathryn Rountree’s critical comment assisted the writing up process. My colleague, Dr Liz Smythe, has been a steady beacon of hope throughout this whole process. She has always been there, ready to listen and wisely facilitate the development of my ideas.

The women, who have been part of the Ph. D. group, especially Dianne Roy, have also given me insights and enthusiasm. I have learnt much from them over the time, particularly perseverance.

I thank Dr Jean Gilmour for taking precious time to read and comment on my first draft. Her comments were helpful and moved my thinking on. Thanks also to Dr Lynnette Sollitt-Morris for editing my thesis. My nephew, Andrew Bennett helped with developing the diagrams to a computer format and I thank him for his expertise.

The School of Nursing and Midwifery HODs, Gil Stokes and Judy Kilpatrick, have allowed me to alter my working hours and supported my attending significant conferences. My colleagues in the School, particularly the midwives, have also been an important source of encouragement.

Finally, I acknowledge the Auckland University of Technology Contestable Research Funds for the grant given me to assist in the audiotaping and transcribing of the interviews.

Ethical approval for the study was gained from the Massey University Human Subjects Ethics Committee and also from the Northern Regional Health Authority’s Ethics Committee.
Abstract

This study identifies and analyses the discourses deployed by women recalling their experiences of pregnancy and birth at the age of 35 or over, and by maternity service practitioners describing their practice in relation to women pregnant or giving birth for the first time aged 35 and over. The philosophical approach underpinning the study was derived from the works of Michel Foucault, particularly his concept of discourse and its inextricable relationship with power and subjectivity.

The data for the study included texts of published medical, midwifery and women’s health literature and relevant government policies. The primary source of data was the transcripts from 32 interviews with women, midwives, general practitioners and obstetricians. The analysis reveals the diversity, contest and complexity that exists amongst women and the practitioners in their ways of thinking about prenatal genetic diagnosis, birth, and maternal age in relation to pregnancy and birth.

Textual analysis identified two contesting discourses regarding pregnancy and birth: the scientific medical discourse and the natural birth discourse. The scientific medical discourse demarcates the age of 35 as the time when pregnancy and birth become problematic for such women and assigns to them the label of “elderly” primigravida/primipara to signify their different status. Thus defined, “elderly primigravida/primipara” are recommended to be under the care of an obstetrician and to give birth in an obstetric hospital. The natural birth discourse opposes the construction of maternal age as an independent risk factor. Instead speakers reproducing this discourse argue that other factors are the cause of complications experienced by “elderly” primigravida/primipara, in particular the beliefs and fears perpetuated regarding these women and the interventions that occur as a consequence. Each discourse offers competing subject positions for the first time pregnant woman aged 35 or over. She is positioned in the scientific medical discourse as potentially pathological and incapable of giving birth without intervention. In contrast, the natural birth discourse positions her as not different from younger women and capable of giving birth naturally.

Maternal age has the potential to further complicate pregnancy in that women aged 35 and over are compelled to consider the possibility of being mothers of a child with chromosomal abnormalities, particularly Down syndrome. Analysis of the texts
showed that the participants brought numerous discursive identities into being in relation to prenatal genetic diagnosis. While most of the women and practitioners identified themselves as subjects of the medical genetic discourse, the discursive identities brought into play by the women were quite different to those deployed by the practitioners. Although the choice to undergo prenatal genetic diagnosis is a binary yes/no, the women revealed fragmentary and complex subjectivities. The study found that women assessed their capabilities to mother a disabled child drawing on multiple and contradictory discursive meanings of risk, motherhood and disability. In comparison, the practitioners positioned themselves as enforcers of informed choice, information experts and as vulnerable to discipline. I suggest that the legal discourse’s subject position of vulnerable practitioner may complicate the practitioners’ positioning and interests in informing women. Women’s right to informed choice may compete in priority with the practitioners’ desire to avoid being disciplined for the wrongful birth of a child.

A further finding of the study is the strategies deployed by women, midwives and general practitioners to resist power techniques such as surveillance. Women’s tactic of elusion avoids the normalising gaze of prenatal genetic diagnosis. Similarly, a strategy of opposition is used by midwives and some general practitioners to create an opportunity for “older” primigravida/primipara to keep open the possibility of giving birth without intervention.
ERRATA

P.14. The last two sentences have been emended so that the text reads: "... non-discursive factors were closely interrelated, discourse preceded the non-discursive factors."

P.22. The last line of the fourth paragraph: "... individual. The label..." should be emended to read: "... individual of a particular kind. Hence, the label distinguishes her..."

P.23. The reference to Cheek (2000) should include its page i.e. 30.

Pp.25 & 177. The authors' order of placement is incorrect and should be Papps & Olssen, 1997.

P.31. First paragraph, the first three lines should read: "...(Weedon, 1997, p. 199), which is a consequence of the connections that ..."

P.31. In the second line of the indented quotation from Taylor, the word “against” should be italicised.

P.32. The words “can not” in the last line of the fourth paragraph, should be “cannot”.

P.33. The first line of the page should include the author’s full reference, which is (Hekman, 1990, p. 152).

P.33. Last paragraph, second sentence should read: “I explain the procedures used to identify and contact the participants, the ethical issues that arose and, the process undertaken to produce the data.”

P.64. In the ninth line of the second paragraph, Small for Gestational Weight should read Small for Gestational Age.

P.65. In the fourth line from the top the spelling of “primigravidas” is incorrect.

P.72. The term “primipara” should be emended to “primiparous” in the first line of the third paragraph.

P.75. The word “placental praevia” in the eighth line of the last paragraph should be emended to “placenta praevia”.

P.83. The first line of the last paragraph should be emended to read, “Speakers of the natural birth discourse challenge ...”.

P.95. Third paragraph. The reference to Thom & Jennings (1996) should include the page number i.e. p. 230.

P.98. The end of the first sentence in the middle paragraph should be emended to read “...the knowledge that the extra chromosome 21 can come from either the father or the mother”.

P.100. The quote from Ewald in the middle of the page should be emended to include the page number i.e. p. 199.
P.115. The spelling of "probability" in the second line of the second paragraph is incorrect.

P.146. The word "as" in the first line of the quote from Philip should be "at".

P.175. Third paragraph, line 5 should read "... had a post-graduate diploma in obstetrics and gynaecology."

P.189. First paragraph, first line should read "Timothy positioned women as subjects desiring intervention."

P.193. Last paragraph, first line should read "The metaphor of a clock implies the existence of a biological mechanism..."

P.207. Section 10.3 heading, The word "process" is incorrectly spelt.

Pp. 224 & 229, the spelling of Griffin is incorrect.

P.239. Last paragraph, twelfth line should read "... knowledge that diabetes, although it presently cannot be cured, ...

The following are to be added to the list of references:


# TABLE OF CONTENTS

## CHAPTER 1: INTRODUCTION

1.1 THE PHILOSOPHICAL APPROACH AND AIMS OF THE STUDY ........................................ 4
1.2 TERMS EMPLOYED IN THE THESIS ................................................................................. 6
1.3 STUDY OUTLINE .............................................................................................................. 6

## CHAPTER 2: PHILOSOPHICAL UNDERPINNINGS

2.1 INTRODUCTION ............................................................................................................... 10
2.2 POSTMODERNISM ......................................................................................................... 10
2.3 DISCOURSE ..................................................................................................................... 12
2.4 KNOWLEDGE ................................................................................................................ 16
   2.4.1 The connected-ness of power and knowledge ......................................................... 17
   2.4.2 Truth and Knowledge ............................................................................................. 18
   2.4.3 Discourse and power ............................................................................................... 19
2.5 POWER ........................................................................................................................... 20
   2.5.1 Technologies of power ........................................................................................... 22
   2.5.2 Biopower ................................................................................................................ 24
   2.5.3 Resistance .............................................................................................................. 26
2.6 SUBJECTIVITY .............................................................................................................. 27
2.7 AGENCY ........................................................................................................................ 28
2.8 CRITIQUES OF FOUCAULT: ......................................................................................... 30
2.9 SUMMARY ....................................................................................................................... 33

## CHAPTER 3: METHOD

3.1 INTRODUCTION ............................................................................................................... 34
3.2 PARTICIPANT SELECTION ............................................................................................. 35
   3.2.1 The Women ............................................................................................................. 36
   3.2.1.1 The Midwives ................................................................................................. 38
   3.2.1.2 Medical Practitioners .................................................................................... 38
3.3 ETHICAL CONSIDERATIONS ...................................................................................... 38
   3.3.1 Informed Consent ................................................................................................. 39
   3.3.2 Confidentiality ...................................................................................................... 40
3.4 THE INTERVIEW ........................................................................................................... 40
   3.4.1 Content and Process .............................................................................................. 40
   3.4.1.1 Discourse analysis approach to questioning ....................................................... 43
   3.4.1.2 Power relationships during the interview .......................................................... 44
   3.4.1.3 Literature ......................................................................................................... 47
3.5 TRANSCRIPTION .......................................................................................................... 47
3.6 ANALYSIS ..................................................................................................................... 48
3.7 THE ISSUE OF VALIDITY ............................................................................................ 52
3.8 SUMMARY ..................................................................................................................... 55

## CHAPTER 4: THE CONTESTED TERRAIN OF BIRTH AND MATERNAL AGE

4.1 INTRODUCTION ............................................................................................................... 56
4.2 THE SCIENTIFIC MEDICAL DISCOURSE ................................................................... 56
   4.2.1 The conditions of existence for “older” primigravida/primipara to become a discursive object .................................................................................................................. 57
   4.2.2 The maternal age sub-discourse ........................................................................... 65
   4.2.3 The defective body sub-discourse ......................................................................... 68
   4.2.4 The ageing uterus and body .................................................................................. 70
   4.2.5 The “precious” or “premium” baby ................................................................. 73
   4.2.5.1 The discursive practices of the “elderly” primigravida/primipara sub-discourses .................................................................................................................. 74
4.3 THE NATURAL BIRTH DISCOURSE ........................................................................... 77
   4.3.1 Conditions of existence ....................................................................................... 77
   4.3.2 The representation of birth .................................................................................. 80
   4.3.2.1 Subject positions ............................................................................................. 81
9.3 THE RELATIONSHIP WITH PRIVATE CLIENTS ............................................................... 187
   9.3.1 The obstetrician as friend and clinician ......................................................... 190
9.4 THE LAST CHANCE .................................................................................................. 193
9.5 MAINTAINING PROFESSIONAL BOUNDARIES ...................................................... 195
   9.5.1 The discursive practice of consultation ......................................................... 196
9.6 STRATEGIES OF OPPOSITION .............................................................................. 201
9.7 SUMMARY .............................................................................................................. 203

CHAPTER 10: THE CAPABLE WOMAN ........................................................................... 205
10.1 INTRODUCTION .................................................................................................... 205
10.2 THE RELIABLE BODY ......................................................................................... 206
10.3 BIRTH AS A NATURAL PROCES .......................................................................... 207
10.4 WOMEN AGED 35 OR OVER AS NOT DIFFERENT FROM OTHER WOMEN .......... 208
10.5 FACTORS THAT CONSTITUTE RISK IN THE NATURAL BIRTH DISCOURSE .......... 212
10.6 THE WOMAN AS AN ACTIVE PARTNER ............................................................... 215
10.7 THE MIDWIFE AS THE FACILITATOR OF NATURAL BIRTH ............................... 217
10.8 MAINTAINING POSSIBILITIES ............................................................................ 220
10.9 HOME BIRTH AS A DISCURSIVE PRACTICE OF OPPOSITION ......................... 226
10.10 SUMMARY ......................................................................................................... 229

CHAPTER 11: CONTEST AND COMPLEXITY ................................................................. 231
11.1 INTRODUCTION .................................................................................................... 231
11.2 PRENATAL GENETIC DIAGNOSIS: A COMPLEX ISSUE ...................................... 231
11.3 PREGNANCY AND BIRTH: A CONTESTED ISSUE ............................................. 233
   11.3.1 The scientific medical discourse ................................................................. 233
   11.3.2 Natural birth discourse ............................................................................. 234
11.4 STRATEGIES OF RESISTANCE: EVADING CATEGORISATION ........................... 236
11.5 IMPLICATIONS FOR PRACTICE AND EDUCATION .......................................... 237
11.6 LIMITATIONS OF THE STUDY AND SUGGESTIONS FOR FUTURE RESEARCH .... 241
11.7 CONCLUSION ...................................................................................................... 242

REFERENCES .............................................................................................................. 244

APPENDIX I .................................................................................................................. 267
APPENDIX II ............................................................................................................... 270
APPENDIX III ............................................................................................................. 273
APPENDIX IV .............................................................................................................. 274
LIST OF FIGURES

Figure 6-1  The Conditional Mother................................. 120
Figure 6-2  The Unconditional Mother.............................. 130
LIST OF TABLES

Table 3-1  Participants Interviewed for the Study........................................... 36