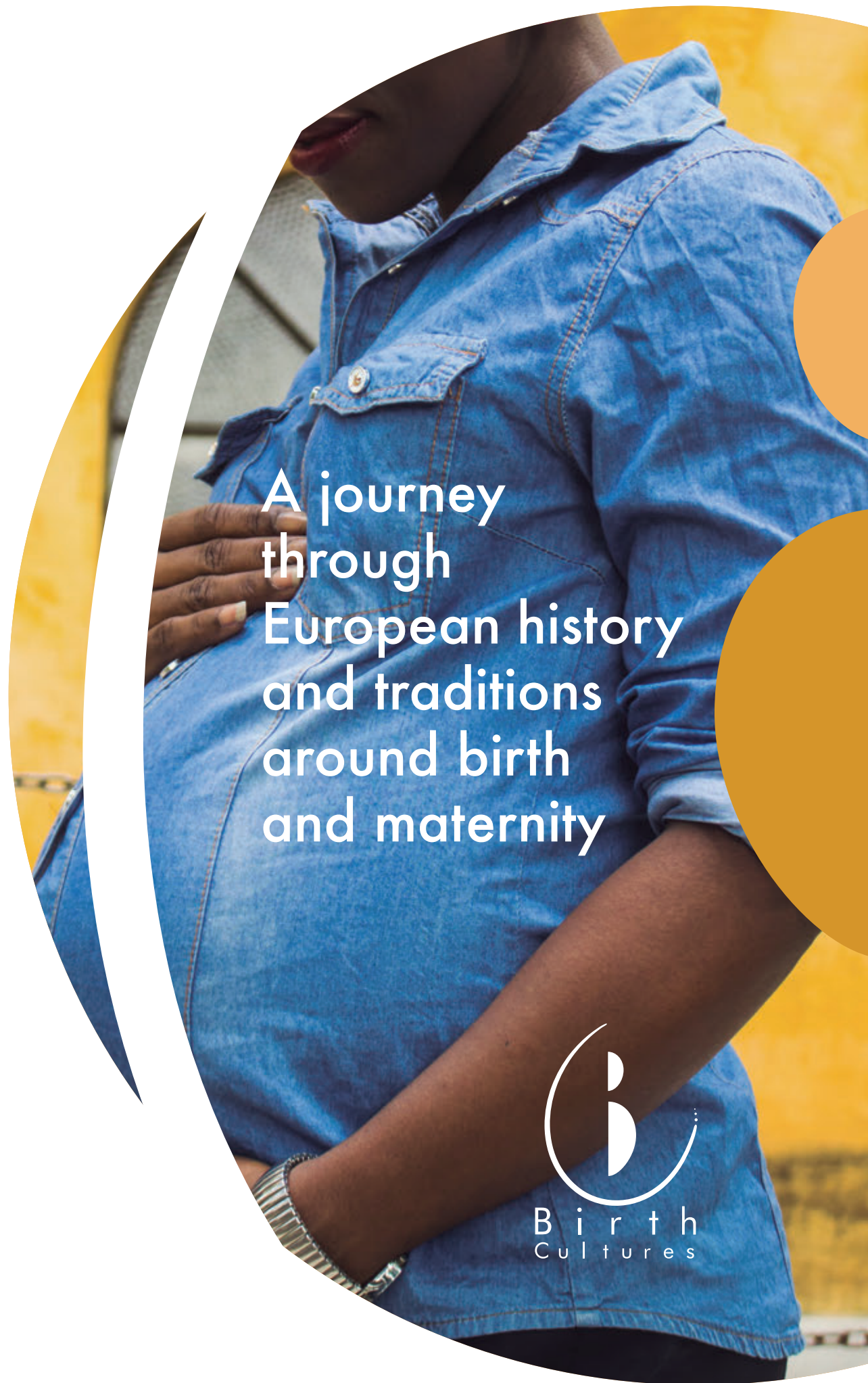


A journey through European history and traditions around birth and maternity





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On behalf of the International Association of Women's Museums (IAWM), one of the associated partner organisations of the BIRTH CULTURES project, I want to congratulate and thank all the participants for giving birth to an outstanding sociocultural presentation of birth and maternity, traditional knowledge, and current practices that are part of European intangible cultural heritage.

Against all adversities in these extreme times of a pandemic that has led to loneliness, cultural impoverishment, exclusion, and the aggravation of sociocultural problems for many expectant parents and their newborns, as well as to extreme challenges for midwives, doctors and the entire health system, this project was able to start and successfully complete its incredible journey through European history and traditions around birth and maternity. This is thanks to the joint efforts of all the institutions involved, but especially to Interarts and the museums and their staff in Hittisau, Kharkiv, Merano and Barcelona.

When the Hittisau Women's Museum shared its plan to develop an exhibition on BIRTH CULTURES to the consortium and the IAWM network, it quickly became clear that this topic connects people across all cultural and social boundaries. Dealing with birth culture means dealing with the first fundamental steps of human life.

The IAWM is a worldwide network to promote and strengthen women's and gender museums. It advocates for women's rights and a gender-democratic society by promoting culture, arts, education, and training from a gender perspective, fostering exchange, networking, mutual support, and global cooperation, and conducting research and the development of projects, exhibitions, and community work with a wide range of activities.

The IAWM connects but also lives on the impulses that come from its members. Networking thrives on pooling common experiences, knowledge, joint research, and the finding and presenting of solutions. The objects, artworks and actions, mediation of traditional knowledge and technological developments, including errors of development, and diverse approaches to mediation work that the four museums from three European regions have collected, the course is set for future work in all types of museums. This may encompass participatory development for new exhibitions, audience development, and the virtual or physical continuation of the findings presented, supplemented and adapted to different regions.

Dissemination has already started using the tools developed to work with various target groups (students, youth, midwives, women, families, etc.). Further physical BIRTH CULTURE exhibitions have already been planned as of 2023 to strengthen capacities and collaboration between women's museums in Europe with the aim of raising awareness on women's health and sexual and reproductive rights. This is extremely necessary in today's world where these rights are increasingly being questioned.

Gaby Franger
IAWM

Projects are often the outcome of long-term processes. “BIRTH CULTURES: a journey through European history and traditions around birth and maternity” is the result of one such journey.

It all started with a series of conversations between a group of women linked to the International Association of Women’s Museums (IAWM) on the importance of “making visible the invisible”: the stories, traditions, beliefs, and experiences of and around maternity and birth that are not necessarily talked about but always present in women’s lives. When delving into the subject it was clear that all of us who had experienced maternity had similar experiences, but these had never really been verbalised, let alone made visible, beyond our closest circles of family and friends. We realised that these life experiences are at most shared with our mothers, grandmothers and a few close friends in the greatest intimacy, but very seldom discussed in society, contriving a silence which is both physically unhealthy and emotionally frustrating. From the initial conversations a project idea took shape and, when the opportunity arose to submit a proposal to an EU Creative Europe call, we decided to take our chance, conscious that the theme we wanted to tackle and how we wanted to do it, was, to put it mildly, unusual.

The BIRTH CULTURES project is therefore the result of a joint effort of a group of women, linked to diverse organisations – museums, research and project-oriented centres, advocacy initiatives – to approach a very delicate issue whilst providing tangible results. It is about *“preserving and transmitting, through arts and culture, birth and maternity traditional knowledge and practices as part of European intangible cultural heritage”*.

“Cultural heritage” is a complex term that has evolved since the 1982 UNESCO Mexico City Declaration on Cultural Policies to become a universally accepted definition that encompasses both tangible and intangible heritage. *“Cultural heritage does not end at monuments and collections of objects. It also includes traditions or living expressions inherited from our ancestors and passed on to our descendants, such as oral traditions, performing arts, social practices, rituals, festive events, knowledge and practices concerning nature and the universe or the knowledge and skills to produce traditional crafts¹.”* Indeed, traditions and living expressions are part of our personal and collective heritage and must not be forgotten, because the past is a source of knowledge and learning for the present. BIRTH CULTURES has defended the need to change the mainstream discourse around maternity and birth. It has done so by addressing the topic through socially engaged art that involves people and communities with the support of cultural and artistic disciplines. Moreover, it provides an innovative and effective way of not only explaining themes with a significant social value, but also of understanding and having the emotional intelligence to process them, which is key to achieving change.

Women bear the burden of reproduction and, like all other species, humans are programmed to guarantee their survival. Beyond the biological dimension, from an anthropological point of view, birth and maternity belong in the set of behaviours and norms that characterise human societies and constitute their cultures: values, beliefs, habits and perceptions of maternity as well as birth and gender-related social norms and the role and image of women influence not only the way individuals and communities address pregnancy, birth

and maternity, but also the way society deals with these vital issues. In this respect, BIRTH CULTURES has opted for a rights-based approach as a contribution to the ongoing policy debate on gender equality, which extends to the sphere of sexual and reproductive health.

The project has also sought to make the topic visible by fostering the active engagement of communities and audiences through participation. This was achieved first and foremost through the exhibitions organised in Hittisau, Kharkiv, Barcelona and Merano. From different perspectives and artistic means, these exhibitions showcased the diversity of perceptions and realities of maternity and birth through an anthropological and artistic lens. Additionally, the Birth Cafés used an innovative methodology to provide safe spaces where primarily women but also men could express their views and tell their stories. Relating and sharing our own life experiences is a first step towards better understanding them, which allows us to position them in a healthier and more constructive place within our personal story. Finally, the project also gathered various first-hand accounts from health professionals and individuals, some of which are included in this publication.

BIRTH CULTURES is about cooperation in the sense of a means to achieve a shared and common objective and purpose through joint action. It is also a learning process for all those involved. As the Creative Europe Programme includes non-EU Member States, in addition to partner organisations from Austria, Italy and Spain, BIRTH CULTURES also had a partner from Ukraine which has an association agreement with the European Union. The extent to which cultural cooperation has contributed, and continues to contribute, to the process of European integration is, unfortunately, seldom acknowledged. Looking back at the continent’s history after World War II, it is worth noting that the 1954 European Cultural Convention of the Council of Europe is the first intergovernmental instrument that highlights the importance of culture and education as instruments for integration. The Convention has also significantly contributed to this process because – with a very forward-looking approach – participation was from the very beginning open to countries that were not members of the organisation, thus proving that cooperation with and through culture and education is key to the European project. In this long-standing tradition, the Creative Europe Programme fosters inclusion of third countries in joint cultural cooperation initiatives, which is not only to be welcomed but enhanced with concrete initiatives.

The four BIRTH CULTURES project partners as well as the organisations and initiatives that it has actively involved and that have made major contributions to its success have not only played their part in enhancing cooperation in culture; they have also made visible our traditions and beliefs as well as existing needs on a silenced subject. Birth and maternity are essential to our lives as human beings, as a species but also as an informed and enlightened society that takes care of its members and seeks their wellbeing. We are proud of our achievements and hope that we might have contributed, albeit modestly, to a much-needed conversation.

Mercedes Giovinazzo
Director of Interarts

¹ <https://ich.unesco.org/en/what-is-intangible-heritage-00003>

BIRTH CULTURE: ABOUT GIVING BIRTH AND BEING BORN

Stefania Pitscheider Soraperra

Director of the Women's Museum in Hittisau

Like death, birth affects every human being without exception. After conception and about 280 days (40 weeks) of pregnancy, birth is our first human contact with the world.

The processes surrounding human birth are deeply creative, complex and multidimensional in nature. The act of birth is both a physiological, directly physical process and an experience of special significance for the individual, as well as a communal, culturally- and ritually-celebrated event, in all cultures worldwide. Because of its social dimension, birth is of course also the setting and manifestation of role models, beliefs, systemic frameworks and structural power.

Abstractly, birth can be understood as a transition, a threshold; it represents an existential moment in life. The German philosopher Hannah Arendt reminded us of this when she reintroduced the term “natality” into the language in the mid-20th century. She spoke of the forgotten “birthliness” as the original quality of all earthly being and as a prerequisite for physical (and spiritual) fulfilment and an inherent creative potential of the living.

However, pregnancy and birth as the origin of our being are not only decisive for individual physical and mental health. They also contain and create collective experiences that deeply shape the human image of ourselves and the world around us. The way we experience the prenatal period, the birth itself and our first years has a great influence on the development of our body and psyche. Our ability to bond and relate to ourselves and others are especially affected.

The birth culture is the way in which our entry into life is shaped by a society. The framework conditions that are created for the birth as well as the pre- and peripartum period are of equal medical, health, political, anthropological, philosophical, cultural and historical interest.

Birth culture comes into play in all areas of life and society. According to our understanding it is essential to understand the word ‘culture’ as something that encompasses everything that humans produce and shape in the broadest sense. Looking at phenomena from this point of view, the way we give birth and are born and the conditions we create around that also reflect a central aspect of our social and life culture.

It is crucial to regard humans’ birth holistically and understand it in an interdisciplinary way to be able to grasp the essential meaning it has in all dimensions. To take this holistic approach into account, we consciously chose the term ‘birth cultures’. It is about seeing and discussing birth beyond an individual, family, biological, physiological and medical point of view but also in its social, political, historical, and cultural context.

A society’s culture of birth, how it deals with the very first phase of life and the meaning assigned to it, testifies to its attitude and approach to human existence itself, to nature, metaphysics, religion and science, and to the female body, the position of families and genders, preventative health, and social coexistence.

Why curate an exhibition about birth cultures?

Addressing birth and birth culture concerns the first and fundamental human transformation. As explained above, this encompasses biological, psychological, social, political and spiritual dimensions. On the one hand, a museum exhibition on birth culture aims at visualising the historical and cultural/historical knowledge about the birth process, providing insight into people’s everyday life and lifestyle cultures, worldwide and across times and beyond developments. On the other hand, the focus is on traditional midwifery knowledge as well as modern obstetrics and reproductive medicine.

Museum exhibitions afford visibility and awareness to a holistic approach. Therefore, historical exhibits are combined with contemporary narratives, basic knowledge is vividly presented, modern developments are reflected, and transfigurations and mystifications examined. In a women’s museum, attention is also given to a feminist approach especially focusing on women, their reality and history, which is particularly explosive when it comes to birth.

Contemporary artistic positions deepen the issue. Artworks of selected artists will not only illustrate the subject, but broaden it through personal statements, new or refined perspectives.



↑ *Labour, The baby is born, Birth of Milena by Nurith Wagner-Strauss*

Aida Fattah
Testimony

Born 1991 in Accra (Ghana). Doula



My name is Aida Fattah. My dad is Egyptian and my mum half Italian and half Ghanaian. I arrived in Austria in 1998 with my brother and my mum. We moved to Austria because of family contacts and my mum's new love.

My own birth took place in Ghana at a birth house. I know that it happened very naturally and spontaneously. My mum was allowed to go home after a few hours. My father and my brother were at home.

A birth has something divine for me. I cannot even begin to describe it. You are in a gateway, opening up, giving birth to yourself once again. To bring a human being into the world, is just... I can't put it into words. I think it is something divine.

There are three options for giving birth in Ghana: you can give birth in a hospital, a birth centre, or you can stay at home with an experienced midwife. Most women choose a birth centre. Hospitals are avoided because they are usually very crowded, and general belief says you will come across sick people in hospitals.

In Ghana, birth is considered something very, very natural. Women are accompanied and supported by their mothers, mothers-in-law and grandparents. They are prepared by simply being encouraged that giving birth is a natural process.

A doula is a birth companion. She encourages and supports the woman during the birth, helps her achieve the goals she has related to birth. She provides emotional support and cares for the woman personally and individually.

In the first place, I would like to state I have always loved children and pregnant women. I always wanted to become a nursery teacher. Unfortunately, for various reasons this did not happen. By giving birth myself and the time I spent with my children I realised I am passionate about standing by women giving birth. A doula accompanies women during pregnancy, at birth and in the time after birth.

A ritual I would love to bring closer to women is the vaginal steam bath. A brew of selected herbs and flowers is boiled while the woman sits over its steam. This helps clean the uterus, especially after birth. It also helps with menstrual problems, during menopause and in general, and is a very intimate ritual a woman can practice alone. I learned about it in my home country, Ghana. But I know it is practiced in many places around the world, such as Korea, Japan, South America and other parts of Asia and Africa.

Another practice I learned from Ghana is abdominal tying, which is especially done after birth. A woman is very open after giving birth. Her belly, her uterus are still very large and her pelvis is still very wide. To support these parts of her body, we wrap a cloth around the belly, around the uterus, several times to support the posture. You make a tight knot. This tying of the belly, this ritual is widely practised in Ghana. It is passed on from mother to daughter, from woman to woman. I believe it is a practice that should have a larger audience in the Western world.

In the postpartum period it is very important to support women in getting back into their bodies. This can be done by vaginal steaming on the one hand, or abdominal tying on the other. Both boost the woman's healing and recovery, allow her to reconquer her temple for herself and feel good about herself again in the highly emotional time following the birth. There are women who need six weeks, other women need eight weeks, and some may need nine to ten months. And then there are women who need three years. It is just important that they are given that time. And they need to know support is available and there are people to contact in this time, no matter how long it might take.

The postpartum meal is also especially important. In Ghana it is very significant, too. For example, there is a soup cooked especially for women. It is palm nut soup which stimulates lactation. If you eat this soup, you have enough milk.

To ensure a good birth culture in Vorarlberg I wish for more midwives, doulas and the space that allows the woman to deliver the child as she wishes. She ought to decide herself whether she wants to give birth at a birth centre, at home or in a hospital. It is hard to perform a self-paced birth if all three options are not made available.

TAKING CARE OF PREGNANCY, TAKING CARE OF CHILDBIRTH

Montserrat Catalán Morera

Gynaecologist and founder of the Migjorn birthing house and 9Món²

Putting LIFE down on paper takes us inside our skin.

Childbirth is preceded by a long period we give ourselves while we connect to our desire to have children. That desire gives us tickling sensations in our tummy which make us close our eyes and dream of finding ourselves with a baby in our arms, breastfeeding them skin to skin.

Before we conceive, we are already creating the energy cradle that will surround the mother-child relationship and the family environment.

When we conceive, a gestation begins in which the miracle of life takes place. Two cells meet, take root in the endometrium of the woman's uterus, and cell multiplication begins. After a week, they are a ball of cells filled with and surrounded by liquids. Pulsating, fluctuating movements give shape to the embryo while the cells start changing. Some will form the bones, others the muscles, blood, skin, brain, eyes, retina, fingers, fingernails... This is the miracle of life. During the first trimester of pregnancy, when we may not yet be fully aware, it is creating a perfectly designed new being. In the following trimester of the pregnancy, it will be structured by cell differentiation, forming the organs: the heart, lungs, kidneys, which will start performing their function as they become morphologically complete.

During this internal gestation in the mother's uterus, the circulatory, respiratory, neurological and immune systems also begin functioning but will require further development after birth, and will need to adapt to the extrauterine environment. This development is gradual and progressive. Some systems do it faster, such as the auditory and olfactory systems, others are a little slower, such as the digestive and motor systems, while others take more time still, such as the immune and cognitive systems.

Part of our development takes place inside the uterus and part continues outside. This is why, when it comes to the formation of human babies, we talk of intrauterine gestation that lasts nine months, and an extrauterine gestation that lasts another nine months. Humans are mammals.

When the offspring of other mammals are born, they are far more autonomous and developed than human babies. Lambs, calves, kittens and puppies come into the world with a degree of motor development that enables them to walk and seek out food and shelter, for example. Babies are not born with this autonomy, which is why we say we need this time of 'extrauterine gestation', because of the dependency on the mother that other mammalian species do not have.

Hence the need to project, together with the desire for motherhood that a woman or a family may feel, the need for an intense time of care that covers the fundamental needs of human creatures with healthy guarantees.

² When the Migjorn birthing house reached its 20th anniversary, the association 9 Mundo which works with Migjorn proposed celebrating it by inviting artists to create pieces around childbirth, giving rise to the movement 'Childbirth, a reason for social and artistic creation', which has spread around Catalonia and Spain. <https://9mon.org/index.php/part-i-art/>

Motherhood is no longer women's primary destiny. We can use natural, pharmacological or surgical contraception methods and abortion is a right in some countries³. We can therefore choose when and how often to get pregnant.

These considerations are becoming more widespread and shared in our society every day. Women and families pay attention to the desire and the conditions that a birth requires.

In this context, women and families want to look after this process of pregnancy, childbirth and childrearing, which is especially important during the first years of life while the development of the most delicate systems is still under way.

Pregnancy, this first trimester that I have talked about and the following two, requires more care every day and a very significant amount of energy. If the body asks for a little rest to digest a large meal, the mother's need for energy and, therefore, for rest time is even greater to carry out this whole process of embryo formation or cell differentiation. Hence the dream and the need to put all our energy into the newborn.

We take care of pregnancy and we take care of childbirth. Childbirth is the process that allows a baby to go from within to without, from water and a damp and warm environment, to the air, which is drier and colder. She must inhale, no longer breathing and being nourished by the placenta, and lose the boundaries, the containment that the uterine cave gave her while she grew, to adapt to open, infinite space, without boundaries, without containment.

Childbirth is an intimate experience that falls within the sphere of sexuality and as such requires an atmosphere of intimacy, trust and safety.

The mother's labour and the baby's birth are part of the same process. Mother's presence and welcome are needed for baby to find from her skin the smell, internal warmth and arms that give continuity to the boundaries, the containment, and the breast so that by sucking milk she can gain the food the placenta gave her.



↑ Labour, The baby is born, Birth of Milena by Nurith Wagner-Strauss

³ In Spain, abortion was decriminalised in 2010 and is allowed during the first 14 weeks of pregnancy. Italian law has allowed abortion since 1978 during the first 90 days of pregnancy in the event of serious risk to the mother's physical or mental health. In Austria, women can have an abortion during the first 3 months since January 1975. And in Ukraine, voluntary termination of pregnancy between 12 and 24 weeks is legal.

The mother needs support because meeting the needs of the child entails a huge change in her life. Hence the need for family, tribe, friendships.

Currently, many women who are aware of all of this seek attentive and respectful support in the process. Society tends to offer the possibility of a medicalised process that places the safety of the result in the hands of professionals. But there are also increasing numbers of women who find confidence in themselves and want to be the creators and main players in the process, taking into account the child and the family setting. They look for personalised assistance that respects individual rhythms and times (outside the norm) and takes place in the family setting. Many of them find professionals who attend deliveries and births at home, or in birth centres.

This varies considerably across countries. The UK offers all these options on the public health systems, and professionals are now trained with this in mind. The Netherlands has been at the forefront of care that is non-medicalised and in the family home. Northern countries such as Denmark and Sweden, but also Russia and the former Czechoslovakia, opted for medicalisation only when necessary, regardless of whether it was in the hospital, at home or in birthing houses.

In Spain, medicalisation began in the 1980s, epidural anaesthetic was brought in in the 1990s, and in 2000, various organisations, including the Women's Observatory, began to consider whether so much medicalisation led to higher rates of intervention, caesarean sections and admissions to neonatal units. In 2010, the Spanish Ministry of Health and Social Policy approved and edited the Clinical Practice Guidelines on normal delivery care⁴, which is still in force.

An increasing medicalisation, mechanisation and centralisation of obstetrics can also be observed in Austria. The caesarean section rate is 30% and has more than doubled since 1995. 20% of births are induced, only 1.5% of children are born outside a clinic. But there are also positive developments: more women have access to midwifery care during pregnancy and the postpartum period. Informed decision-making and quality assurance are gaining importance.

Italy has followed the same trend, with the caesarean rate reaching 38% of all births in 2012 and topping the list of countries in Europe, although it has now dropped to 24%. Among all caesarean deliveries 44% were elective, i.e. planned procedures. South Tyrol has one of the lowest caesarean section rates in the country. On the other hand, spontaneous deliveries accounted for 69% of all deliveries, induced deliveries the 20% (a percentage that has risen consistently in recent years) and deliveries without labour (elective caesarean sections performed before birth) the 11.0%.

In Ukraine, the proportion of normal (non-pathological) deliveries has gone down for the last five years, while the rate of infant illness and mortality has gone up. To address this, in January 2022 the Ministry of Healthcare of Ukraine approved a Unified Protocol of Primary, Secondary (specialised) and Tertiary (highly specialised) Medical Care "Physiological Deliveries".

While birth was becoming more and more medicalised, professionals, midwives and gynaecologists responded to the women who wanted respect for their physiology and autonomy. These women need and want the atmosphere of intimacy, trust and safety that we have mentioned, which they do not find in hospitals that have rigid protocols. This was how the '*Nacer en Casa*' (Home Birth) Association of professionals came about⁵, which is still active. Later, high rates of C-sections saw groups such as '*Apoyo cesáreas*' (C-section support)⁶ and '*El Parto es Nuestro*' (childbirth is ours) come together in Spain⁷.

Teams of professionals are growing all over Spain and more birthing homes are opening, including

⁴ The Clinical Practice Guidelines on normal delivery care are available (in Spanish) here. <https://www.msbs.gob.es/organizacion/sns/planCalidadSNS/pdf/equity/guiaPracClinPartoCompleta.pdf>

⁵ Nacer en casa <http://nacerencasa.org/>

⁶ Apoyocesáreas <https://www.elpartoesnuestro.es/informacion/lista-apoyocesareas>

⁷ El parto es nuestro <https://www.elpartoesnuestro.es/>

Vidar⁸ in Seville and the Migjorn birthing house⁹ in Catalonia.

Some professionals are still unwilling to accept that mandatory application of a protocol without women's informed consent is a breach of their fundamental rights. Nevertheless, the concept of obstetric violence has gradually been accepted and can be debated with regard to specific situations.



↑ Woman Who Just Gave Birth

⁸ Vidar <https://partoencasa-vidar.es/>

⁹ Casa de Nacimientos Migjorn <https://migjorn.net/>

BIRTH CULTURES AND AUDIENCE DEVELOPMENT

Cristina Da Milano

President of ECCOM

Birth and us: key players and audiences

The Birth Cultures project prioritised audience development and engagement. It is a rather emblematic case in which it is easy to see the relevance and connection between the topic addressed as a cultural phenomenon and ourselves, since the topic (birth) is what created each of us (audiences) through a process which has been culturally, socially and historically determined by the context in which our own birth took place. For these reasons, audience engagement should flow naturally at this kind of exhibition but as this does not happen spontaneously, the exhibition had to address it consciously and strategically.

On the trail of audience development

As a strategic and dynamic process enabling cultural organisations to place audiences at the centre of their action¹⁰, audience development (AD) uses a conceptual framework based on culture access categories (physical, geographical, cultural and economic), participation in activities and in decision-making processes, and representations of different cultures.

Responding to this conceptual distinction, audiences should be categorised by the range of factors that determine their decision to participate rather than the type of use that they make of cultural contents. It is worth underlining that every citizen can become the ‘audience’ in different ways. For cultural organisations, developing different audiences means developing different kinds of relationship.

AD can be achieved pursuing different objectives related to diverse audiences:

- *Widening* them refers both to current audiences (or ‘audience by habit’) and to potential audiences (or ‘audience by choice’) who have changed or stopped cultural consumption.
- *Deepening the relationship* refers to strategies addressed to audience by habit, those who already value cultural practice but who can be more engaged in the perspective of taste cultivation (deepening and diversifying their cultural consumptions).
- *Diversifying* them refers both to strategies aimed at unexpected audiences (or ‘audience by surprise’) and to those audiences by choice that have little or no chance to participate in the arts/cultural activities.

There are many strategies and tools to pursue different audience goals¹¹. The Birth Cultures exhibition clearly utilises many of them. *Place* is a key element but in terms of *programming* the exhibitions also use innovative formats and languages. Similarly, *partnership* and *co-creation* involving different stakeholders as well as audiences are also features that defined the tone of the exhibitions. The multi-

faceted objective was to widen the two organisations’ current audiences, to deepen their relationship through an innovative and highly engaging proposal and related activities, and to diversifying them, since the topic is universal and not only or primarily connected to the cultural and/or artistic domain.

More specifically, strategic action is possibly required to achieve effective audience diversification, starting with a thorough analysis of local contexts. It is also important to underline that before setting up the exhibition, the museums carried out an AD *capacity-building* process for their staff. The capabilities of the museums were systematically enhanced to promote their work and perform tailored actions to reach both their usual and new audiences. The partners conducted research to understand who their existing audiences were and what new audiences they wanted to reach. They also used the benchmarking tool to analyse the degree of “diversity management” and participation of immigrants in project activities, as well as mainstreaming an intercultural perspective in the policies, mission and actions of their organisations.

The results of their research allowed them to segment their audiences and to better adapt the participatory activities carried out during the exhibition to the audiences’ characteristics and needs and the project partners’ missions and objectives.

Long story short

The definition of AD is underpinned by fundamental principles including Article 27 of the Universal Declaration of Human Rights¹² and the Faro Convention¹³. These emphasise not only the importance of cultural heritage but also that of communities: the value of cultural heritage is determined by them, through continuous reinterpretation and recreation of meanings, values and perspectives. These principles are perfectly in line with the cultural democracy policy model which aims at legitimising audiences, taking into account their role in processes such as cocreation and reinterpretation of meanings and values. Unfortunately, data show that cultural participation is still very much restricted to the ‘usual suspects’ – those with very a solid cultural, economic and social background¹⁴.

In Europe today, engaging and participating in the arts and culture is largely about power, resources, urbanisation, social political tendencies in society, culture politics, audience and diversity, digitisation, competence, and innovation. Culture and the arts need to find resonance in a wider swathe of society to be perceived as relevant and contemporary because they can provide critical thinking, understanding and awareness of complexity. All of these factors help to achieve social cohesion and arguably social justice. That is why we need AD. Cocreation, cooperation and collaboration have become the new language of the cultural sector. Institutions are becoming more porous, operating inside and outside their walls, missions and traditions. Meaningful exchange with audiences, combined with a holistic understanding of culture’s place in the community is fundamentally changing the discourse of culture and cultural subsidy. Birth Cultures, in particular its exhibition, is a very good example of what we can and should do.

¹¹ They are: *place*, which refers to projects and cultural organisation strategies strongly relying on the “place factor”; *digital*, which refers to projects and cultural organisation strategies strongly relying on the “digital factor” as a key aspect to reach audiences and foster engagement; *capacity-building*, which refers to projects and cultural organisation strategies strongly relying on the “people factor” and on empowering staff and developing their skills; *co-creation*, which refers to projects and cultural organisation strategies strongly relying on the “participatory factor”; *programming*, which refers to innovation in terms of format, programming, language and theme; *organisational change*, which refers to the central role of AD strategies within the organisation; *use of data*, which is about deep quantitative and qualitative knowledge of audiences, and *partnership*, which refers to engaging stakeholders in different ways/levels.

¹² “Everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits.”

¹³ Council of Europe Framework Convention on the Value of Cultural Heritage for Society: <https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=0900001680083746>

¹⁴ Eurostat Cultural Statistics 2019: <https://ec.europa.eu/eurostat/documents/3217494/10177894/KS-01-19-712-EN-N.pdf/915f828b-daae-1cca-ba54-a87e90d6b68b?t=1571393532000>

¹⁰ In 2015, the DG EAC of the European Commission launched a tender to conduct a “Study on Audience Development. How to place audiences at the centre of cultural organisations”, to better understand the concept from a theoretical point of view and to analyse case studies from all over Europe (<http://engageaudiences.eu/files/2017/04/Final-report-NC-01-16-644-EN-N.pdf>).

THE BIRTHCAFÉ CAMPAIGN

Stefanie Schmid-Altringer

Science journalist, doctor, author

The Birthcafé Campaign is a non-profit participatory project about pregnancy and birth and a solution oriented, unifying protest for a better birth culture. It was founded in 2014 in Germany¹⁵ to highlighting the shortcomings of today's highly technical and risk-oriented obstetrics, while also offsetting this with something 'positive'. This includes passing on useful knowledge to expectant parents and empowerment - so urgently needed today, through listening, empathy and encouragement.

Our professional experience and countless reports from parents at Birthcafés has revealed that passing on practical knowledge with empathy and sharing experiences about pregnancy and birth are particularly important for families but increasingly rare, and should therefore be preserved and supported. The narrative cafés of the Birthcafé Campaign are an effort to do just that.

Empowering

Birthcafés are places that bring together mothers, fathers and health professionals from diverse generations and cultural backgrounds to share birth stories and talk about their personal experiences of pregnancy and childbirth. Talking about birth experiences can provide relief by 'being allowed to tell' even after decades.



←
Birthcafé in Barcelona
(Spain)

¹⁵ See <https://erzaehlfest.net/the-birthcafe-campaign>. This non-profit participatory project has now become an international movement. In June 2020, the Birthcafé Campaign started to collect birth stories 'gifted' to the website. We welcome letters, texts and interviews about birth experiences as well as drawings and photos of historical objects from all countries. Our aim is to harness parents' concerns, needs and strengths as a solution-oriented driver for other parents, and a means of bringing about urgently needed changes in medical care. During the Covid-19 crisis, for example, we launched "Birth stories of hope", in which schoolchildren were asked to interview elderly people in their neighbourhood.

Sharing birth stories is healing

Birth sets the course for the health and wellbeing of a family, as numerous studies from epigenetic to emotional research have confirmed. This is true in the positive sense but equally true in the negative sense. The 'health competence' that can enable a powerful birth experience and good handling of difficult situations is rarely considered in today's world of increasing caesarean section rates and widespread midwife shortages at birth clinics. With some variations this is true all over Europe. Parents' experiences and needs are hardly heard and often ignored. Only the 'fetal and maternal outcome' - purely statistical values, are taken into account to improve obstetric care.

Obstetrics concerns us all

The paradox of highly technical and at the same time understaffed obstetrics affects society as a whole in every European country. Overworked staff and a deep sense of insecurity among young parents have far-reaching effects on pregnancy and birth itself, and the healthy development of the entire family.

Trauma, taboo and lack of conversational culture

Although parents talk and post a lot on social media about pregnancy and birth, they usually say little about their truly touching, powerful or upsetting experiences in the delivery room or during a home birth. Broadly, today we pass on fewer tips and knowledge to the next generation than we used to. Obstetrics also seems to differ nowadays. Existing trauma, which was unreflectively reinforced by skilled personnel, or trauma caused by the birth itself, has always been a blind spot in medicine. Birth trauma is still a taboo in our seemingly very open world. However, the same is true of the positive power of a good or well-processed birth experience.

The huge potential and strengthening 'capital' of non-judgmental, attentive conversations among parents is being wasted because 'modern' obstetric medicine is one-sidedly fixated on risks and economics, neglecting the healing culture of talking. There is almost no exchange about birth experiences across national borders. They are still a very private matter, although they have long been a political issue in view of existing deficits.

Preventively, it would be useful for whole families to share specific advice on how to avoid mistakes and strategies for dealing with disappointments or difficult situations. The same applies to exchange and mutual support between European countries.

Methodology

The relaxed atmosphere of an inviting coffee table, attentive moderation and, of course, rules for the conversation make it possible for many parents of different generations and cultures to open up in the protected setting of a Birthcafé or simply to listen. At Birthcafés, personal distance to the topic is determined by each guest themselves.

Birthcafés allow parents to meet each other and get to know experts who sit at the table and listen. They have been very well received in many cities as an ongoing, low-threshold contact offer. They are not a substitute for trauma therapy nor should they be, but they do bring people together around birth stories, which in itself can be healing.

Themed Birthcafés have also proven useful to address topics related to birth. For example, at Welcome-Birthcafés local women have got to know refugee women. This developed into regular meetings and further actions, including SOS-Birthcafés on closures of maternity wards and clinics.

#Fathers you are important! At Father-Birthcafés¹⁶ the focus is 'finally' on men and their birth stories. There is still little culture of conversation between fathers or couples about men's birth experiences, which has consequences for the whole birth and postnatal period. By including fathers and fostering a partnership-based understanding of birth, we can change the birth culture in areas such as parental rights in the delivery room and preventing experiences of violence during birth.



↑ The first Birthcafé that took place in Bonn



Birthcafés bring fun and power

Every Birthcafé is designed to promote a lively exchange between generations and cultures and to get parents talking to each other. To ensure that everyone can participate, the Birthcafé Campaign has developed a special format that works as follows:

- Free method materials are provided if someone wants to organise a Birthcafé in their community or city.
- Additional advice is given to adapt the format to local conditions and capacities when the details are known Birthcafé Coaching.
- There are complementary Welcome Birthcafés for refugee women, Junior Birthcafés for schools and youth work, Online Birthcafés, Birthcafés after difficult birth experiences, to name but a few.
- Dates and reports with photos and quotes are published on the campaign website and social media.

According to the concept of salutogenesis, taking part is also healing and meaningful, as is the narrative processing around the café table and exchanging ideas. The solidarity among parents could be felt at all the Birthcafés on the Birth Culture project and in the incredibly unifying, touching power of birth stories in the Birthcafé Campaign.

¹⁶ The Birthcafé Campaign encourages fathers to participate in conversations about birth, making their perspective and needs clear to partners and professionals. The campaign has created a free booklet on birth preparation for fathers, which is available to everyone. Based on men's stories at numerous Birthcafés, the focus is on fathers' experience and health during pregnancy and birth.

BIRTHCAFÉS IN HITTISAU, MERANO, BARCELONA AND KHARKIV

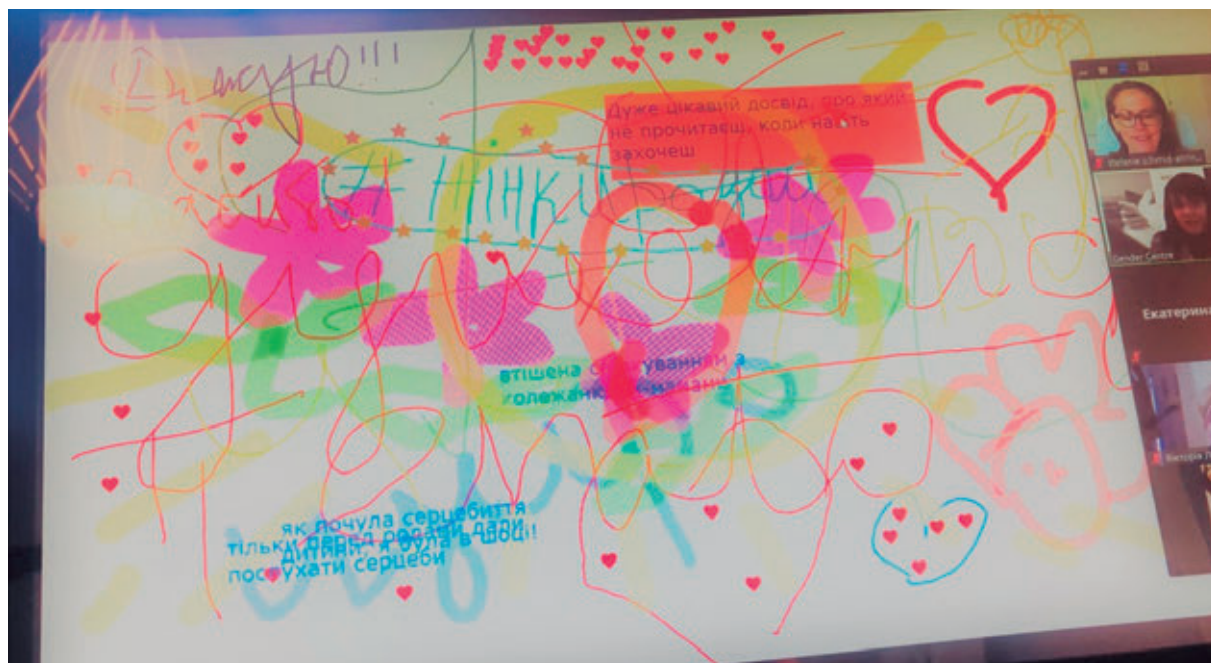
In a Birthcafé coaching process with Stefanie Schmid-Altringer, the four partners of the Birth Cultures project adapted Birthcafés to the needs and culture in their cities: Hittisau, Merano, Barcelona and Kharkiv. Birthcafés give a voice to mothers, fathers and professionals, reveal the main concerns in each place, and connect those involved in obstetric care in each country or city. It became clear that sharing empowering stories of childbirth across countries and cultures is very enriching and has significant potential to continue.

In conjunction with the "IG Geburtskultur a-z" initiative, six Birthcafés were held at various locations in Vorarlberg, including two at the Women's Museum in Hittisau itself, where women and men met to share their stories about birth under the motto "Shaping birth culture together". People from a range of generations talked about their experiences of pregnancy and birth in a pleasant café atmosphere. Participants aged from 40 to 95 told stories from the Bregenzerwald in the 1950s, from America and Vorarlberg in the 1990s, as well as from Austria, Germany and Denmark in the 2000s. Afterwards, the guests were invited to share their own birth stories and to collect suggestions and wishes for current birth care in Vorarlberg. For the participants, the exchange with a variety of people, intercultural experiences, diversity, and the openness and mindfulness in dealing with people were all very important.

Two Birthcafés were organised in Barcelona in collaboration with Migjorn birth house and association El Parto es Nuestro ('Birth is Ours'). For two hours women of all ages shared a space where they could listen and learn from each other in a comfortable and trusting environment. The Birthcafés addressed three themes: labour and women's personal experiences woman; postnatal difficulties, priorities, desires, needs, etc., and support (professional and emotional) during the whole process. Other thoughts came out of these, such as intergenerational differences, the endless search for work/life balance, and the right to make our own decisions based on our physical and emotional needs. The participants highlighted the need for this type of space to share their experiences with other women who have already given birth. They welcomed hearing good experiences because they brought strength and enthusiasm, but also learning from bad ones. One of the older participants said, "we must support future mothers: fight against obstetric violence but also empower them so that they can choose what they really want in childbirth but also in the postpartum period."



↑ Birthcafé in Barcelona (Spain)



↑ Screenshot of the Birthcafé online organised by the Gender Museum

Due to the pandemic, the Gender Museum Ukraine held its Birthcafé online. Women shared problems, troubles and insights of their unique birth experience. One of the Birthcafés focused on birth experiences throughout the ages, from the Soviet Union era to today. Participants compared the obstacles women in labour face and the atmosphere at maternity hospitals across the decades, and discussed benefits of labour companionship. The theme of the second Birthcafé was mothers' interactions with medical staff during delivery, where women shared positive and negative memories, including those of a mother of 14. The Ukrainian Birthcafé participants how helpful the format was for women to have their experiences seen and heard. As one of the attendees said, "I gave birth many years ago and had almost forgotten about it, but at the Birthcafé I felt the importance of that act."

The Women's Museum in Merano welcomed a very diverse audience to four Birthcafés, which sought to bring together people from differing cultural backgrounds, age groups and genders. The multilingual context of South Tyrol lent itself perfectly to this. The meetings were held in Italian and German at the same time and offered everyone the opportunity to express themselves in the language of their choice. In particular, the exchange with the participants from migrant backgrounds was a chance to talk about the many cultural traditions that have existed in South Tyrol for a long time. Two women who had recently given birth and participated in the Birthcafés agreed to share their intimate experiences of the urban hospital system and to exchange knowledge with older women who had given birth at home in rural areas. Also noteworthy was the participation and reflections of a mother with a disabled son, and the story cafés with fathers, which provided new perspectives and food for thought, such as the need for baby changing facilities in men's public toilets and more experiential play areas for older children and adolescents; longer paternity leave; the need for preparation courses for men and more suitable family rooms in hospitals, and shared living options where families can jointly care for children.



↑ Birthcafé in Hittisau (Austria)

Olga Fink
Testimony

born 1932 in Hittisau (Austria). Farmer



It was summer and we were making hay. We used to drive to the fields in the tractor. I would stand on the back and it was bumpy. I didn't mind. At 4 o'clock in the morning my waters broke and we got ready to go to the nursing home for the birth.

There was a cable lift from the farm to the village. It was for cargo, not people, but they made me a bed in there. I lay down and off we went. My husband was with me. Halfway down - the ride takes barely ten minutes - the child arrived already. So, two contractions and it was all over.

We arrived at the station where the alpine dairy was. Usually, this was the milk bar. The dairyman came out and said, "What's going on today? It's too early for milk." He looked at me and asked, "What's happening?" We said, "Wake up your wife immediately. She has to come out and cut the cord." The woman arrived and told us, "My God, I've never done this before. How is it done?" And I replied, "I don't know either." And then she did it, and she did it right.

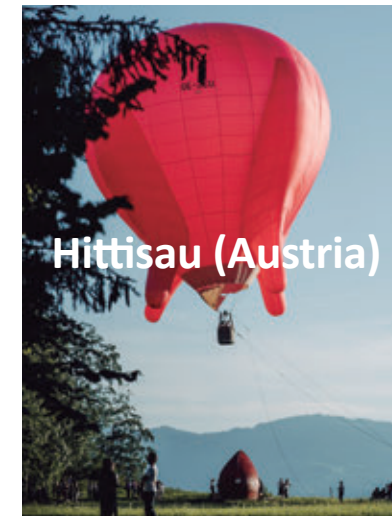
Meanwhile, my brother-in-law had ran up to the car to fetch the midwife, although in fact he wanted to take me to Sulzberg. But since the birth was over, he brought the midwife to us. I was put into the bed of the dairyman's wife to wait until the midwife came. She said we'd wait for the afterbirth and then we would leave. Fine. That's how it was. I was fine, I could've gone home. But I didn't want to because I wanted some peace and quiet. You stay in the maternity home for eight days after giving birth.

Today's women, they can't let go because they're so focused on the birth. They think about what might happen. In the past, you didn't think anything. That's the way it has been, the way it is, and the way it will be. Faith played a big role, which is no longer the case today. Still today I believe there is something that cannot be interpreted. Because Our Lady has helped me many times, many times.

I am not afraid of dying. When death comes knocking, there is no way of stopping it. One has to accept both. You have to take the delivery as it comes. And death, too. It comes in all shapes and sizes. One has to accept the inevitable. What will be, will be.

Highlights of the exhibition in the four cities

The exhibition gave visibility to historical and cultural knowledge about giving birth and raised awareness of the most current developments in this field. Some of these were critically questioned (such as caesarean sections on demand, in vitro fertilisation, 'designer' babies, etc.) on the basis that traditional (midwifery) knowledge is just as valuable as today's medicine, particularly in pregnancy and birth. A healthy birth culture ideally combines both aspects and the exhibition offered a holistic approach to childbirth and maternity. Historical exhibits were combined with contemporary narratives. Critical developments were discussed, and artists were invited to broaden the subject through artistic statements.



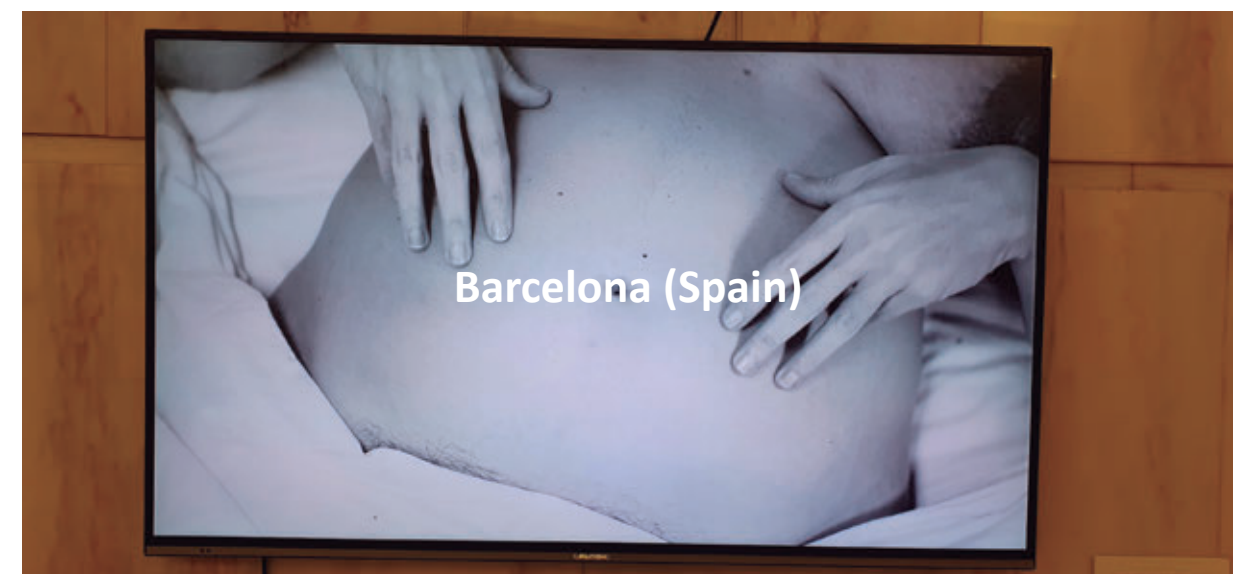
Hittisau (Austria)



Kharkiv (Ukraine)



Merano (Italy)



Barcelona (Spain)

“Giving birth and being born”, Women’s Museum Hittisau (Austria)¹⁷

After two years of preparation and many participatory projects, from workshops with experts to the various storytelling cafés held around the region, the “Giving birth and being born” exhibition finally opened in Hittisau on 5 July 2020. It was an exhibition that appealed to all age groups and allowed visitors to discover a complex topic with all their senses.

Seven stations guided visitors through different aspects of birth culture from a range of perspectives. The Prologue playfully introduced them to the content, before focusing more on the physiological process of birth in the Understanding Birth area. Questions about becoming a parent and women’s health were dealt with as well as the menopause. The exhibits ranged from a display on the uterus to the first birth control pill to placenta creams for – allegedly – eternally young skin. At a smelling station, visitors could learn more about medicinal herbs for pregnancy and birth and take away tasty recipes for the postnatal period.

Observing Practice focused on the region of Vorarlberg, which until the 1970s had twenty-seven maternity homes and thus occupied a special position within Austria. Today, however, there is not a single maternity hospital left in the province and the station examined possible reasons for this. An interactive map showed Vorarlberg’s current care network and invited visitors to exchange and share valuable information. This area was also dedicated to the controversial topics of home birth, caesarean section and reproductive technology. A historical tour presented some famous midwives from history and their important works, including Louyse Bourgeois, Angélique du Coudray and Justine Siegemund. A variety of historical instruments illustrated this section.

Living Culture presented worldwide rituals and customs surrounding pregnancy, birth and the puerperium. Although these are different, commonalities can also be identified: the colourful flower hat of the Lu Mien from Laos, the graceful amulet from Sicily and the safety pin with the blue eye/nazar from Turkey all perform the same task of protecting the newborn and averting the ‘evil eye’. In all cultures, rituals provide support and security. This section also dealt with religious rituals, from Christian baptism to Jewish circumcision.

Questioning Ideologies examined the mother cult in National Socialism, Catholic blessing customs, images of birth in the media, the worldwide surrogacy industry, and questioned the emergence of the ‘designer’ baby.

Human Rights In Childbirth drew attention to the fact that rights related to sexuality, pregnancy, birth and parenthood are repeatedly violated in various parts of the world. The station highlighted international initiatives that advocate for the observance of human rights.

Bearing Visions broadened the view of the future and, among other dimensions, presented a project that could be seen in the exhibition in model form. Created in a meadow close to the Women’s Museum, the “Room for Birth and Senses”¹⁸ is a prototype for a new kind of birthing room that fosters holistic birth and takes all the senses into account. The shingled building is made of clay, a material that binds foreign substances and pollutants, stores heat, is available worldwide and can be returned to nature at any time. The project was financed by a unique crowdfunding campaign in which 500 brick sponsors and regional companies participated.

¹⁷ Curators: Stefania Pitscheider Soraperra, Frauenmuseum Hittisau and Anka Dür Brigitta Soraperra, IG Geburtskultur a-z. Exhibition design by Sabrina Summer and graphic design by Nina Sturn.

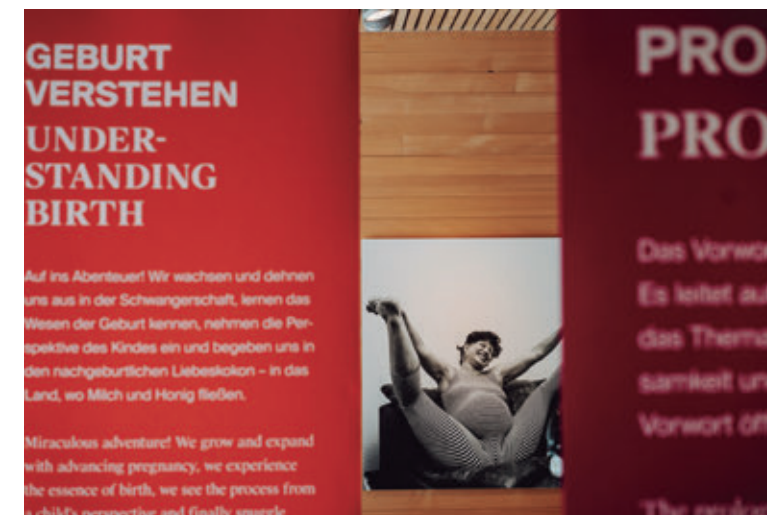
¹⁸ Designed and made by Anka Dür (architect and midwife in training), Anna Heringer (architect), Martin Rauch (artist, earthen building expert) and Sabrina Summer (designer, interior architect).



↑ Room of Birth and Senses



↑ Exhibition “Giving birth and being born”, Women’s Museum Hittisau



← In the back the photograph Belly over by Jane Dunker

The seventh and last station of the exhibition was titled WHY ART? A museum is no ivory tower. It studies society, establishes commemorative connections, creates spaces enabling dialogue. Art creates poetry. Art probes and irritates. Both ask questions about equality and difference. Several contemporary art positions envelop therefore the exhibition space like a cloak. They do not function as illustrations but deepen and broaden the theme from different perspectives. They process personal impressions, question clichés and offer new perspectives.

Angela Schiemer
Testimony

*born 1950 in Bregenz (Austria).
Specialist in child and adolescent psychiatry*



I was in medical school at the time and I was an enthusiastic student. I took science very seriously and I was very trusting in authority. Therefore, it was only natural I wanted to give birth to my first child at Innsbruck Hospital.

However, when the midwife wanted me to lie on my back, I always wanted to roll over and lie on my side. It came as a surprise to me that I was not obedient in that instance. This made me think why I behaved that way. And I realised something was wrong there.

I began reflecting about the birth situation and I, or rather we, decided I would give birth to the second child in a maternity home.

There was still a maternity home in Lauterach with four beds and a midwife then. There were just two of us having babies and it was very comfortable. My husband and I wanted an uncle of mine to do the baptism, but the baby was taking its time, so I decided to have the labour induced with an oxytocin infusion. I realised then this was just terrible. I found I could not surrender to the rhythm of the contractions due to the oxytocin. I kept feeling resistance when I had a contraction. The contractions

were “artificial”, they were not in step with the baby. This gave rise to another critical thought: what does medicine actually do to us?

I then decided that if I had another child, I would not have that infusion again.

At the next two births in Bregenz Hospital I was lucky. There was no foetal monitor yet and I did not have to make a stand against the kind of examinations done today.

My births were always quick. I liked giving birth in hospital because back then I still thought I needed the recovery after the delivery and nurses to take care of the child.

When I had my third child in 1978, Feldkirch Hospital already offered “rooming in” and I wanted it too. I was the first to ask for it at Bregenz and we succeeded. I noticed that it makes breastfeeding much easier and the baby is much happier, with no need to refeed after reflux. I was able to breastfeed my son much longer.

During this time we started a breastfeeding group. We had a bitter experience, though, with the media portraying us as mothers who were mad about breastfeeding.

Then I was pregnant with my fourth child, who I also planned to deliver at the hospital in Bregenz. I made another startling observation: I thought I knew exactly how to deliver a child. But at the fourth birth, despite having contractions for one week, the strong kind that in earlier pregnancies had indicated it was time to go to the hospital immediately or I would arrive too late, this time I went to the hospital twice, but it was a false alarm. They sent me home again, the contractions stopped, and so on. I had strong contractions every day, but in the evening they stopped. For the first time ever, it came to my mind how lovely it would be if I might stay at home. But I did not dare, yet. I gave birth to Margherita in hospital.

During my fifth pregnancy I met a midwife doing home births. I hadn’t met any until then. She encouraged me to try it. I wrote down all the safety measures, made a list of emergency numbers and put it near the phone, of course. I still had all the medical stuff in my head with all the possible risks that could occur.

I was greatly surprised how different home births are. What surprised me most was that the midwife kept asking me during birth what I wanted. At first I thought, “wow, does the midwife actually know what she’s doing?” Afterwards I asked her how she trusted me so much as to do everything I said.

She answered, “when I work at the hospital, it’s my delivery room, my place. I know which drawer holds what, and I tell the women to do this or do that. That’s where I am at home, it’s my demesne. But when I am at a woman’s home, I have no idea where anything is. So I ask the woman, because it is her kingdom.”

This made me think about how important it is for a woman to know herself at birth - birth is a borderline experience just like death - and how important it is for the woman to get to know herself in this extreme borderline experience with the child who is involved in that same borderline experience. And how strong you emerge from it, so very confident, knowing that you did it all by yourself. Not because I did it, but because I experienced that my body can do this together with the child. I found this is what provides the confidence to trust the children and to believe that as a mother I do not have to take all the responsibility. I do not have to do everything for the child, I can ask the child.

Turning towards my profession, practising child psychotherapy in child and adolescent psychiatry involves exactly the same. If as a psychotherapist working with a child, I put forward a suggestion, I will “lose” the child. However, if I ask questions and give them space, you will be amazed by what children know subconsciously. Giving birth is exactly the same.

Professionally, doctors and midwives have information. That is a concept. It is important to have this knowledge behind you in case something goes wrong. But as long as nothing is going wrong, it’s just as important to take the backseat and give the woman and the child a lot of space

“Giving birth and being born”, Women’s Museum Merano (Italy)

From Hittisau, the exhibition travelled to Merano, another Alpine region where traditions and rituals also lie dormant, closely intertwined with the mountain economy and the meagre living conditions of the peasantry. In addition to copies of prehistoric local finds such as the Venus of Gaban in Trentino and the Diana Altar from Parcines, which embody ancient female fertility and mysticism, the exhibition at the Merano Women’s Museum offer an insight into the life and knowledge of local midwives.

Midwives were considered to be the most important people, alongside priests, for a long time in Alpine mountain villages. They travelled in harsh weather to mountain peaks and far-flung farms to support the women of farming families during childbirth. On average, these women had ten to fifteen children and had to take care of the farm and livestock in addition to the house and yard. Peasant wisdom from Trentino says that mothers always had at least three children with them: one holding their hand, another in swaddling clothes in their arms, and the third in the belly.

Midwives had the great responsibility for entire villages and communities of rural areas in the Alps until the 1960s, when roads were finally extended to even the remote mountain valleys of South Tyrol. The personal hardships and adventures of five local midwives from various eras brings this traditional centuries-old knowledge into the light. Herbs like cowslip were administered for postnatal depression, and steam baths with hay flowers to open the cervix. Wooden balls made of spikes were used until the 19th century for diseases of the uterus and childlessness.

These and many other customs and knowledge of the Alpine region were the focus of the exhibition at the Women’s Museum Merano, which showcased items from the museum’s own collection and local oral history.

The public was invited to delve into the partly forgotten world of superstition and myths of the South Tyrol and Trentino regions. Objects such as glass labour bottles with golden relics, for example, were used by women giving birth as a means of protection. If the woman hoped for a girl, she held the bottle in her left hand; if she hoped for a boy, she held it in her right hand. Fraisen pictures¹⁹ were still swallowed until recently by expectant mothers hoping for a mild birth. The local Klapperstein (amulets made of clay iron or flint stone) has detached particles in its cavity that rattle and was therefore worn on the arm by pregnant women to prevent miscarriage and premature birth, or tied to the left hip to help with difficult births. This seclusion inside the rattling stone was compared to the child in the womb of the mother. Frogs were injected with woman’s urine until the 1960s to determine if she was pregnant. If the frog laid eggs it was considered a positive sign: the woman was pregnant.

In addition to the numerous texts, images and objects from the museum’s collection, viewers had the opportunity to meet some of these midwives and learn about their home birth techniques and tips in conversations with them as part of the exhibition’s side events.

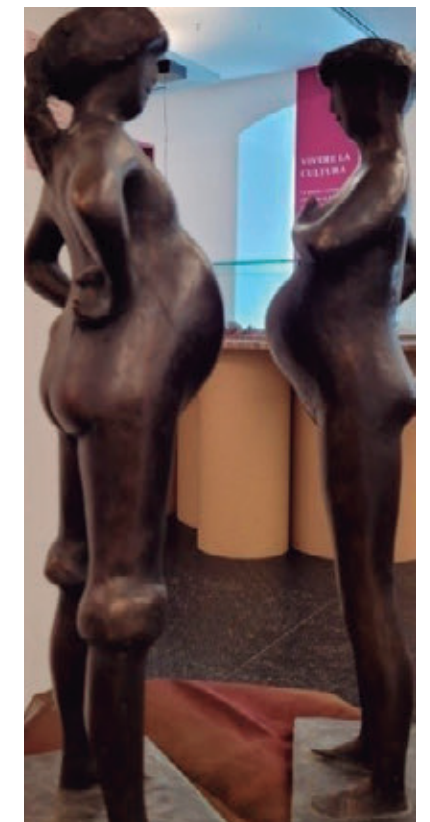
¹⁹ Small religious pictures on paper



← Exhibition “Giving birth and being born”, Women’s Museum Merano



↑ Schoolgirl taking notes on the exhibition



Bronze sculptures of pregnant women by
Siglinde Tatz Borgogno ↓

Burgi König
Testimony

born 1953 South Tyrol (Austria). Midwife



*“Working as a midwife has
always been a calling for me.”*

Burgi has been a midwife in South Tyrol for 47 years and is known throughout the country for her vast experience with home births. A strong helping instinct and the need to assist her mother in caring for her eight siblings led her to become a midwife. At that time in South Tyrol, it was still necessary to pass a nursing diploma before attending the two-year midwifery school. She worked at outpatient clinics for years before becoming a freelancer. Burgi has worked all over Austria as both a practicing midwife and leading childbirth preparation classes and staff counselling centres. She is sought out by women who have had a bad experience at hospital and those who have already had a home birth and want her special care. Although the work has often been very demanding, Burgi has never felt it was too much but rather a calling. Burgi König has delivered several thousand children to date.

There have been many enriching, beautiful moments in the course of her work but just as many challenges such as stillbirths, which have sometimes also occurred at hospital and are unfortunately one of the birth risks. To this day they still provide huge support for women, before and during childbirth and up to the third year of the child's life.

Burgi finds it curious that little has changed in the way a new human being comes into the world. “Only the approach to birth has changed. In the past, people used to say that a pregnant woman was expectant, which was a very promising and positive attitude. Today, people talk more about risk in connection with pregnancy and birth. Women are too often overwhelmed by information and regulations, by reading and searching on the internet. Fear takes on an increasingly central role and birth sometimes almost becomes a business.” For Burgi, it is a great pity that there are fewer self-determined women who listen mainly to their own bodies and feelings instead of what others say. For many women now, everything the doctor says seems to be supreme law. Sometimes there even seems to be a tension between midwives and doctors, as if midwives were the ‘protectors’ of birth but doctors maintained the function of controlling everything. “Birth is actually something that the female body manages on its own, and experience shows that the more you let an expectant mother do on her own, the better the birth goes. In the past, women knew less about their bodies but they had common sense. Losses were even accepted because they were part of life.”

In decades gone by, various restrictions were placed on women. Some older women still tell Burgi that they could not enter the pantry for some time after giving birth because they were not allowed to touch the food. They were considered unclean. In addition, the priest would often go to expectant parents' homes to perform emergency baptisms. Sometimes the holy water was even put inside the expectant mother with the help of small plastic tubes. These customs could lead to infections and even death of the woman. Midwives had a particularly hard time in the Middle Ages, as they ended up at the stake if they failed to save a woman or child.

“Giving birth and being born”, Museum of Women’s and Gender History in Kharkiv (Ukraine)

Society has always expected women to give birth, but what does society do to make women actually want to give birth? What was the attitude of mothers in pre-Soviet Ukrainian society? In what conditions did Soviet women give birth to children? What is being done in modern Ukrainian society to make women feel safe? What modern methods of fertilisation are there? How does Ukrainian society view surrogacy? What conditions are created for single mothers? How do the processes of gender construction and manipulation take place in society, when the behaviour of girls as future mothers is formed? What questions does a modern woman who has decided to give birth ask herself before and after childbirth?

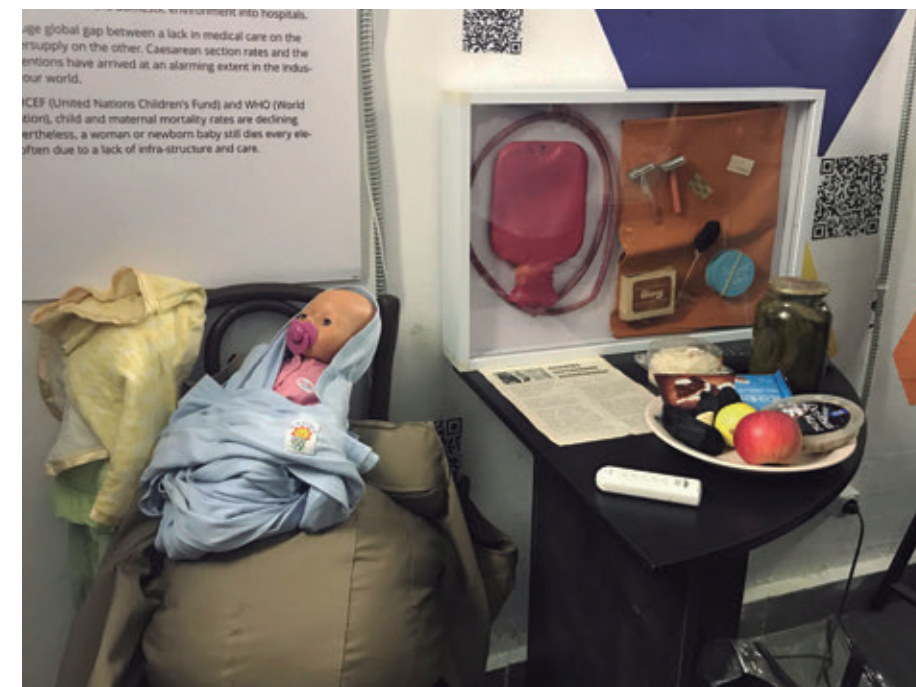
These and many other questions were answered by the guides of the Museum of Women’s and Gender History during the exhibition. Visitors also had the opportunity to put on a “pregnant” belly and feel what it is like to be pregnant, to swaddle a baby doll, wear a baby sling, and look at the set of products traditionally recommended for pregnant women.

The interactive exhibition showed the processes of childbirth and motherhood. All exhibits came from the museum’s own collection, personal archives and collections, and loans from the Institute of Cryobiology and Cryomedicine.

The exhibition was complemented by videos and information on various topics related to childbirth. A feature of the Ukrainian exhibition was the focus on childbirth and motherhood as part of the gender construction process in society during which gender roles are formed.



← Women around the world carrying newborns



↑ A set of food products that in Ukraine are considered the most attractive to pregnant women (pickles, chocolate, lemon, chalk, herring, charcoal)

Simon Hofer
Testimony

born 1980 in Bregenz (Germany). Boatbuilder, wood craftsman, musician



Oscar's birth in Berlin was our first. We were still a little uncertain about what to expect and wanted to do it the way it was customary in that country, a hospital birth. So, we got involved.

I was already sure this would work, with Ronja doing such a great job at breathing and everything else. Since there were two of us, it was fine. I held her, did what she asked. When she was thirsty, I gave her a glass of water with a straw and the like. I just functioned and gave support.

She was great. Therefore, I was not scared.

It was strange that everything happened so fast, the delivery. Afterwards we went up to the room on the ward and at some point I said goodbye. Ronja was very tired, of course. I felt a little odd, leaving mother and child at the hospital and just me, walking alone through Berlin in the early hours of the morning.

The second birth took place in Copenhagen.

I think the main reason why we decided to have a home birth was that everything went so fast the first time. The experience of the child almost being born in the hospital corridor, only just managing to get to the delivery room in time, the fact I could not be present all the time in Berlin. It felt strange to be torn apart there again and again. Also, the midwives, well, the nurses came along as soon as the child started crying. They were there immediately wanting to take him out to the corridor so that the others would have their peace. And yes, this back and forth, it did not allow togetherness. That's what we wanted, being together as a family during birth and afterwards, enjoying it together.

We invited a good friend, had tea together and when the contractions became more regular, I called the midwife and told her that I believed it was time to come.

The midwife was actually more of a spectator, this time. She helped Ronja push for a short time, and then she put the baby on Ronja's chest. Ronja got to cut the umbilical cord, and I was there all the time and was involved. I held Ronja, I did what was necessary.

That was an experience I would not want to have missed. Though of course it is different for every man, being there or not. I can only speak for myself.

In any case, the home birth was reassuring, it was beautiful in my own environment. I knew what I could do. If I had to help, I knew where to fetch the water or find a sheet. Or whatever might be necessary. I could assist actively. In the hospital I felt rather awkward.

Preparing for the birth is very important, obviously, for men and women, in fact. I believe it takes both parties, as it takes both to make a child. It's important to gather information before the birth and deal with it. That is essential, especially for men, naturally.

I don't think fathers are neglected because they can go along everywhere, whether it's information evenings or visits with the midwife. I think if you want to be a father, you can be actively involved. I think it's more a cultural thing whether you do it or don't.

For me, being actively involved was always a sure thing, at birth and afterwards. I just wanted to spend time with the children and be an active member of the family. I was certain about this in advance. And in Copenhagen I was able to become independent again, which was good for us as a family, because I could arrange my own working hours. I didn't have to go away to building sites for a long time.

If you have the chance, when you have a child, you should definitely be proactive. Get involved, be part of it and overcome your fear. Talk about it with others. This is crucial, trust is essential at birth. Trust in nature, in your partner, in the elements. You need to have basic trust otherwise fear will become too dominant.

“Giving birth and being born”, Francesca Bonnemaison Women’s Culture Centre, Barcelona (Spain)

The Francesca Bonnemaison Women’s Culture Centre - La Bonne, is a space for meeting, exchanging and creating feminist cultural projects characterised by multidisciplinary work encompassing various fields including performance, performing arts, living arts, with a strong focus on the audiovisual sector. Research, thinking and feminist and antiracism activism are also part of our project. La Bonne had previously covered maternity in the Via Làctia (Milky Way)²⁰ project, and addressing cultures of birth and childbirth.

Curated by Marta Vergonyos, Mar Serinyà Gou and Rosa Pou, the exhibition showed birth as an experience of greatness and a woman’s own space, which, despite 50 years of medicalisation, institutionalisation and control, continues to be a space of feminine freedom, a territory with its own aura. It showcased artists and filmmakers who have broached birth as an experience of self-affirmation, revelation, self-knowledge and, above all, a unique experience.

“I transform, I bleed, I scream, and I smile. I am standing up, with the placenta still inside me, attached to my baby by the umbilical cord and I decide when to photograph the birth. I am the protagonist. I am a hero. By giving birth I take off my ‘cultural’ veil. My maternity is not virginal or aseptic. I am the archetype of the primal woman, the female beast for whom nothing is prohibited.” With these words Ana Álvarez-Errecalde describes her self-portrait “Birth of my Daughter” (2005).



↑ “Birth of my Daughter” (2005) Diptych. Self-portrait. Ana Álvarez-Errecalde

²⁰ <https://labonne.org/via-lactia/>



← Aquadural (2018). Natalie Lennard

The exhibition also sought to highlight the importance of returning to the primal experience of birth, both by recovering practices that have been taken away from us and shining a light on experiences that maintain their genuine sacredness.

“Aquadural” by Lennard remind us that today, images of birth copiously shared on social media might claim an exclusive modernity over birthing in water. But we lack imagery for its primitive history as early as 2700BC, when women of ancient Crete, Japan, South America and New Zealand were known to birth in shallow ocean and rivers. Water marks a boundary making a labouring woman, taking away gravity and conserving her energy. It is said to activate the ‘relaxation response’ in her muscular system, and minimises stimulation to the vestibular system, the part in the inner ear that gives constant information about the body. The outside world is almost cut off completely, protecting her, in the words of Michel Odent, “from useless stimuli” and quite remarkably, has an effect on her attendants too.

The exhibition was also accompanied by excerpts from the books *Pariremos con placer* (“We will give birth with pleasure”) by Casilda Rodríguez; *Maternidad y parto. Nuestras ancestas y nosotras* (“Maternity and childbirth. Our ancestors and us”) by Ana Mateos Cachorro and the essay *El placer femenino es clitorico* (“Female pleasure is clitoral”) by María-Milagros Rivera Garretas, which was written for the exhibition.

“The idea is not a different type of birth preparation with every pregnancy, but to recover a sexuality that should impregnate our entire lives and the lives of our daughters from an early age. To give birth with pleasure we have to start by talking to our daughters about their womb, which pulsates with pleasure when we are filled with emotion and with love; to recover true belly-dancing, so that when they reach adolescence they do not have painful periods but rather feel a wellbeing in that special state similar to pregnancy. We must burn recent literature which declares menstruation to be an illness that we must get rid of by taking pills every day. We must reconquer our bodies and relearn to MECER our womb; feel its beat and attune our whole body to it. We must allow the exuberance of our full sexuality to overcome painful contractions, and feel only the palpating movement of our relaxed, alive muscles.”

Pariremos con placer, by Casilda Rodríguez

Broadly, the exhibition is a very situated look, without universalist pretensions, but with the desire to recover a small sample of the stories and representations that restore to childbirth this dimension of grandeur and this aura of exceptionality.

Alessandra Marcucci
Testimony

born 1975 in South Tyrol, teacher



My son was born in the forty-second week of pregnancy at Merano Hospital in 2003. My pregnancy was fine except for something wrong when the nuchal fold scan was done. I was 28 years old. I was proud of my growing belly and felt good.

The night of labour in the hospital was difficult. I didn't know what to do or how to deal with the pain of the contractions. I only remember images of the exact moment my son was born. I was lying on the bed and pushing, but I don't remember the pain at all. As soon as he came out of my womb, they placed this little being on my belly with the umbilical cord still attached. I couldn't know then that it would be my only contact with him before a long separation.

My husband went with them to follow our son. Meanwhile I had been moved into the corridor, just outside the delivery room. I was dirty but happy. My husband approached me and with his voice broken by emotion, he told me that he probably had Down syndrome.

I remember I immediately replied, "The most important thing is to continue to love each other, then we will handle the rest". I was confused, I didn't know what to say, I just wanted to see Lorenzo again. Instead, he was put in an incubator and for almost two weeks I didn't keep him close to me.

My suffering of separation was humanly incomprehensible.

After two weeks we went home and it was only then that I started to feel like a real mother.

Lorenzo latched on to my breast in his second month of life, after great efforts and sacrifices. It was a gift that he gave me that I will never stop thanking him for.

Lorenzo's birth marked a great change in my life and if I think back to the path I have taken and the choices I have made, I would do it all over again. I am happy, for example, that I did not have the amniocentesis after the nuchal fold scan, even though the doctors advised it because the measurement diverged from the norm.

Another great lesson in my life was that I never got pregnant again. That's why I can't speak about a second birth. I can only say that during these years I have met many women who have not become biological mothers but are mothers in their essence. They have given birth to good ideas, dedicated themselves with passion and determination to their work, coped with such great pain, the cycle that meaninglessly repeats itself, the years that pass, the questions and the looks of those who would like to see their bellies grow.

The Consortium



Interarts is a private agency with an international scope that contributes to human development through culture, supports the design of cultural policies, promotes knowledge and information in the field of culture, and advocates for the role of culture in public governance and networks in Europe and internationally.



The Hittisau Women's Museum (Bregenzerwald) is the first and only women's museum in Austria. It was founded in 2000 and has since held more than thirty exhibitions on women's issues, with the mission of highlighting and documenting the cultural work of women and women's histories. A special feature of the Women's Museum is the way in which it mediates personally.



The Museum of Women's and Gender History in Kharkiv is a non-profit organisation that serves as a platform for empowering women and youth. It is a place where everyone, regardless of gender, age, occupation or social status can acquire basic gender knowledge around such concepts as human rights and gender discrimination.



The Women's Museum in Merano was founded in 1988 and shows the history of women and their role in society from the 19th century to the present day. Women's history is "dressed and equipped" with the traditional narrative tools of the Women's Museum - fashion, accessories and everyday objects, pictures and statistics.



The International Association of Women Museums (IAWM) is a worldwide network to promote and strengthen women's and gender museums. It advocates for women's rights and a gender-democratic society by promoting culture, arts, education and training from a gender perspective, fostering exchange, networking, mutual support, and global cooperation, and conducting research and the development of projects, exhibitions, and community work with a wide range of activities.



ECCOM is a transdisciplinary organisation that believes culture plays an active role in processes of social change and sustainability. ECCOM studies and designs experiences to generate innovation and cultural dialogue, and to promote participation in public life and opportunities for personal and collective enrichment through arts and culture.



The **BIRTHCAFÉ CAMPAIGN** is an open, participatory project and a solution-oriented protest for a better birth culture. BIRTHCAFÉS connect generations and cultures. They are solidarity in action, for parents by parents, and welcome everyone.

Credits

Coordination of the publication:

Cristina Bosch, Interarts Foundation
Gaby Franger, IAWM

Layout by:

Studi-K

Photo credits:

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At the time of publication a war is being waged against one of the Birth Cultures project partner countries: Ukraine is the object of an unwarranted invasion bringing, thirty years after the Balkan Wars, armed conflict at the doors of Europe. We stand with our partners, actors in the cultural sector whose work is based on the belief that culture must be an instrument of dialogue and understanding not of division and opposition and will continue to defend, in the wake of its founding fathers, that culture is one of building blocks of the European project.



This publication was funded by the European Union's. The content of this publication represents only the views of the authors and is their sole responsibility. The European Commission does not accept any responsibility for use that may be made of the information it contains.




Birth
Cultures