

The Gates Foundation Discovery Center

Designing Motherhood Interpretive Audio Tour

An Acoustiguide Tour

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NOTES:

This document contains the second written draft of the audio tour, based on audio interviews collected from Juliana Rowen Barton, Michelle Fisher, Amie Bishop, Angela Garbes, Dila Perera, Mercedes Snyder, Cyril Engmann, Rebecca Mauldin, and Ari Robbins Greene.

Contracted length: 3,000 words = 20 minutes

Total word count: 3,677

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STOP LIST

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1. INTRO

[Post suggestion: Contemporary, thoughtful music. Cool synth, but not too interruptive]

NARRATOR:

Alison Cronney Moses is an artist well known for her wooden sculptures. But when it came to the piece in front of you called *My Belly*, her process was a bit different.

Designing Motherhood curator, Juliana Rowen Barton.

JULIANA ROWEN BARTON:

Alison is an incredible woodworker who normally has really, really, really tight seams in her woodworking. And so you can't necessarily see where the pieces come together. [00:06:17]

NARRATOR:

Designing Motherhood curator, Michelle Millar Fisher.

MICHELLE FISHER:

[S]he's a woodworker trained at the Rhodes Island School [00:07:28] of Design. But here has deliberately chosen to let these seams be open so that they [00:07:41] speak to the experience of having this condition, diastasis recti.

NARRATOR:

Diastasis recti is a common condition in pregnancy where the muscles of the torso separate to make room for the growing fetus and don't reconfigure themselves in the postpartum period.

Designing Motherhood: Things that make and break our births focuses on the designs and devices used in the reproductive experience, but it focuses equally on the stories and experiences of birthing people who encounter those objects. Like many of the things you'll encounter in the exhibition, this black and white photo triptych by Deb Willis called *I Made Space for a Good Man* has an incredible story behind it.

MICHELLE FISHER:

[I]t [00:10:09] was an image that was taken in the 1970s when Deb was pregnant with her son. She had just graduated. // And she had been told when she was an art student that she was taking up the space of a good man. She was going to just get pregnant, get married [00:10:36] and she was going to be a waste of a degree that was going to be conferred upon her.

[I]f you look really closely you see the text // where she repeats that sentiment expressed to her by a [00:11:18] professor. "You're going to take the space of a good

man.” And as it moves across to the righthand side of the work, you see that she says exactly what she did do, which was make space [00:11:28] for a good man. And indeed she did. She gave birth to her son Hank Willis Thomas, who is also a very well-known artist.

[00:10:41] And so she obviously proved that professorial judgement wrong. [S]he went on to become, and is currently, the head of the fine arts program at New York University. // [00:10:55] She’s a MacArthur Genius Award winner. (Laughs) So well done her.

NARRATOR:

Despite Willis’s considerable accomplishments, she didn’t release this work publicly until 40 years later, at the urging of her son. This was in part due to the professional pressures to hide her work about pregnancy.

JULIANA ROWEN BARTON:

These are two really, incredible, strong Black women whose voices come through clearly in their work. // [00:16:56] [I]t’s great to have the exhibition // start off with them.

NARRATOR:

I’m Sarah Bloom, Exhibitions Curator at the Gates Foundation Discovery Center. I’ll be your audio tour guide. Let’s move into the exhibition and hear more stories from a diverse group of experts and practitioners from the Seattle area whose experiences will bring the designs and devices of the reproductive journey to life.

[Word count: 537]

2. MENSTRUAL CUPS

ANGELA GARBES:

[M]enstrual cups were first developed in the 19th century, so this isn't a new idea. Obviously people have been menstruating and having periods since, since the [00:04:21] dawn of people (Laughs).

[Post suggestion: Newsreel sound or bustling sounds of Times Square]

NARRATOR:

Imagine an image of the menstrual cup in front of you on a thirty by forty-foot billboard in Times Square. In 1961. It's hard to believe that such a thing happened! But menstrual cups are some of the oldest still-existing products for periods. They've been around for longer than pads and tampons. Leona Watson Chalmers, a Broadway actress, tried to popularize cups in the early 1960s. So why did her company fail, and why don't more people use cups? Angela Garbes is the Seattle-based author of books on parenting, mothering, motherhood and care work.

ANGELA GARBES:

[W]e didn't [00:06:19] understand what menstruation was for a long time. // Pliny the Elder, back in Greek times wrote about how menstruating people, if they entered a room // flowers [00:06:33] would wilt and die, right? There's a lot of misunderstanding and shame around // this really basic process.

I think that keeping [00:05:35] it as something that's dirty, that's a mess that you have to dispose of, sort of keeps menstruating people and women quiet and ashamed of this very very basic biological process which is the [00:05:51] foundation of human health and reproduction.

NARRATOR:

Menstrual cups require users to come into contact with their own bodies and bodily fluids.

ANGELA GARBES:

[T]here's nothing wrong with these things. They're [00:10:53] completely normal. [00:10:54] [I]f people had a better understanding of // periods and menstruation, we'd have a healthier society.

NARRATOR:

As cultural attitudes surrounding menstruation shift, the menstrual cup has continued to gain in popularity. Since over a quarter of the Earth's population needs affordable, sustainable menstrual products, that popularity is likely to continue growing.

[word count: 315]

3. FERTILITY CHART

NARRATOR:

This chart, designed by Toni Weschler in 1996, charts major signs of fertility over time. Seattle-based global health and human rights consultant and advisor for OutRight Action International Amie Bishop has experienced the power of using Weschler's chart firsthand.

AMIE BISHOP:

[00:02:42] [W]e felt strongly about using this tool // to map when our fertile times were. [00:02:56] [T]hat autonomy and that sort of self-awareness about one's fertility was very empowering.

NARRATOR:

Archeological evidence suggests that humans have been tracking fertility in some way since the Paleolithic era. Weschler's chart and book, *Taking Charge of Your Fertility*, refined the practice. The autonomy that the fertility chart provides was especially important to Amie and her wife during the mid-1990's.

AMIE BISHOP:

[00:06:17] Toni Weschler's book was really such a gift to us at that time because it enabled us to really take charge, as the title of the book says // of our [00:06:32] fertility without necessarily having to interact with the healthcare system. Which, at the time, remained fairly homophobic.

NARRATOR:

In addition to giving those who *want* to get pregnant the power to do so, having the kind of "body literacy"—or, the ability to know and understand one's own body--that Weschler's fertility chart gives also empowers people who *don't* want to become pregnant.

AMIE BISHOP:

Regardless [00:23:53] of our sexual orientation or our gender identity. Wherever we are. Whether we're, we're married or whether we're single, or whatever our situation may be...

[00:16:16] I think that // these kinds of tools are really important. [C]ertainly in countries where contraception is not [00:16:32] sufficiently available, for women being able to monitor their fertility both to become pregnant and to avoid pregnancy is really critical.

[word count: 286]

4. C SECTION DRAPE

NARRATOR:

Caesarean Sections were named for Julius Caesar who, according to legend, was cut from his mother's womb when she died just before his birth.

DILA PERERA:

[00:05:29] It's a major surgery.

[00:05:04] [I]t involves //an incision through the abdomen and the uterus so that the baby's brought forth that way, as opposed to vaginally.

[00:13:40] There are a lot of reasons to have a C section. Some of them are medically necessary and urgent. They can also be an elective procedure.

NARRATOR:

That's Dila Perera, executive director of Open Arms, a Seattle-based organization that provides community-based support during pregnancy, birth, and early parenting.

Though C sections are the most performed surgery in the world and no doubt a life-saving innovation, there are drawbacks: They can be frightening, delay bonding between parent and infant, and potentially complicate breastfeeding. That's where the C Section drape comes in.

In many Western hospitals, once the baby emerges, medical staff pass the baby through or over the surgically protective drape to the parent for immediate contact.

DILA PERERA:

It //allows for the medical team to finish the procedure of the birth, which includes // [00:17:49] closing the incision and many other things that will take place while the birthing person is holding their baby.

NARRATOR:

C Section drapes are simple, ingenious tools that facilitate initial skin-to-skin contact while maintaining a sterile surgical environment. There have been many innovations as the drape has evolved. For example, the one you see here has an additional section that expedites that first contact between baby and parent.

As a former doula, Dila knows more than most about the birth experience. So when her own pregnancy stalled, she knew the C Section was the healthiest option for her and her baby.

DILA PERERA:

[00:09:59] And that drape was a really important piece of allowing me to then meet my baby on my terms, in a somewhat private way, while the medical staff continued to care for me. [00:10:14] //And I will never forget that moment when my baby was passed to me over the drape and someone allowed me to meet my baby for the first time.

[Word count: 357]

5. BIRTH STOOL

NARRATOR:

Evidence suggests that birthing stools like this one have been around since 2000 BCE. Mercedes Snyder is a licensed midwife in Washington State.

MERCEDES SNYDER:

They are in art of different cultures, as far as Native [00:17:22] American, other parts of Africa, in Asia, and parts of Europe. [T]hey are even mentioned in hieroglyphics in Egypt. So they have been around for a long time, quite [00:17:40] some time. (Laughs)

NARRATOR:

The stool is just one kind of commonly used birthing furniture which differs culturally and historically. But why bring something that looks a little like a training toilet into the birthing process?

MERCEDES SNYDER:

[I]t is an incredible tool in that it works a lot with gravity. //[W]hen you think about, when you're [00:11:32] using the bathroom, most of us have been trained from toddler age that we sit on the toilet.// [00:11:50] So it's a very natural thing to sit in that fashion and be able to release things from your body.

NARRATOR:

Like obstetricians, licensed midwives are primary care providers who can order labs and ultrasounds. They are also advocates for pregnant people.

MERCEDES SNYDER:

[M]ost licensed midwives //will care for people at home too, after they've had the baby.

NARRATOR:

Midwives focus on birthing without medication and sometimes aid in homebirths. Because any birth can present challenges, the use of a birthing stool and other tools are often part of a midwife's practice. A midwife might bring in a birthing stool if other positions haven't been working well during labor.

MERCEDES SNYDER:

I would// bring it in // if someone has been pushing for a while and they're getting kind of tired, and they're just needing that extra support. // I would also bring in the birthing stool to //encourage the baby [00:15:04] to come down a bit lower kind of //where the birthing person doesn't have to put in too much effort, and just allows gravity and the baby to do their thing.

[word count: 328]

6. CARRYING BABIES

MICHELLE FISHER:

[I]t's nice to have [00:33:08] babies, especially very young infants, close to a caregiver. There's a warmth literally and emotionally that can be transferred through that. And also //when you are caring for an [00:33:20] infant // it's really important to be able to have your hands free to do any number of things while you're also multi-tasking and //moving around the world.

NARRATOR:

How best to carry a baby is a timeless, universal question. And the search for an answer has led to innovative designs from all corners of the globe. One solution in Western cultures has been the popular Snuggli.

Michelle Fisher is co-curator of the *Designing Motherhood* project.

MICHELLE FISHER:

[00:37:28] The Snuggli is the first mass produced baby carrier that was made here in the U.S. //Ann Moore who was [00:37:41] the original designer of the Snuggli //trained as a nurse, and she was amongst the first wave of Peace Corps volunteers who in the '60s went across the world. And she went to West Africa [00:37:54] where she saw carers carrying their babies using lengths of textile wrapped around them. //And when she got back to the U.S. and she became pregnant [00:38:05] //she created the first Snuggli //for her daughter and then some for other people who liked them. // [I]t became such a popular thing that they then were able to create [00:38:46] a multi-million dollar company out of Snuggli.

NARRATOR:

A similar solution for baby carrying is called the “rebozo”.

MICHELLE FISHER:

00:41:28 [T]he rebozo is a length of fabric that is traditionally used in countries in Central and South America. It has different specific nuances and cultural connections, based on the locality and [00:41:42] region. It's weave and the way that it is created as a textile might differ based on those regions as well.

NARRATOR:

The rebozo is also a multi-purpose item that can also be used as an aid during birth, worn as a garment, or used as a cloth to wipe or clean the baby.

The cradleboard is a baby carrying tool used by indigenous people in the U.S. including the Coast Salish people here in the Pacific Northwest.

MICHELLE FISHER:

[00:43:15] [A] cradleboard is an indigenous method of carrying children and keeping them safe and //warm. Cradle boards are as varied as the indigenous traditions across this territory [00:43:29] that we call the United States. They are incredibly important as artifacts. // But they are also very much living traditions.

NARRATOR:

Find out more about cradleboards of Pacific Northwestern tribes by visiting some of the many heritage sites, museums, and cultural centers in and around Seattle.

[Word count: 439]

7. BREAST PUMP

[Post suggestion: Sounds of a breast pump]

CYRIL ENGMANN:

[00:02:20] [H]uman milk is absolutely the best kind of nutrition for //any baby. It [00:02:30] strengthens the immune system, it makes them live longer, it makes them able to fight infections better.

NARRATOR:

Breast pumps, like the one you see here, are convenient devices that allow breast and chest-feeding parents some flexibility for work or other pursuits. But they are also life-saving tools. Cyril Engmann is a neonatologist at the University of Washington, Seattle Children's Hospital, and Providence Hospital and a senior director at PATH.

CYRIL ENGMANN:

//It prevents every year over 823,000 deaths in children under the age of five—//that's 11 percent of under five deaths that are prevented by having human milk.

[00:05:50] There's a whole cascade of things that happens if you're not optimally nourished as a baby.// [00:06:53] [A]nd in many parts of the world, they succumb fairly quickly.

NARRATOR:

The breast pump also enables milk donations to be collected and distributed by milk banks.

CYRIL ENGMANN:

//[L]actating women, who may have an excess supply of milk, or who// [00:15:08] want to continue lactating for a little bit longer after they've weaned their babies off, will donate, or sometimes even moms who've lost a baby, as a tribute to their baby, will actually [00:15:22] //commit to making regular donations to a human milk bank.

NARRATOR:

Until now, there have been no global standards governing how and at what temperature milk is stored at milk banks. But the State of Washington and the NGO PATH are seeking to change that.

CYRIL ENGMANN:

[00:17:55] The State of Washington //and some key leaders within PATH, have been working [00:18:11] across the World Health Organization to set international standards for human milk banks, which is something that is really exciting.

NARRATOR:

In addition, PATH, and UW have been working with the Washington state legislature, advocating to ensure all babies in hospitals have access to human milk. To that end, PATH, UW and Seattle children's Hospital, with support from the Gates Foundation, have been developing the "nifty cup," to provide babies with cleft palates access to nourishing human milk.

[Word count: 348]

8. NIPPLE SHIELDS

REBECCA MAULDIN:

[00:03:12] It's magical in reality.

[00:02:33] [M]other's milk adjusts to the needs of the child. [00:02:49] So if the child is starting to get ill and needs antibodies, the mother's body produces them, puts them in the milk and gives them to the child. It adjusts throughout the day// [00:03:00] throughout the growth of the child. // [T]he woman's body //reads through the saliva and through the child latch what the child needs// [00:03:12]. [I]t really is custom designed for the baby.

NARRATOR:

Rebecca Mauldin works for ChildStrive, an organization in Everett, Washington that supports families with young children. As a mother who breastfed her three children, she understands the importance of breastmilk.

The nipple shield you're looking at helps babies latch and stay connected to the breast.

REBECCA MAULDIN:

[B]abies are not born knowing how to [00:17:42] breastfeed; they have to learn just the way we do. It is a natural, normal experience, but it is still new.

[00:19:35] [I]t saved my relationship with breastfeeding with my first. [S]he just could not latch. //I was about ready to [00:19:47] give up. // [S]he was so tiny and screaming. And I was a [00:19:59] new mom, I was scared. And then a nurse brought in a nipple shield and she was like: "Let's do this." And she put it on there and// [00:20:10] and almost instantly, my daughter started nursing. And it //was amazing and wonderful. And it changed [00:20:23] my relationship with breastfeeding.

NARRATOR:

In addition to being a physical challenge, breastfeeding is also time-consuming and fraught with confusing cultural messages and a lack of accommodations for lactating people who need to pump.

REBECCA MAULDIN:

[00:03:54] [I]t can be really stressful. //It is heavily stigmatized and heavily encouraged at the same time. [00:04:14] // [M]oms are told 'You have to breastfeed, it's //the best thing you can do for your baby.' And then you're told like: 'Oh, don't breastfeed in public [00:04:22].' // '[T]hat's gross and we shouldn't do it; you should go do it in a corner.' (Laughs)

[Word count: 335]

9. SONOGRAM

[Post suggestion: Sounds of a sonogram screening—maybe the “whoosh” sound and/or the heartbeat]

ARI ROBBINS GREENE:

The sonogram was really the first time I was in somebody’s office who wasn’t my care provider, who was a// [00:07:25] medical professional. And that for me as a pregnant man, was really, really scary to have //an unknown set of eyes and hands on my body during //those early days of my [00:07:41] pregnancy.

NARRATOR:

Developed in the 1950s, the sonogram is a commonly used imaging tool that allows pregnant people and their healthcare professionals to track fetal health and development. It is simple, non-invasive and meant to, among other things, provide peace of mind.

Ari Robbins Greene is a plaintiff attorney and former Assistant Attorney General at the Washington State Attorney General’s Office. Ari describes himself as a “transmasculine person who presents as a man”. In 2019, he decided to become pregnant.

ARI ROBBINS GREENE:

[G]oing to my sonogram was a point during my pregnancy that I had to do //a lot of self-advocacy. //That’s how I saw my sonogram [00:11:07] was something that I was probably going to have to explain to the //person who’s just trying to do their job too, so it was not comfortable.

NARRATOR:

As a pregnancy progresses, a sonogram provides the first glimpse of the fetus’s genitalia, which, for many parents is an exciting and pivotal moment. But for Ari, a transgendered person, this aspect of the sonogram screening is complex and warrants a closer look.

ARI ROBBINS GREENE:

[T]o a lot of people looking at the unborn child’s genitalia //is supposed to determine to them what the baby’s gender will be. [S]ort of [00:12:53] //what box you will put them in in your mind, how you will think about them, how you will talk about them.

NARRATOR:

Though the words “sex” and “gender” are often used interchangeably, current science defines “sex” as a person’s genitalia and biology while “gender” is defined as a ~~social~~ ^{social} construct related to one’s internal sense of self.

[00:15:07] I remember lying there and //having the gel on my stomach, and having the worker look at me and ask me if I wanted to know the gender. [00:15:20] But I didn’t even think that was the right question (Laughs) because really all they’re able to see is // somebody’s underdeveloped genitalia.

[Word count: 374]

10. FINAL STOP

[Post suggestion: Contemplative synth music as a bed]

NARRATOR:

Juliana Rowen Brown.

JULIANA ROWEN BARTON:

[00:49:22] [T]he origin of this work, *Milksapes*, is some milk from a bottle spilling onto //a sheet of Mylar //and //the way [00:49:36] that breast milk //pooled and created a pattern onto the //surface.

NARRATOR:

The artist, Aimee Gilmore, created this piece in a moment of frustration. Co-curator Michelle Fisher.

MICHELLE FISHER:

Aimee was a full-time student, and also [00:50:36] a full-time mother. And she had pumped so that she would have enough to feed her daughter Maya, and then it spilled. And all of that hard work for her kind of went down the drain. She actually [00:50:48] left the studio and thought, “I can’t deal with it, I’ll get it tomorrow.” And came back and saw that it had made this amazing pattern on the Mylar, and from that she was able to think about this particular work.

I often think about how beauty can come from very trying circumstances //about the hidden labor around parenting, and especially [00:51:11] motherhood. This looks like a gorgeous object, but of course it represents the multi-tasking that Aimee has to do. //And so it’s a moment of reflection //to think about [00:51:24] the ways in which we care for people every single day, we are cared for, and to value those interactions, to think about how they sometimes aren’t valued socially, and to //[00:51:38] //reflect upon that labor and that work.

JULIANA ROWEN BARTON:

I love the way //she really thinks about the objects of everyday life as it relates to motherhood and parenthood, and caregiving. And focusing on [00:53:35] that allows us to think more deeply about //relationships to these objects.

NARRATOR:

And that is what we have tried to do in *Designing Motherhood: Things that make and break our births*. We hope that the stories shared have provided new perspectives on these tools and the arc of reproduction.

Being born is what bonds all living things. Being conscious of the policies developed around it, the devices and programs we employ...these are not just the concerns of women and birthing people. They affect us all.

We hope you've enjoyed this audio tour.

[Word count: 358]