This micronarrative describes a participatory teaching event involving students of midwifery and design. Using generative design methodologies and adopting storytelling as a common ground, the design workshop sought to raise awareness of the spatial impact of the birth environment on all those who pass through it. This narrative demonstrates the value of stories in an interdisciplinary context and reveals how stories can be a vehicle to explore and provide for difference, something to which contemporary midwifery is committed. The paper aims to illustrate how thinking spatially can reveal perceptions of care and bring women’s voices to the foreground.

Keywords: unbuilt, pedagogy, architecture, health and education

I can’t recall leaving the house or negotiating the flight of steps from our front door, but I vividly remember the discomfort of climbing into the backseat and remaining on all fours for the duration of the journey. It was early evening as we approached the hospital. After the rain, the tarmacked car park was dank. Wearing flip-flops and leaning on your dad, we weaved between the lamplit puddles. We passed through the maternity entrance doors, and both recoiled at the stark contrast in light, from the carpark’s amber glow to the acetic glare of the incandescent bulbs, reflected from the tired walls and scuffed linoleum floor. The birth centre is on the ground floor. I could hear each flip-flop reverberate, the sound simultaneously distant and resonating through my body. We proceeded along the sterile corridor, up a gentle ramp towards the birthing suite. They were expecting us. Pressing the intercom, we hesitated, waiting for the second set of double doors to part. We were guided into a muted waiting space, dusky pink and grey. Nauseous again, I leant against an unstaffed reception desk and waited to be assessed.

This is an excerpt from the birth story of my daughter, Adeline. Conscious that parental amnesia would soon set in and distort the sequence of events, I wrote this lucid account of her birth, in the timeless first weeks of becoming a mother. The absence of my mother meant that I was determined that Adeline would hear “herstory” (Figure 1).

After the birth, I found it hard to tell our story to other mothers precisely because it was a positive experience, which sat in stark contrast to the experiences of other women I knew. Some mothers need to retell, revisit, and relive their traumas to help them come to terms with what happened; this was not the case for me. Adeline’s story refuted the persistent familial skepticism before the birth but more significantly contradicted the fight for survival that labor and birth assume when portrayed by the media.

Birth & Teaching

I shared Adeline’s birth story in its entirety at the opening presentation of a Birth Space Workshop in March this year. This workshop, grounded in storytelling, occurred in a first year Birth Module as part of the Bachelors course in midwifery at the University of Brighton. As a senior lecturer in architecture, I codesigned and cofacilitated the event with Jo Gould, a senior lecturer in midwifery. The workshop was a two-day interdisciplinary event that, due to COVID-19, was conducted conversationally and visually through Microsoft Teams and Miro, an online digital whiteboard tool. Attendees included the all-female first-year midwifery cohort from Brighton and an elective group of designers, including

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foundation level students, B.Arch.

graduates and Masters students from
the architecture and sustainable
design programs. The workshop
attendees reflected the student
demographic in being predominately
white. The midwifery course
students ranged widely in age,
spanning several decades. Despite
an open call for participants, the
workshop became an unintentionally
female event where the absence of
male voices was noted by students
and staff alike. Reasons for the lack
of male uptake remain unknown.

Unlike a traditional design
charrette, the Birth Space Workshop
was not concerned with the quality
of design proposals but focused on
a short and intense collaborative
making exercise to reveal the spatial
implications of birth environments.

We encouraged students to reflect on
their recent work-based placements
on the labor ward, in birth centers,
or at home births. In doing so,
we sought to empower midwives
in positions of relative power to
advocate for women spatially through
adjustments to these birth environ-
ments, subsequently enabling more
positive birth stories to be created
and shared.

Interdisciplinary Ambitions

The professional practice of
midwifery and architecture operate
in a transdisciplinary space, working
alongside (or in conflict with)
obstetricians, pediatric consultants,
planners, structural and mechanical
engineers, and more. In contrast, the
university curriculum is principally
undertaken in disciplinary silos,
interspersed with clinical-based
education.

The Birth Space Workshop
sought to create an interdisciplin-
ary educational space, legible and
 navigable to both midwives and
designers. We anticipated dispari-
ties in participant skills—gaps
and differences in verbal and visual
fluencies, where limited vocabulary
or spatial literacy may inhibit
engagement. The workshop was
planned as a compressed spiral
curriculum\(^1\) (scaffolding tasks
sequentially, building on prior
learning);\(^2\) we designed generative
tools and techniques\(^3\) to bridge the
disciplinary divide. We adopted
narrative\(^4\) as one bridging methodol-
gy, beginning with the voices
of women. Their birth stories
provided an initial epistemological
 standpoint, described by Sandra

Harding as emerging “from below,”
a positioning and centering of
the most disenfranchised within
a system to reveal disparities and
challenge norms. We provided
spatial and care-based cues to
facilitate the collection of stories
before the workshop. Student
interview prompts included what
birthing women could remember
about how they felt, about the
midwife and about the space itself. A
first story was gathered in advance,
offering participants a glimpse
into the relationships between care
and space. Neither midwives nor
architects are in the habit of hearing
these “herstories,” as the telling and
retelling occurs largely in domestic
and familiar settings.

The initial sharing of my story
served several functions: first to
displace traditional hierarchies
of power\(^5\) between academics
and students and to create a safe,
open, and vulnerable space for
the duration of the workshop. It
also served as a tuning exercise,
a practice run for the stories that
followed. The spaces in which I gave
birth mattered to me. I wanted to
help students bear how the space was
influential, so we identified a series

Figure 1. Composite image of birth journal pages. Photographs © Elizabeth Blundell.
of spatial and experiential prompts to listen for as I read my story.

Following this, participants broke into groups and the remaining fifty stories were read aloud and discussed. Key words, issues, questions, and themes—across stories—were identified to help foster individual and collective understanding, with participants becoming design advocates for the absent mothers. Participatory glossaries were developed, including terms like isolated, invisible, calm, reflection, rules, temperature, disorientation, respected, comfortable, and quiet. A visual dictionary was also crafted. Associated images were gathered to reflect the glossaries, helping students to recognize how a space may be haptically read. Conscious of the limited demographic of attendees, resources identifying other birth practices, beyond reductive anthropometric Western approaches, were distributed. A group manifesto was subsequently written, and rapid group collages suggested ideas for alternative birth spaces. Orthographic projections and drawing esoterica were avoided in order to foster a space of mutual production and assembly (Figure 2).

**Designing Care—Designing Space**
Birth always happens somewhere and it became apparent during the workshop that space for midwives is an afterthought. The workshop provocatively asked if it is conceivable that space might also care, and if so, how this might be experienced by occupants.

Although limited by available source materials, storytelling collages revealed what midwives and designers considered the spatial manifestations of care, including the personalization of birth spaces, flexibility, mobility, materiality, privacy, and control; they sought to strike a balance between socialization and retreat, making spaces that empowered women. How was this interpreted? Attendees envisioned individual cabins, with ample greenspace, views, natural light,
I pushed when the contractions came, I could not quite believe when your head was out, that it was, and I felt ok. The rest of you came with the next contractions, after the head you felt slippery, your shoulders, body, legs, like a jellyfish, and then you were out. You were passed under my legs and into my arms. I picked you up, drew you against my chest. Suzanne, the attending midwife, moved you against my legs and gave you a little rub to make you cry out, to ensure you were breathing. She then lay you against me again. We stayed there for a little while, you in my arms, in the warmth of the pool. Then we moved back into the bed. Your arrival according to the digital clock in the room was thirty-two minutes past midnight, half an hour late on your due date.
Notes
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