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Exploring Black feminist ethnographic methods: group care antenatal and postnatal body mapping sessions with Black and South Asian women in England

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ABSTRACT

In the UK, Black, South Asian and other racially and ethnically minoritised women often report poorer experiences and mistrust in reproductive and maternity health care services. Anthropological ethnographies capturing lives of ethnic minority pregnant women and mothers in the UK are limited. In an exploration of Black feminist methodology, we reflect on the adoption of the creative, arts-based methods of body mapping within the context of a nested ethnography as part of the multinational group care implementation study, Group Care in the First 1000 Days (GC_1000). Weaving together narratives of researcher reflexivity, field-notes, interviews and women's body map compositions, we explore with depth women's experiences of pregnancy, birth and motherhood in the context of group care.

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Introduction

Creative, arts-based methods are popular amongst researchers interested in disrupting power imbalance so often at play between researcher and participant. Even with the best of intentions to recalibrate power imbalances, researchers may unconsciously shape the interaction through their own assumptions or even be perceived to have a more elevated status due to their role as the investigator (Gastaldo, Rivas-Quarneti, and Magalhaes 2018). In addition, overreliance on the spoken word in qualitative interviews may curb elicitation of the participants' full experiences (D'souza et al. 2020). For example, in conventional qualitative interviews, the conversational exchange may be dominated by the researcher's language, terminology and line of enquiry. Arts-based methods provide an opportunity to put narrative control in the hands of the participant and alleviate the restrictions words can sometimes place on experiences (Gastaldo, Rivas-Quarneti, and Magalhaes 2018), opening

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exploration of participants' embodied realisations just below the surface of a structured or semi-structured interview. Imagery formed through the development of the body map becomes a language for interpretation and analysis (Lambert, Favero, and Pauwels 2022).

Body mapping entails tracing the participant's body on a large sheet of paper which creates a life-sized outline on which participants can visually represent their bodies, experiences, emotions and lives more broadly and the meanings which they attribute to them. Previous studies utilising body mapping (de Jager et al. 2016; Mayra 2022; Wallace et al. 2018) described the method as time intensive. This method requires reflection and interaction between the past, the present and the familiar. Conducted within the context of ethnography, where ethnographic interviewing provides layered narrative and contextual depth to an interview, body mapping is enriching as a method for exploring embodied experiences.

Chronological concepts of our social and historical context, as well as more abstract cultural and collective memories, can present as embodied phenomena. Body mapping draws upon phenomenology, which Black Women Studies Scholar Maria del Guadalupe Davidson (2017) says 'captures life as it is lived' (65) and '... provides the opportunity to explain things as they appear, lived experiences become important, definable, and marks a vital point for explaining things' (69). Body mapping enhances the potential of phenomenology; it allows for connection with the body, an opportunity to engage with it more deeply and gather a more comprehensive understanding of pregnancy, birth and early motherhood whilst elevating women's voices to the forefront. A strength of body mapping as method is its ability to empower participant voice and explore remote emotions and experiences in the context of a collaborative investigatory process (Murray et al. 2023). However, few researchers have used body mapping to explore birth, pregnancy and early motherhood experiences of racially minoritised women in England's maternity care services.

Racial disparities in maternal health experiences and outcomes are transnational (Davis 2023). Black and South Asian women in the UK similarly face increased adverse perinatal outcomes, including preterm birth, maternal death, stillbirth, and infant mortality (Felker et al. 2024). Black, South Asian and other racially minoritised women also most often report poor experiences and mistrust in the UK's reproductive and maternity health care services (Birthrights 2022; CREATE Health Foundation 2024; Gohir 2022; Peter and Wheeler 2022). Overwhelmingly, women, and particularly racialised women, express feeling 'not listened to' during interactions with their health care providers often leading to unsatisfactory and even harmful outcomes. Anthropologist Leith Mullings (2000) said, '... feminist researchers suggested that particularly in the study of resistance, empowerment, and protest, a conventional understanding of political activities and methodological focus on surveys and structured interviews rather than participant observation frequently does not illuminate the types of resistance efforts in which women are involved and tends to obscure their agency'. Body mapping coupled with ethnographic interviewing provides an opportunity for unprecedented Black feminist anthropological research in England. Black feminist ethnographic research of Black and South Asian women's experiences of group care is an exercise in deep listening to those marginalised by race and gender in British society, placing attuned sensitivity to the intersectionality of their encounters with maternity care services.

Aims

Drawing on ethnographic fieldnotes, participant interviews and body maps, the overall aims of this article are:

1. To provide an in-depth description of the process to create the body map with racially minoritised women in England;
2. To pinpoint the common themes derived from these body maps and their accompanying interviews with an interpretive lens of Black feminist hauntology.

Context of the study

A key distinction between group care and conventional 1:1 care is its facilitative rather than didactic approach. In group care, 6–12 women and other birthing people at a similar stage of gestation meet regularly in a group setting to receive antenatal and/or postnatal care. Women are taught and encouraged to measure and manage their own health information (e.g. blood pressure readings, urine samples) which can engender a sense of confidence and responsibility for one's own health. Health care professionals, usually midwives, trade the title of 'health expert' for 'group facilitator' which enables agility and responsiveness to the priorities of the group members. The 2-h sessions provide time to discuss and process health information and ask questions, whilst continuity of both service providers and service users allows the entirety of the group to build a relationship of trust, knowledge exchange and support.

Group care's mechanisms meld an environment of democratic learning, community building, shared power and holistic support, linking the model with birth equity initiatives (Centering Healthcare Institute 2019). The experiences and health outcomes for the women and babies who take up group care are generally positive, including higher breastfeeding initiation, lower instances of preterm birth and higher birth weight, particularly among groups who are considered vulnerable or disadvantaged (Byerley and Haas 2017). Cross-cultural analyses suggest that group care enables women to actively cultivate a sense of belonging and community (Horn et al. 2025) with evidence of increased empowerment, health literacy and care satisfaction (McCourt et al. 2025).

To mirror the model's design and underpinning philosophy, it was most fitting to utilise a method of data collection such as body mapping in an ethnographic research context, to *also* invert power imbalances, channel mixed forms of knowledges and centre women's voices. Further defined below, we apply Black feminist hauntology to locate the accumulated experiences of race, gender and class within women's meaning making of the body maps themselves, proving a counter-analysis to white supremacist, colonial, patriarchal, authoritative and biomedical knowledges.

Anthropological ethnographies capturing lives of ethnic minority women during pregnancy in the UK are limited. This ethnography takes place within the Group Care in the First Thousand Days (GC_1000) project, a multi-national study focused on the implementation and upscaling of group care in England, Suriname, Belgium, Ghana, The Netherlands, Kosovo and South Africa (Horn et al. 2025). As a nested ethnography, this research intersected with and moved beyond the aims and objectives of the GC_1000 project. Its aim was to understand women's experiences of group antenatal care in England with underlying objectives:

1. To explore women's wider experiences of pregnancy, labour and birth;
2. To identify if or to what extent group antenatal care enables women to thrive during the perinatal period, or not;
3. To investigate the ways in which group care may aid in facilitating support for women, particularly in the context of the first two objectives and in ways that differ from standard 1:1 care.

Methodology

Over the course of nine months of fieldwork, from November 2022 to July 2023, the first author spent time with eight women from ethnic minority backgrounds, four of whom participated in body mapping sessions. All ethnographic interviews, body mapping sessions and analyses were conducted by the first author. The second and third authors served as the supervision team, informing and guiding the research process. From this point forward, the article is written from the first author's perspective using first person voice.

Below, I describe in detail the process of: 1). Organising Body Mapping Sessions, 2). Setting Up for the Day and 3). Embodied Experiences of Pregnancy, Birth and Motherhood—all interlaced with the thoughts, experiences and perspectives of a Black woman anthropologist. I offer these details in hope to not only contribute to Black feminist ethnographic research on maternal health in England, but to provide a starting point for those interested in Black feminist aligned methodologies.

Black British feminist anthropology¹ is nearly non-existent and ethnographic research on the lives of Black women is most often derived from the US. Black British feminist thought leaders have highlighted that though this voice from the US 'speaks directly to our experience in Britain, it does not speak directly of it' (Bryan, Dadzie, and Scafe 2018, p. 1). Baroness Lola Young warned that the marginalisation of Black women in British academia could lead to a stagnation of Black British feminist thought (Young 2000). Although there have been efforts to increase the representation of Black women in higher education, my early searches of Black feminist maternal health research, particularly in anthropology, suggested Black feminist inquiry may have declined in more recent decades, despite the rich possibilities which Black British feminist thought contributes to society.

Black British feminism of the 1970s–1980s is interconnected with 'political Blackness' where Black and South Asian women united in intersectional women's liberation movements (Bryan, Dadzie, and Scafe 2018; Joseph-Salisbury and Connelly 2021) and many identified with the racial category 'Black'. There are benefits to marginalised groups uniting in solidarity to combat oppressive systems which impact collective interests, however conflating these identities sometimes makes more specific struggles indistinguishable and can support the 'othering' narrative often described in Black feminist writings (Bryan, Dadzie, and Scafe 2018). In present day organising, political Blackness is less often used. Often, ethnic minority groups are placed under an umbrella term such as 'people of colour' and 'Black Asian and Minority Ethnic' groups, shortened to the acronym 'BAME' (Darko 2021). A Black feminist methodology provided tools to not only examine the specific experiences of ethnic minority women, but to also tease through the differences and similarities in experiences between and within women labelled as Black and South Asian. Participants included in this article identified as 'Black', 'Asian'

and ‘Minority Ethnic’ women. However, in speaking to women about race, more subtle elements of their identities were unearthed to include: ethnicity, ancestral regions and mixed heritages.

Drawing on Black British feminism, the shared experiences across racially minoritised women were valuable to explore as equally as the nuance between and within them. Women involved in this article consented to take part in research and received maternity care from NHS Trusts in England (Ethics: IRAS ID 292310; approved by Bromley NHS Ethics committee, Rec reference 21/PR/1234). Both sites, ‘Alpha’ and ‘Beta’ offered group care in the South of England, serving socially and economically diverse populations within and beyond Greater London.

1. Organising body mapping sessions

The GC_1000 participants, regardless of parity or pregnancy risk level, were invited to opt-in to the group care model by midwives during their ‘booking’ antenatal appointment. Participants were notified that they could opt out of the research at any stage.

Decisions around when and how to recruit participants into the body mapping sessions and *which women* to engage were complex choices and dependent on multiple factors and actors including liaising with research midwives, group care facilitators and research fellows at the university. For example, collaborations with midwives on-the-ground and research associates were needed to pinpoint where in the group care schedule to plan the group body mapping sessions (the phase where most women are at 20+ weeks gestation and have had at least one session of group care). Black feminist theory embracing the value of lived experiences informed the goal of having enough time to capture the depth of women’s stories (Davidson 2017) and therefore body mapping sessions were untethered from the antenatal group care sessions.

To reflect group care’s format, the aim was to recruit a maximum of 6 women to work in groups during 3.5-h body mapping sessions. Body mapping is time intensive, requires extra materials and space—physical and emotional space—as well as room and personnel resources to authentically engage in the process. It was also important that participants had the opportunity to be open about their experiences of pregnancy and the model of group care without the presence of midwives or other health care professionals involved in their care. I worked closely with the midwives and a research associate to identify and book venues for the body mapping sessions which were at local children’s centres already used for the group care sessions.

‘Black’ and ‘South Asian’ are terms that I applied broadly to include women of diverse and multiple ethnic groups who, most importantly, self-identified as Black and South Asian, and had Black and/or South Asian parentage or heritage. Women were selected *via* maternity notes where ethnicity was coded as Black British, Black African, Black Caribbean, Black-Mixed Race, Mixed Race with Black heritage/parentage, Black Other; as well as Asian or Asian British with Indian, Pakistani or Bangladeshi background. Ethnicity data from hospital records are often missing or broadly defined, however the multiple interviews allowed for women to clearly self-identify their race, ethnicity and/or heritage.

The focus on Black and South Asian women narrowed the selection of eligible participants, because 1). only women enrolled in group care at the study sites could participate and 2). the density of racial and ethnic minority populations was low in the surrounding

areas. Black and South Asian women's group care experiences during pregnancy created an anchor point for the ethnography.

Due to the exploration of topics such as race, racism and racialisation, it felt imperative to establish racial congruency between the researcher (or body mapping session facilitator) and participants. I am a Black British-American woman, born and raised in the American south, later moving to the UK which has become my permanent home. Spending more than a decade in England, the relationship with my race, gender, nationality, ethnicity, occupation and own pregnancy experiences in England interacted with that of the interlocutors. Engaged deeply with 'insider/outsider dilemma' (Craven and Davis, 2016, p. 16), my lived experience as not only a racially minoritised woman in the UK but also as one who recently gave birth at the time of data collection, in some ways positioned as me as what Patricia Hill Collins describes as 'the situated knower' (Collins 2000, p.19). This allowed for a cultivation of very different relationships, striking more candid conversations relating to racialised experiences and motherhood compared to a white woman researcher.

Identifying a co-facilitator at the time, a racially minoritised woman researcher with knowledge and experience of group care, for the body mapping sessions was a challenge. Ultimately, I facilitated the body mapping sessions alone. This is, of course, a direct reflection of the lack of ethnic minority women, and particularly Black women, in research and higher education at graduate and postgraduate level in the fields of midwifery and maternal health research in the UK (Esegbona-Adeigbe 2023). This underrepresentation amongst research staff only further marginalises Black women's knowledges, experiences and participation which are needed to achieve transformative health care practices, policies and initiatives (Barlow and Johnson 2021).

It transpired that conducting racially congruent sessions lent itself to fostering authentic conversations about race, racialisation and culture which may have been more uncomfortable to discuss in the presence of white researchers and session facilitators. Preserving the space for racially minoritised women (including the researcher) proved useful to generating these open and unguarded conversations.

2. Setting up for the day

On the day of the session, I arrived before the participants to set up the activities (see Figure 1). Midwife and researcher, Kaveri Mayra, describes body mapping as 'floor work' (Mayra 2022) and it requires enough space to encompass the height and width of an adult woman onto a strip of paper.

The creative materials included coloured pencils, markers and pens. As a woman of colour myself, I often notice if darker skin tones are not represented in art sets. I took special care to ensure there were varying shades to depict skin colour. I also incorporated rubbers (erasers), pencil sharpeners, tissue paper, and yarn. I saved some images of body maps on my phone to show participants a finished example.

Access to diverse and representative imagery seemed most appropriate for the research questions, the methodology, participants and inclusive research practices. Most notably, I was donated old issues of 'The Practising Midwife' (TPM),² an international journal for midwives, maternity workers and researchers featuring illustrations by Lauren Rebeeck. The choice to include TPM was made to curb any fears that participants might have had about 'being an artist' or their ability to draw. Though some women did sketch on their



Figure 1. Set-up for the november 2022 session at site beta.

body maps, collage offered a more accessible option. In TPM, the imagery often portrayed the myriad of actors at play in pregnancy, labour, birth and the postnatal period including women, birthing people, their partners (or birth supporters), newborns, families, midwives, maternity support workers, doulas and other maternity care professionals. The illustrations often tell a story, depicting emotion in vibrancy and colour.

Next, I brought two of my personal copies of *The Maternal Journal* by Laura Godfrey-Isaacs and Samantha McGowan which features creative journalling prompts for pregnancy and early parenthood. The art-based journalling book features activities for and by diverse groups of people (Godfrey-Isaacs and McGowan 2021) and was utilised as a prompt for participants if they felt unsure where to start in the exploration of their experiences.

In each session, I explained the materials to the women, providing examples of how each could be used. I asked participants to think of their emotions, sensations, thoughts and experiences of pregnancy—present and past—depicting with symbols (e.g. drawings, art clippings) and words. There was also an option to simply use words (or journal) about their feelings first and then later find a picture in the TPM as a symbol, for example.

To mirror the aim of group care session environments, often contrasting to most NHS hospital setting, the venue was equipped with mats, chairs and tables. Women were at varying stages of gestation, potentially with different levels of mobility, so I brought along blankets and cushions to accommodate those who might not feel comfortable on the floor. I also provided the option for women to make a ‘mini’ body map if they wanted to avoid

the floor completely. With this option, women could make an art piece using the same creative materials, but on an A4 paper with a pre-drawn body outline.

All the women wanted to draw on the floor. I encouraged them to take breaks as they needed, to get up to stretch or walk around. Food and drink were available throughout the session. I also played some background music of the participants' choosing to make the environment more relaxed and enjoyable.

3. Embodied experiences of pregnancy, birth and motherhood

Here, I include key themes derived from the body maps as well as insights into the sessions themselves. I conducted ethnographic interviews involving in-depth, open-ended conversations with participants during the body mapping sessions where the maps were discussed, with some participants taking part in follow-up interviews about their experiences of pregnancy and care. Thematic (Attride-Stirling 2001) and narrative (Josselson 2011) analytical techniques were utilised to examine the images, symbols, words, icons and quotes on the body maps. Both the body maps and interview data jointly informed the interpretive process contextualising the compositions to construct themes representative of women's entire mapped narratives.

Body mapping session at site beta, November 2022

Three women turned up to the children's centre to take part in the first body mapping session—Cleonie, Nazma and Marlowe.³ They were at different stages of gestation and assigned to different pregnancy circles. The session format took on many philosophical elements of the group care model (Mehay et al. 2024). For example, we sat in a circle, and I also participated in conversations with my own experiences of pregnancy, birth and motherhood where relevant. I felt this was important, not only to develop an authentic connection amongst and with the women but to also humanise the 'researcher'. By lowering the walls of distal objectivity, I hoped to disrupt the power dynamics between 'the researcher and the researched'.

After brief introductions, I started by describing the session's aim—to better understand their experiences of pregnancy and group antenatal care—and gave an overview of the GC_1000 project. I answered any lingering questions and further emphasised the option to decline to take part or withdraw any parts of their data. The participants had already provided written consent to take part, but I gathered verbal consent again to record our conversations and to take photographs of the session for further analysis and research dissemination.

The women talked to each other while they worked on their individual maps, and I sat alongside them. I was there to offer help with cutting journal clippings, passing materials from one to the other, refilling drinks and topping up their snacks. I turned on the recorder to capture the conversations that ensued in the creation process.

Cleonie

Figures 2–4 provide close-up shots of Cleonie's body map. Cleonie depicted her experiences of pregnancy which included the body but also extended beyond it, locating where these

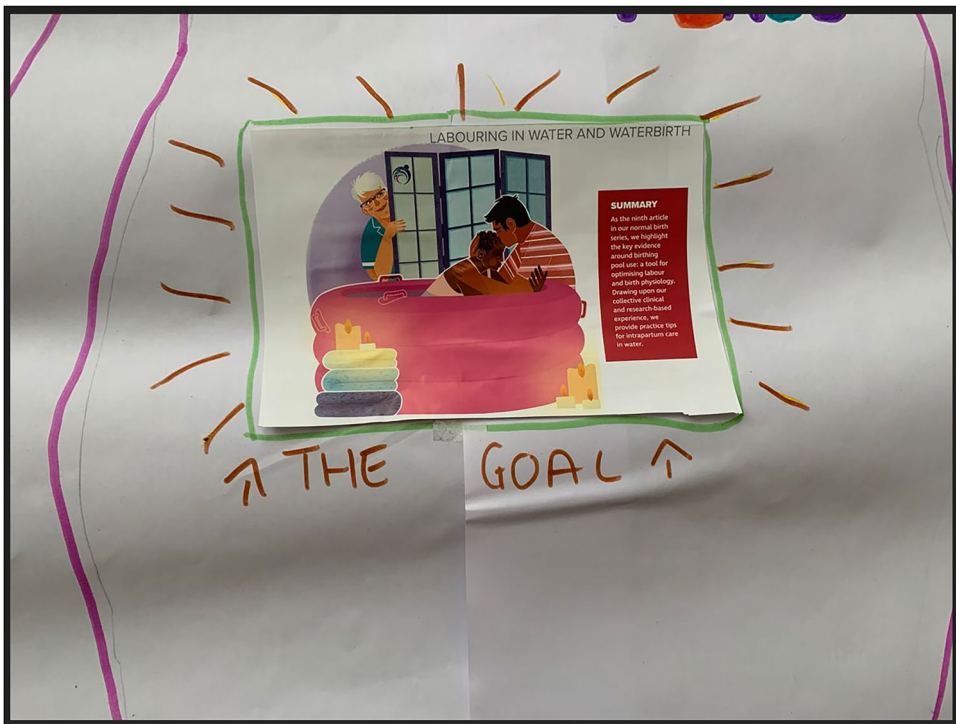


Figure 2. Cleonie.

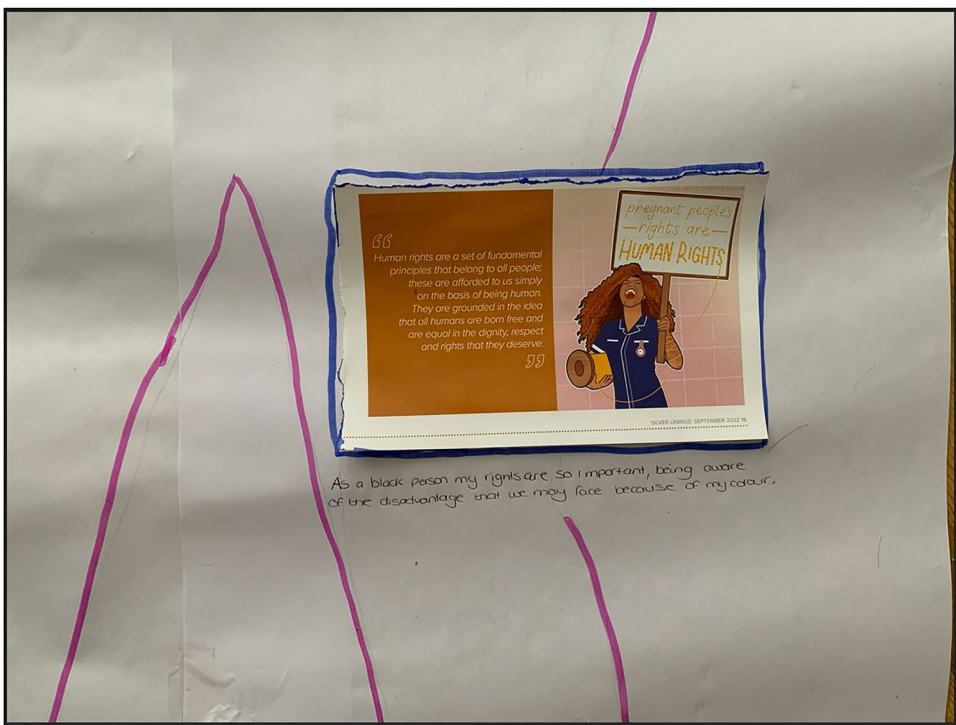


Figure 3. Cleonie 2.

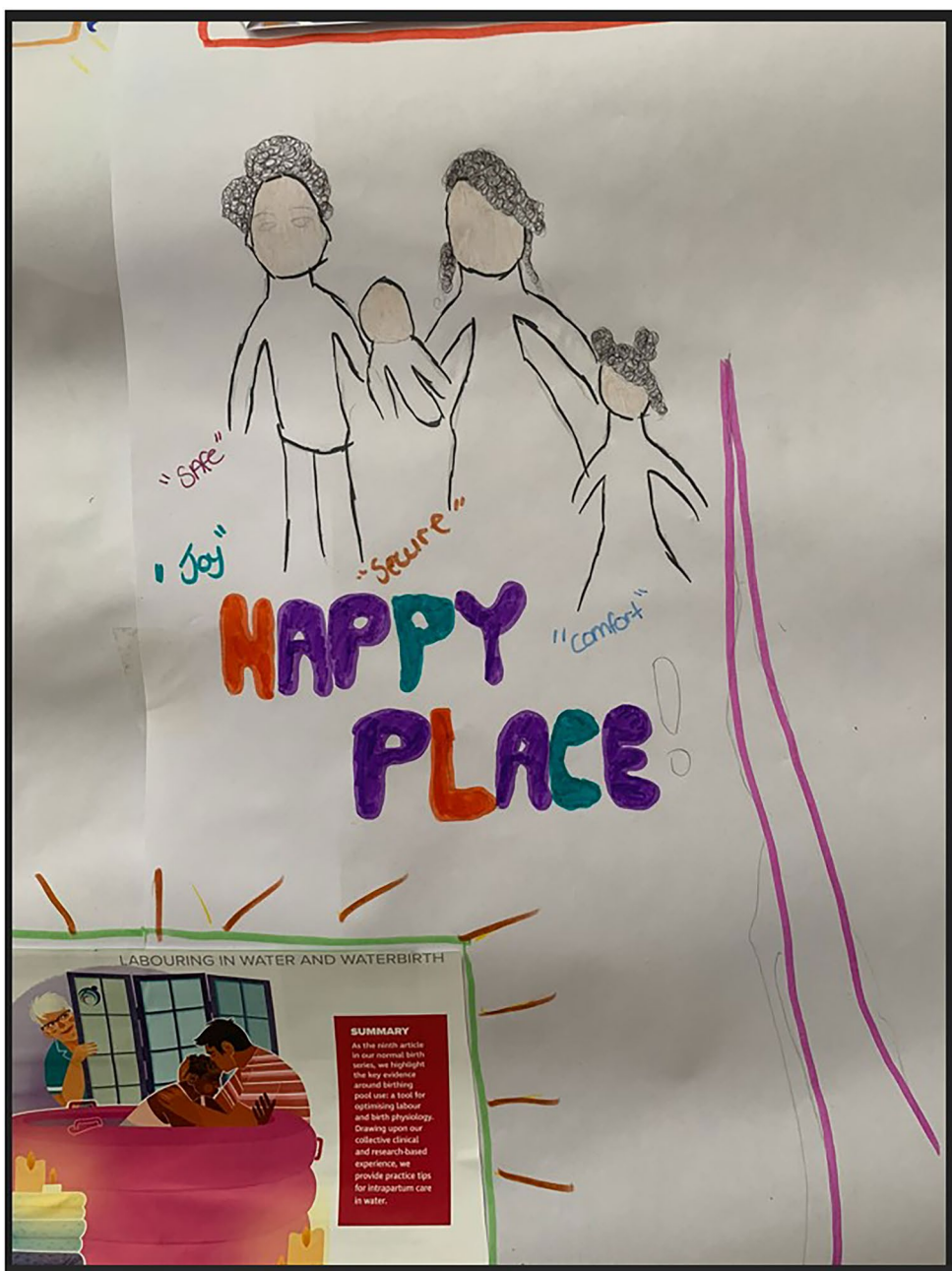


Figure 4. Cleonie 3.

more intangible feelings and experiences rest in the body. With crimson red marker, she drew images of blood to illustrate experiences of having low iron during her pregnancy, and on her inner calves she drew undulating lines to depict the cramps and tightness she felt in her legs.

Cleonie's body map showcased the deeper spiritual, liberatory and transformative thresholds which pregnancy, and particularly birth, hold for women. Cleonie was a Black woman

born in the UK with West African parentage of different nations. At the time of data collection, Cleonie was in her third pregnancy. She already had a school-aged daughter and unfortunately lost her second pregnancy by miscarriage. Cleonie was married, a practitioner of the Christian faith and spoke openly about her past experiences of maternity care including concerns about racial inequalities in maternity care outcomes.

Near the heart space, Cleonie inscribed, 'God is at the centre of everything.' She drew a cross at the top of the body map, near the right shoulder with descriptions of a Christian hypnobirthing class which she used to prepare for childbirth. Through iconography she depicted mental health concerns: anxiety about the first pregnancy loss and the aftermath of poor intrapartum care during the birth of her second child.

For Cleonie, a water birth was the pathway for healing the trauma of her past experiences (see [Figure 2](#)). She chose the image of a Black woman labouring peacefully in a birthing pool enfolded by the arms of her partner. The midwife looks over the partition wall, waiting patiently for the birth. Cleonie accentuated the image with large pen strokes and a green frame, writing beneath it: 'the goal'.

Black women born in the UK are increasingly aware of the racial disparities they face in maternity care (Horn et al. 2023). Cleonie displayed in her composition how race, racism and racialisation is an embodied experience. On her leg, she framed a photo of a midwife with darker skin and vivacious auburn curls, holding a picket sign which reads: 'Pregnant People's Rights Are Human Rights' (See [Figure 3](#)). In her own handwriting, Cleonie wrote beneath the image: 'As a Black person my rights are so important, being aware of the disadvantage that we may face because of my colour'. It became clearer that a waterbirth, for Cleonie, was a vehicle of restoration to heal from previous trauma incurred through her last birth, and perhaps also a reclamation of her rights as a Black pregnant woman, to be pregnant and birth free of racism, discrimination or harm.

Skillfully, Cleonie sketched an image picturing her husband and herself with their daughter and new baby, a son. She felt it was important to be surrounded by her family as they provided a 'happy place' (see [Figure 4](#)). The image was located on the left side of the body, slightly to the left of the breastbone and home of the heart. She wrote the following words around the image: 'safe', 'joy', 'secure' and 'comfort'. At the crown of her body map, embellished with hand-braided yarn to depict her long, beautiful box braids, she wrote 'Mindset!'. In many ways, despite the challenges of her past, Cleonie found that having a positive 'mindset' was important to achieving her goal of a waterbirth, a representation of life affirming maternity care experience.

Nazma

Nazma's body map captures the layers of past and present pregnancies and births held within the body as illustrated in [Figures 5](#) and [6](#). Nazma's pregnancy sadly ended shortly after she completed the map. In a post-body-mapping-session interview, Nazma shared with me that at a sonography appointment she and her husband learned that her baby had died around 20 wk gestation. At the time that Nazma constructed her body map, she nor anyone else suspected the tragedy ahead but the grief she shared with me in her later interview also shaped the interpretation and meaning making ascribed to her body map.

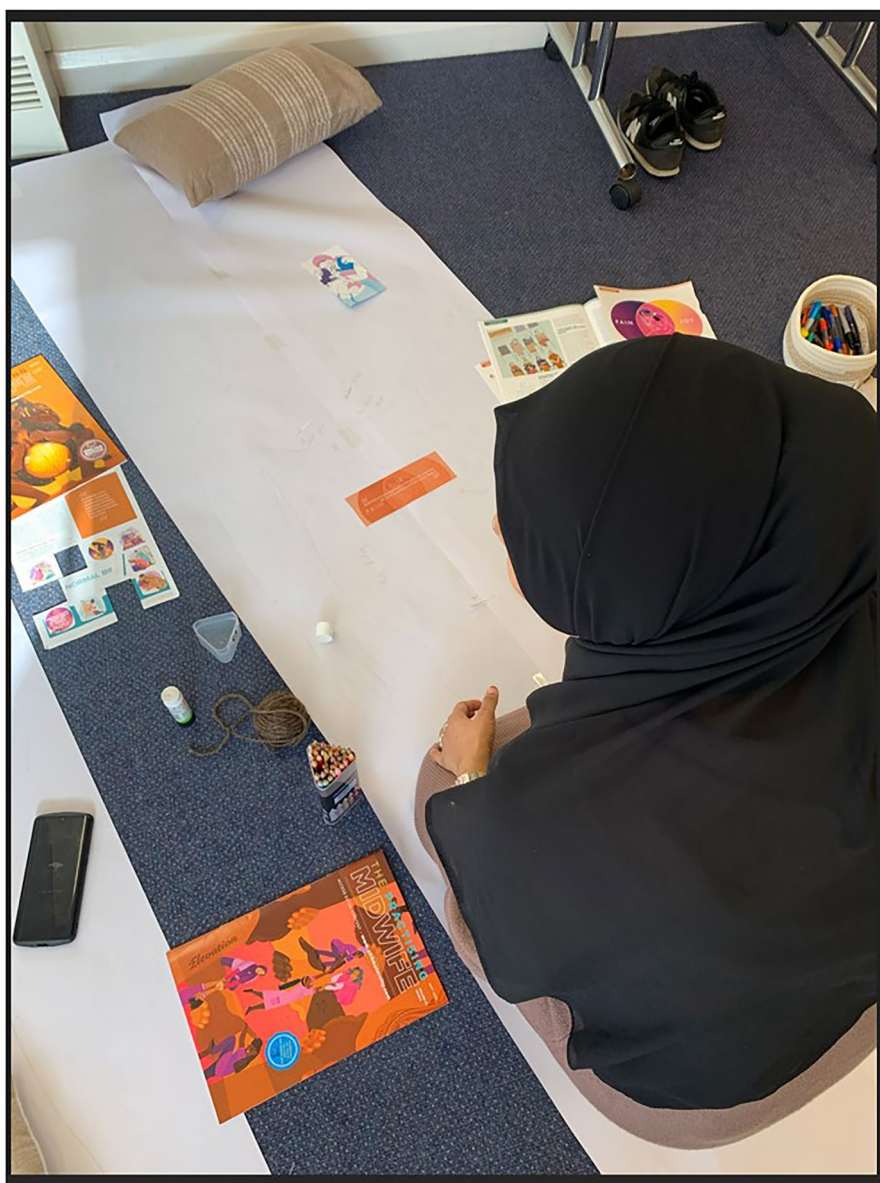


Figure 5. Nazma.

Nazma was a South Asian woman of Pakistani heritage, with strong familiar ties to the local area. She wore a hijab and depicted it in the body map. References to her Muslim faith was made most notably in later discussions about the death, birth and burial of her beloved son.

Figures 5 and 6, depict earlier stages of Nazma's body map. Nazma was a mother of 3 children, the younger 2 were very connected to 'the bump'. Nazma's growing belly became a vehicle for connection to the baby, not only for her, but her other children as well.

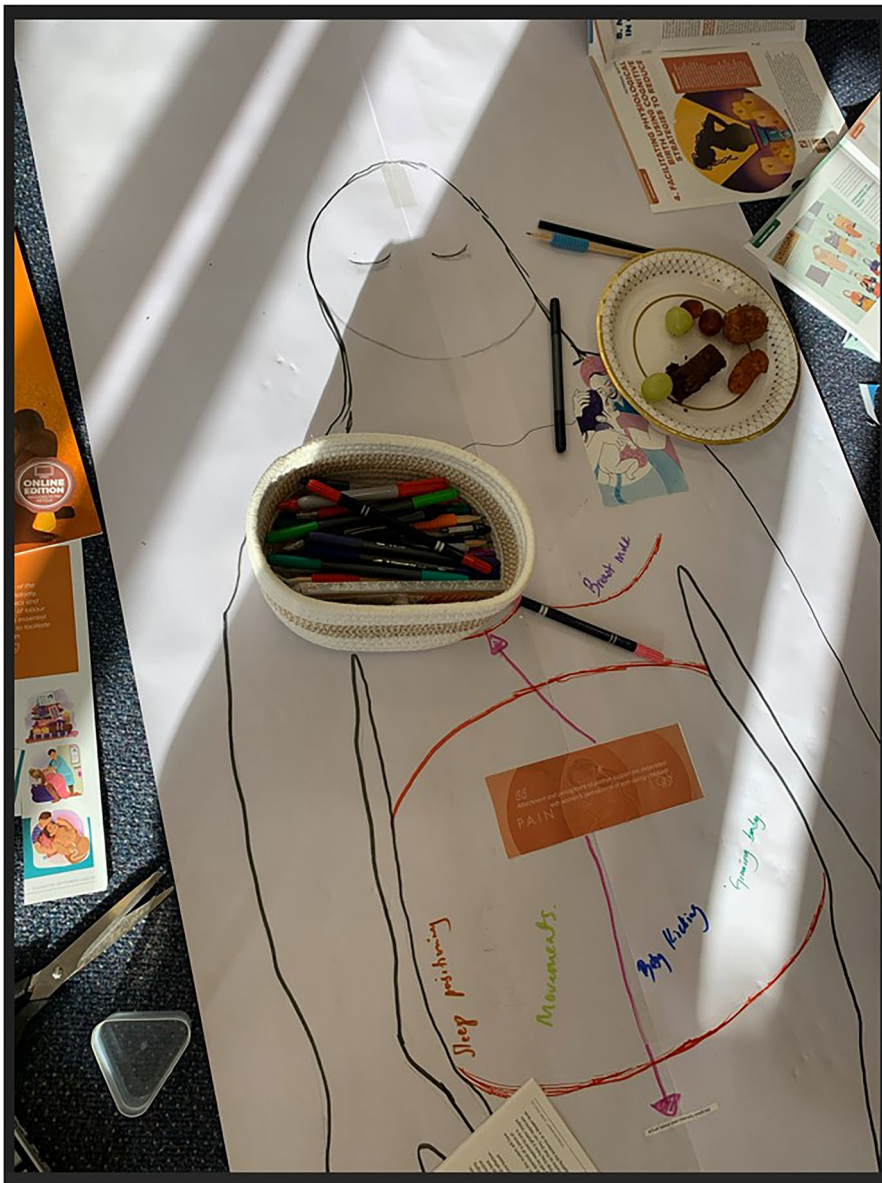


Figure 6. Nazma 2.

Nazma described in conversation the complexities that many women juggle with a young family. On her body map, within the silhouette of her hijab, Nazma drew closed eyes with dark grey streaks to depict her fatigue and tears streaming on both sides. An arrow, rooted in the inner corner of her left eye, points to the caption she wrote: 'Tired, Lack of Sleep, Emotional, Stressed'. Many women in group care describe how the presence of their male partners helped in understanding the experience of pregnant women (Heberlein et al. 2016), and Nazma also felt that involving her husband in group care might help to spark conversations between them about her own experiences of pregnancy. Hearing from different

mothers and their experiences motivated Nazma to take part in group care, 'It makes you think that you're not the only one who is suffering...every pregnancy is different and to hear that is just amazing'.

Nazma illustrated her breasts—not every woman did this—emphasising the significance that her breasts, breastfeeding and/or breast milk played in her current and previous pregnancies, births and postnatal experiences. Within the drawn breast cups, she made a collage with illustrations. On the left side was an image of two darker skinned women, enclosed and kneeling on the floor surface: one, a midwife and the other, a mother with a newborn baby at her breast. Nazma writes near this image: 'Helping with breastfeeding; Too much milk; Odd-shaped breast'. On the right side, she pasted another illustration of a smiling midwife wearing a hijab, reaching into the birthing pool to embrace a mother holding her newborn. Under this image, she writes: 'breast milk'.

In the centre of the womb space, Nazma pasted a clipping with a red background and bubbled letterings which read: PAIN. The accompanying quote from the journal says: 'Attachment and perceptions of partner support are associated with women's perceptions of pain during childbirth'. Nazma draws a glaring, hot pink arrow from this cutting to the left breast, perhaps indicating that previous breastfeeding experiences had not been easy. Filling the vast space of the belly, Nazma wrote: 'sleeping position; movements; baby kicking; growing baby'.

She marked the part of her body where her baby was positioned and even the side on which she slept every night to cope with pain she experienced not only in this pregnancy, but also pregnancies past. During the session, Nazma told me a story of where she fell walking down the stairs whilst she was pregnant with a previous child. She described feeling pain, which only occurred during pregnancy, in that same area—again and again in every pregnancy since.

After Nazama and her husband learned that their son no longer had a heartbeat, she prepared to give birth. Though she had previously lost twins in the first trimester of a previous pregnancy, she described this experience as a moment quite different. Nazma said, 'We had him in the hospital room with us throughout the whole night until the next day. I had a feeling that I wanted him to just cry...I was just hoping for a cry so that I could pick him up'. To return home without a growing 'bump' ignited curiosity amongst Nazma's older children and she found it was a trigger point for her sadness. Midwives from the group care sessions reached out to her. She was offered and accepted counselling sessions which she said helped. 'Allah gives, and He takes. I understand that. It's just hard to forget'.

Marlowe

Marlowe was a Black-mixed race woman of dual heritage which included Irish parentage and described herself as a first-time mum. Marlowe filled her body map mostly with anticipations of birth and early motherhood whilst simultaneously describing how she presently coped and prepared. Marlowe's depiction of her pregnancy highlights how the body for some women not only houses the past but the future as well. [Figures 7-8](#) illustrate Marlowe's body map, depicting a flurry of thoughts, emotions, feelings and physical sensations of a mother-to-be.

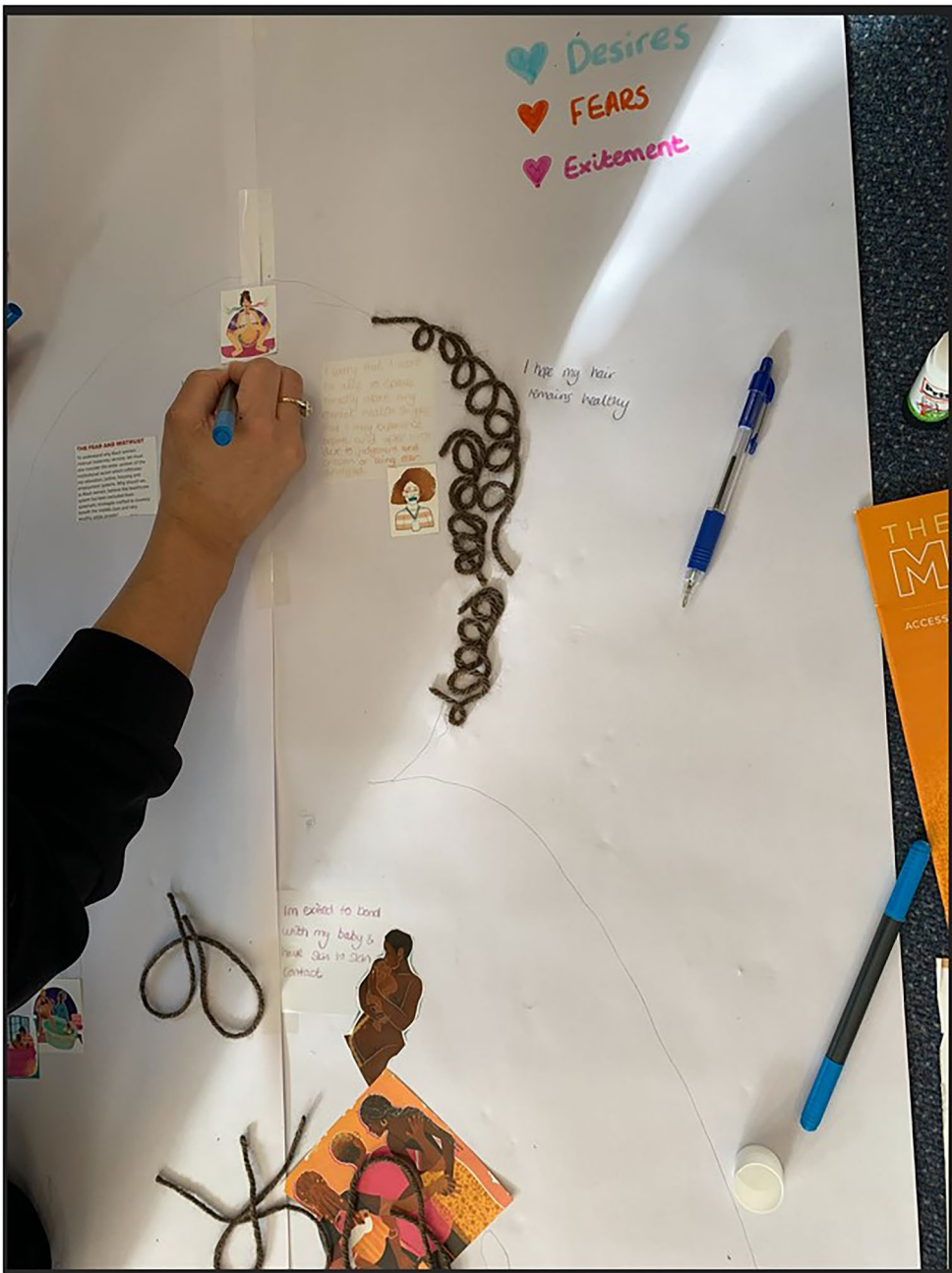


Figure 7. Marlowe.

Similarly to Cleonie, race, racism and racialisation informed Marlowe's embodied experiences of pregnancy, and this was clearly demarcated on her body map through an excerpt from an article in TPM: 'The fear and mistrust - as a Black woman entering the maternity care system.' Intersecting with the systemic and institutional gendered racism which impact Black women, Marlowe highlighted how many elements are a source of anxiety, shaping

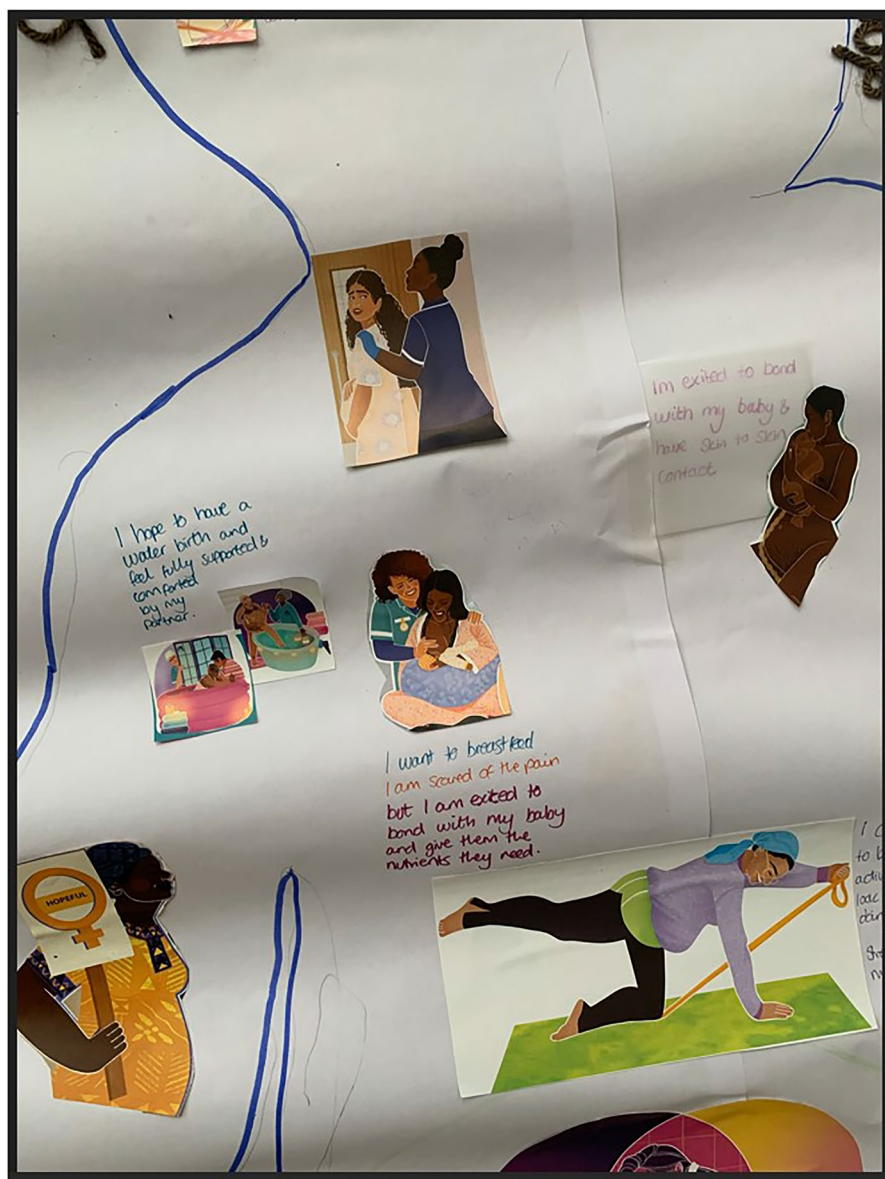


Figure 8. Marlowe 2.

her experiences of pregnancy. She wrote on her body map, 'I worry that I won't be able to speak honestly about mental health struggles that I may experience before and after birth due to judgement, criticism or being overanalysed'.

The iconography, collages, words and illustrations in Marlowe's body map reverberated processes she developed to work through potential predicaments of her future self in experiences of late pregnancy, birth and early motherhood. The worries of the unknown, however, did not overshadow the joy Marlowe captured of her ever-changing body, decorated with love hearts and captions such as, 'I love taking pictures of my growing bump', accompanied by an illustration of a pregnant woman of colour with long dreadlocks tied in a ponytail, holding a mobile phone.

Black communities often make efforts to be beautifully resilient in a society rife with racism and systemic oppression (Mullings 2005). Marlowe envisioned an active lifestyle after pregnancy to maintain her health and wellness. She applied clippings with women engaging in physical exercise. In her body map, Marlowe also showed acute awareness of the support she needed to raise her baby with her partner, 'I wish I had my mum around for support. I hope I can meet expectations culturally. It does take a village to raise a child.' Marlowe's inner dialogue was literally written on her skin.

Again, the water birth represented an encompassing, positive experience of maternity care. Marlowe wrote on her body map that she wanted to 'create a calm environment', signalling that she knows that she too is an active participant in her birth and the plans surrounding it. It seemed to me that Marlowe named through the design of her body map the 'adaptive behaviours' described through 'Sojourner Syndrome': physical exercise, supportive family relationships, breastfeeding, vaginal birth *via* water and providing her baby with the nutrients of breast milk. These adaptive behaviours provide 'a degree of emancipation from the constraints of race, gender, class, and age through acts of independence and self-determination that enabled many women to survive in a patriarchal society' (Lekan 2009).

Body mapping session at site Alpha, May 2023

Uma

Uma was the last to construct a body map as a part of the research. She arrived at the session with her husband and their baby boy, the only participant to create a postnatal body map. This provided an insight into the embodied experience of the postpartum phase. Uma was a South Asian woman and recently arrived from India before she became pregnant. She and her husband identified as first-time parents. Figures 9 and 10 showcase Uma's body map composition.

During the session, Uma described having a relatively straightforward pregnancy; however, like many women of colour in my fieldwork, gestational diabetes was raised as a potential concern for her. Racially and ethnically minoritised and immigrant women are more likely to develop gestational diabetes (Erбетта, Almeida, and Waldman 2022; MacGregor et al. 2020) and the diagnosis process can sometimes be a racialised experience for women where race and risk become conflated (Horn et al. 2024). Uma's labour was induced, and after the labour process was slow to progress, she had an emergency caesarean section.

Uma constructed her body map into two halves (see Figures 9 and 10). The left side of the composition represented her experience of pregnancy, and the right side depicted her experience after birth. Through illustrations, Uma created eyes. Under the pregnant figure she inscribed, 'see myself as a pregnant woman' and beneath the figure of the woman with a newborn, 'see myself as a mother'. In an array of colours, she wrote descriptors of the pregnant and postnatal self. From crown to heel she described changes in her: nails, hair, breasts and belly—down to recreating the scar from her caesarean section. Uma shared with me the initial difficulties she found with breastfeeding, 'After my caesarean, it took 3 or 4 days for my body to make milk. For me, initially my body was using [its energy] to heal the wound and recover'. In this statement, Uma alluded to how she made sense of seemingly low milk supply in the early postnatal days.



Figure 9. Uma.

Through images and phrases spread across her body's map, Uma illustrated nesting, planning and preparing during pregnancy. On the left side of 'the bump' around a clipping of a darker-skinned pregnant woman, she wrote: 'Focusing on baby's health and wellbeing'. On her left leg, below a clipping of a figure which read in bubble letters, 'Quantitative. Qualitative. Scale Rates', she wrote, 'Prepared for Birth'. This piece of Uma's story indicated that she put a lot of time into preparing for the arrival of her child, learning how to care for him and how to be a good parent. Preparing to be a parent—attending antenatal classes, reading books and fact finding—became synonymous with data collection, as the clipping represented mixed-method research.

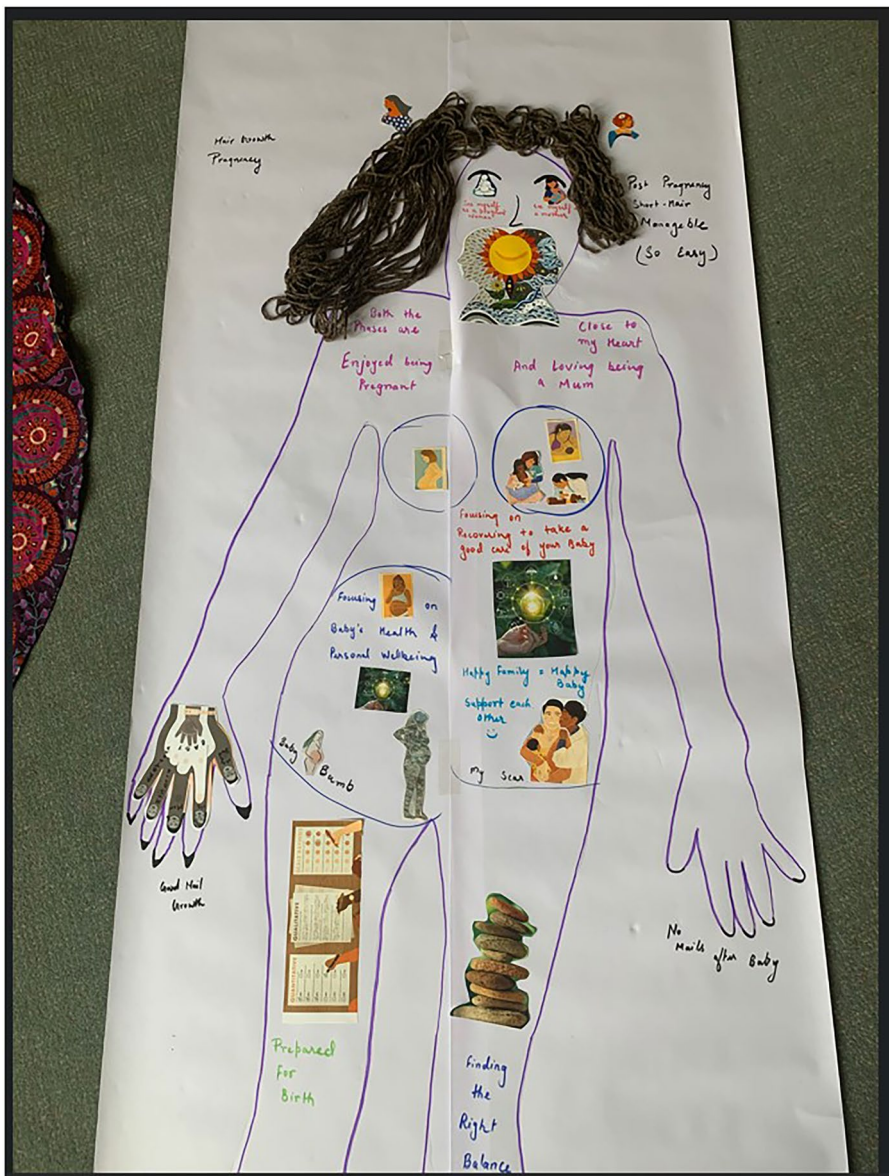


Figure 10. Uma 2.

The birth of Uma's son transported her from the theoretical to the practical. She wrote on the right leg, underneath a stack of smooth stones, 'Finding the right balance'. Mixed amongst the imagery of families and common neonatal health checks, she writes, 'Focusing on recovering to take good care of your baby' and 'happy family = happy baby'. The pregnancy period was an exercise in theorising about how to nurture her baby, and the period after childbirth was where Uma put it all into practice—realised and embodied skills, knowledge and instincts.

Final reflections

Body mapping can be therapeutic for participants, unearthing experiences of and within the body which may be joyful, surprising and maybe even unsettling. The method illuminated experiences which live below the surface of words and deep within the body. Ian Baucom (2001) said, 'time does not pass, it accumulates', and body mapping taps into accumulated lived experiences. Toni Morrison describes these accumulated lived experiences as 'rememory'—recollections of hidden memories, almost like the haunting of a ghost; and Black feminist hauntology builds upon the socio-philosophical study of these ghosts to locate histories of race-making, slavery, colonialism and land occupation (Saleh-Hanna 2015). This research found body mapping as a method complementary, if not an alternative, to the ubiquitous interview, illustrating an ability to capture what haunts or in other words is accumulated within women's lived experiences. For example, Cleonie carried with her emotional scars from the birth of her eldest daughter, and through the body mapping exercise she brought forward Black women's realities: racial battle fatigue from systemic and institutional racism. Cleonie's anxiety and concerns about racial discrimination in the UK's maternal healthcare system is reflective of historically situated, systemic short falling. This becomes a factor for her to consider as she navigates the maternity care system. Marlowe draws on 'adaptive behaviours': physical exercise, supportive family relationships, breastfeeding, vaginal birth *via* water and providing her baby with the nutrients of breast milk to provide 'a degree of emancipation from the constraints of race, gender, class, and age through acts of independence and self-determination that enabled many women to survive in a patriarchal society' (Lekan 2009). 'Rememory' was captured through Nazma's composition and accompanying narratives (Saleh-Hanna 2015), interactions between past and present birth traumas which imprinted her experience. Uma dichotomised pregnancy as a stage to gather and collect new knowledge; and motherhood as the opportunity to put theory into practice, often recapitulating how experience is also a teacher.

With roots in philosophies derived from white European men such as Edmund Husserl and Martin Heidegger, phenomenology has formed foundations to explore the experiences of people from diverse backgrounds (Davidson 2017). However, the focus on words to convey lived experiences erases the more rounded, sometimes buried occurrences which influence embodiment such as stories captured here. Anthropologist, Leith Mulling, invites us to '...understand race, class, and gender as relational concepts: not as attributes of people of color, the dispossessed, or women but as historically created relationships of differential distribution of resources, privilege, and power, of advantage and disadvantage' (Mullings 2005). This framework for body mapping as a method helped to explore, understand and disentangle pregnancy and postnatal experiences of Black and South Asian women, making the phenomenological investigations sharper, layered with an ability to visit experiences just below the surface.

An unexpected finding in the process exposed how I, a Black woman and researcher, marginalised both within academia and wider society, had to lean into and share this part of myself. Building upon feminist methodologies which strive for less-hierarchical research dynamics and are less engaged with illusions of objectivity (Craven and Davis 2016) helped to connect and build rapport with participants, making sense (*via* theory,

analysis) of these precious stories. Black British feminist, Heidi Mirza, describes disclosing private information about ourselves as a decolonial teaching practice in a world where white male theorists are left unexposed behind the cloak of objectivity. She says, 'For Black women and women of colour visible difference means it is impossible to escape the body inside the teaching machine...we end up sharing private information to make a point' (Mirza 2008). Understanding feminist critiques of objectivity provides an additional tool to generate creative methods of data collection and supports Black feminist accounts of embodied social identities; and our reproduction as an embodied process that brings forth knowledge that deserves to be actively engaged, acknowledged and appreciated (Bolles 2013).

Incorporating body mapping as method in research on group care was intentional, not only to capture the intricacies of women's experiences but also to reflect a model of care which aims to equalise power dynamics, facilitate more agency in care and involve the facilitator as a part of the group. The philosophies of Black feminist practices such as reflexivity, centring marginalised voices, radical citational approaches, intersectionality and activism, helped to turn the gaze back on myself, the team and academia more widely, which helped to better engage how group care exposes the status quo of conventional maternity care.

Concluding points

Pregnancy, birth and the transition to motherhood is a deeply embodied, personal, cultural, psychological, physiological, emotional and spiritual process. Body mapping as a method to explore pregnancy and birth experiences, and particularly those of Black and South Asian women in the UK, taps further into the nuances of women's lives that fit in and go beyond the health care system. Black and other racially minoritised women researchers, as well as the inclusion of Black feminist theories, may help to reach deeper race-related conversations. Care and consideration for the materials and techniques used to execute the body maps should always be inclusive with varying options to help participants engage in the work. This method in the context of group care research was essential in linking key elements of the model: non-hierarchical, dynamic, interactive group work. Black feminist methodology paired with body mapping methods showcase how deeper understandings of women's embodied knowledge provides a more holistic insight into their life worlds, and positioning women in maternity care as knowledge producers helps to make health and social care more transformative, life-affirming and culturally safe.

Notes

1. In this text, British anthropology refers to the broader national and disciplinary context, which encompasses traditions, institutions, and debates that have developed across Great Britain. 'England' is used to denote the specific ethnographic context of the research; this distinction reflects the difference between national academic frameworks of the discipline and the localised study field site.
2. Full permission to use all images and quotes from *The Practising Midwife* journal.
3. The names of the participants and certain identifying details have been changed to protect their anonymity.

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Author contributions

CRedit: **Anna Horn**: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Writing – original draft, Writing – review & editing; **Susan Bradley**: Supervision, Writing – review & editing; **Christine McCourt**: Conceptualization, Supervision, Writing – review & editing.

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