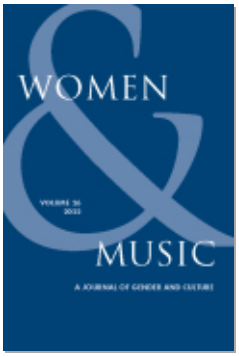
Contractions and Cries during COVID: The Traumatic Soundscapes of Lockdown UK Hospital Maternity Wards

Meinhart, M.

Women and Music: A Journal of Gender and Culture Volume 26

Contractions, Cries, and COVID: The Traumatic Soundscapes of UK Lockdown Hospital Maternity Wards



Michelle Meinhart

Women and Music: A Journal of Gender and Culture, Volume 26, 2022,
pp. 148-169 (Article)

Published by University of Nebraska Press
DOI: https://doi.org/10.1353/wam.2022.0007

Contractions, Cries, and COVID

The Traumatic Soundscapes of UK Lockdown Hospital Maternity Wards

Michelle Meinhart

For my lockdown London "mum friends"... and "Little Olive"

I gave birth in a London hospital in early summer 2020 and, after developing postpartum preeclampsia, spent a subsequent week feeling "imprisoned" within a maternity ward's soundscape. Indeed, within eight hours of my daughter being born, as I lay in the hospital bed coming down off anesthesia and jacked up on Vicodin and hydrocodone, I shared over WhatsApp with a friend (the coeditor of this partial *Women & Music* special issue on music, sound, and maternity) how prominent sound was already becoming in the narrative I was creating about the day my daughter entered the world. And that summer and autumn, as I continued to process what had happened to me, I noted the growing social media reaction to the challenges and trauma of COVID lockdown births. I observed how many new mothers foregrounded soundscapes of delivery rooms and maternity wards and drew on sound in describing their traumatic experiences—both in how they used sound technologies and in how they felt assaulted by sound.

Although modern delivery and maternity wards present numerous human and technological sounds, the ongoing global challenges of the COVID-19 pandemic and subsequent lockdown of UK hospitals in 2020 and 2021 variegated these soundscapes. While sounds of medical equipment and the cries of babies remained, patients and staff were largely silenced. The barrier of face masks stifled personal exchange, and the anticipated joyful conversations of visiting family and friends were absent as mothers and babies spent their first days together alone. As I explore, sound has been central to navigating this experience—specifically how mothers have processed hospital soundscapes and harnessed sound technologies to mitigate and re-exert control over the traumatic experiences of lockdown

delivery and maternity. Music streaming, messaging, and video calls—all often consumed via earbuds or headphones—have helped ameliorate the traumas of lockdown deliveries and mute the sounds of distress of other patients in situations of shared wards.

I propose that we can understand this navigation of internal and external environments via sound technology as a dialectic between Michel Foucault's "disciplinary" and Gilles Deleuze's "modulatory" modes of power.[1] Since Foucault's identification of the hospital as an enclosure or mold, the hospital has long been recognized as a site of disciplinary power, alongside other institutions of the state, such as schools and prisons. But as Deleuze has argued, these sites of disciplinary power began to shift in the digital age; institutions, cultural shifts, and relationships have entered into a new mode of power termed "control" or "modulation," which is propelled by digital technologies. This process does not produce the individual (a product of the disciplinary mode, which dominated society from the Enlightenment to the late twentieth century) but rather procures what Deleuze calls the "dividual." While used to theorize a wide variety of institutions and aspects of life in the modern, postmodern, and digital ages, these theories have not yet been applied to the institutional control of the maternal body. I propose that this unique dialectic has been particularly robust in maternity wards during COVID, as the impetus of a new life and separation from family members has arguably heightened patients' desires to resist discipline. While the disciplinary mode has been amplified through restrictions, the modulatory mode has played out in several ways as maternal bodies have actively sought out ways to resist and escape the enclosure of the maternity ward.

I argue that sound technology has been key to mothers' coping endeavors, thus propelling this dialectic of discipline and modulation, and, by extension, self-care and trauma. I explicate the "discipline-control" paradigm in relation to mothers' use of sound technologies in lockdown maternity wards, framing these within Marie Thompson's concept of "reproductive sound technologies," to argue that mothers' seeking out of alternative environments via networks, sound devices, and apps within the disciplinary enclosure of the hospital ward becomes a self-imposed form of modulation. Drawing on Tom Rice's theorization of sound in hospital wards, I consider the effects of these reproductive sound technologies on the overall soundscape of the lockdown ward, highlighting the antitherapeutic and even traumatic effects of this modulatory practice on others.

My methodology is largely autoethnographic in that I draw on my own experience—that of a white, American ex-pat, middle-class, highly educated, able-bodied cisgender woman in a heterosexual partnership—in two separate maternity wards during the first COVID lockdown in England.[2] While I own these

1 Michel Foucault, *Discipline and Punish: The Birth of the Prison*, trans. A. Sheridan (Harmondsworth, UK: Penguin, 1979); Gilles Deleuze, "Postscript on the Societies of Control," *October* 59 (1992): 3–7.

2 The first and strictest COVID lockdown in England began on March 23, 2020, and ran through the summer; the second ran from November 5 to December 2, 2020. On December 21, 2020, England was put into Tier 4 restrictions, still a "stay-at-home" order. Shortly thereafter, the third national lockdown was announced; it ran from January 4 to April 12, 2021. For specifics on the restrictions, see Institute

experiences as personal, I support my analysis with other mothers' stories, as conveyed to me in interviews and conversations I had with UK-based mothers who gave birth in NHS hospitals between March 2020 and May 2021, and in accounts of UK lockdown maternity and birth shared on social media. As authoethnography, both a "practice and process," "seek[s] to produce aesthetic and evocative thick descriptions of personal and interpersonal experience,"[3] this analysis of my own experiences also includes the witnessing of others while I was in shared environments with them—whether maternity wards or the collective spaces of social media. Thus, like all responsible autoethnography, "relational ethics" are crucial.[4] To keep my observations of fellow patients and staff anonymous and private, I purposely do not name the London hospitals where I was a patient or the specific dates I was there. The social media posts I use are either public or from accounts that can be followed without prior approval, and the mothers I interviewed or had informal conversations with are aware of this article and are happy to be cited in it, using their real names.[5] Also following current standards in academic autoethnography, I integrate this analysis within broader contemporary political and social discourses, following Carolyn Ellis's observation that autoethnographic researchers work to "connect the autobiographical and personal to the cultural and social" by privileging "concrete action, emotion, embodiment, self-consciousness, and introspection."[6]

Key to this autoethnographic analysis is also my application of Foucault and Deleuze. It may seem ironic that an article on maternity draws on theory by two dead male French theorists, neither of whom acknowledged gender or the patriarchy in their theorizations of subjectivity and control. On the one hand, this has been the case because of the patriarchal structures of academia, as Foucault and Deleuze have been two of the most influential thinkers since the postmodern era. On the other hand, Foucault and Deleuze's usefulness for interrogating dominant systems of control has been widely recognized and critiqued. As Margaret MacLaren writes, "The relationship between Foucault and feminists has been alternately characterized as a dance, as complementary, and as contradictory."[7] Many feminist

for Government, "Timeline of UK Government Coronavirus Lockdowns and Restrictions," https://www.instituteforgovernment.org.uk/charts/uk-government-coronavirus-lockdowns.

3 Carolyn Ellis, Tony E. Adams, and Arthur P. Bochner, "Autoethnography: An Overview," *Historical Social Research / Historische Sozialforschung* 36, no. 4 (2011): 273.

4 Ellis et al., 281–82.

5 Several of these women contacted me and offered to share their experiences after they heard a preview of this article at the "Music, Sound and Maternity Roundtable," hosted by the MAMS Network at Durham University, June 18, 2021. These mothers, as well as ones I cite from social media posts and those from the hospital that I speak of anonymously, though all UK-based, were from a variety of races, ethnicities, and nationalities, and they did, and still do, appear to identify as cis, straight "women." But to be as careful and inclusive as possible, I use the term "new mothers" rather than "women," unless quoting from material that uses the latter term.

6 Carolyn Ellis, *The Ethnographic I: A Methodological Novel about Autoethnography* (Walnut Creek, CA: Alta Mira Press, 2004), xix.

7 Margaret A. McLaren, "Foucault and the Subject of Feminism," *Social Theory and Practice* 23, no. 1 (Spring 1997): 109. See also Maureen McNeil, "Dancing with Foucault: Feminism and Power/Knowledge," in *Up against Foucault: Explorations of Some of the Tensions between Foucault and Feminism*, ed. Caroline Ramazanoglu (London: Routledge, 1993), 147–75.

writers have drawn on Foucault readily, identifying and applying his rejection of metanarratives, emphasis on the body and sexuality, and deconstruction of the subject, in addition to critique of power structures.[8] Where Foucault and feminists tend to diverge, though, concerns Foucault's conception of the subject as an "always subjected, docile body, emmeshed in relations of power," versus feminism's commitment to "a conception of the subject capable and political and moral agency."[9] However, as Angela King argues, even though Foucault's "own analysis was curiously neutral," "despite his preoccupation with power and its effect on the body," this should not detract us from adopting and adapting his theoretical frameworks. In the process "his glaring omissions can be fruitfully exposed, explored, and remedied. . . . It is (an admittedly offensive) lacuna that demands to be filled."[10] King's formulation of "the female body as a particular target of disciplinary power . . . in modern society," and contention that "gender, specifically femininity, is a discipline that produces bodies and identifies and operates as an effective form of social control,"[11] is important to my positioning of the maternal body within the disciplinary control of COVID maternity wards.

As with Foucault, concepts such as woman, embodiment, identity, subjectivity, power, and desire can be rethought within Deleuzian philosophy.[12] As Hannah Stark writes, Deleuze's thought can "shock feminist theory into finding novel ways to think about sexual difference and what it means, socially, philosophically and materially, since Deleuze's theory combats oppressive structures of patriarchy" and "undermines the philosophical systems that have oppressed women since the Enlightenment."[13] Through "creatively destroying" the rationality and intelligibility of patriarchal systems and realizing a more flexible, nonbinary, and multifarious engagement with the world (which Deleuze outlined as "deterritorialization" or "lines of flight" elsewhere),[14] Deleuzian thought can inform a kind of feminism "that is fundamentally disruptive of current epistemology."[15] My positioning of new mothers' purposeful "disindividuation" and bodily resistance via creative use of personal sound technologies in COVID maternity wards very much rests on

8 See, for example, Susan Heckman, *Gender and Knowledge: Elements of a Postmodern Feminism* (Boston: Northeastern University Press, 1990); Sandra Bartky, "Foucault, Femininity, and the Modernization of Patriarchal Power," in *Femininity and Domination: Studies in the Phenomenology of Oppression* (New York: Routledge, 1990); Susan Bordo, "Docile Bodies: Foucauldian Perspectives on Female Psychopathology," in *Writing the Politics of Difference*, ed. Hugh J. Silverman (Albany: SUNY Press, 1991), 203–24; Jana Sawicki, *Disciplining Foucault: Feminism, Power and the Body* (New York: Routledge, 1991); and the essays in *Feminism and Foucault: Reflections on Resistance*, ed. Irene Diamond and Lee Quinby (Boston: Northeastern University Press, 1988).

9 McLaren, "Foucault," 109.

10 Angela King, "The Prisoner of Gender: Foucault and the Disciplining of the Female Body," *Journal of International Women's Studies* 5, no. 2 (March 2004): 29.

11 King, 29.

12 Key texts are Ian Buchanan and Claire Colebrook, *Deleuze and Feminist Thought* (Edinburgh: Edinburgh University Pres, 2000); Hannah Stark, *Feminist Theory after Deleuze* (London: Bloomsbury, 2016).

13 Stark, *Feminist Theory after Deleuze*, 1.

14 Gilles Deleuze and Félix Guattari, *A Thousand Plateaus: Capitalism and Schizophrenia*, trans. Brian Massumi (Minneapolis: University of Minnesota Press, 1987), 167–91.

15 Stark, *Feminist Theory after Deleuze*, 111.

this Deleuzian concept of creative destruction—or at least creative thwarting—of oppressive systems. Thus, in this analysis I use and adapt Foucault's and Deleuze's theories of power in an illustrative manner, but I do not use them exhaustively, following many other feminist scholars.

This article establishes several intersections between trauma theory, modes of power, and soundscapes of lockdown delivery and maternity wards. In doing so it contributes to the growing body of literature on the role of sound in relation to (1) the traumatic effects of the pandemic, much of it coming from the perspective of psychology,[16] and (2) the harmfulness of hospital sound on patients.[17] Musicology has paid scant attention to motherhood and issues of delivery and maternity, and much of the literature that does exist focuses on ways musical compositions represent these experiences rather than mothers' actual experience with sound and music during maternity or delivery.[18] This article also gives the first scholarly attention to a traumatic experience that countless new mothers have voiced in private and public channels—and that the UK press has covered—theorizing it within frameworks of discipline and control not normally associated with femininity, let alone motherhood. More broadly, I propose new ways for understanding how birth experiences have been silenced—not only by COVID restrictions but also through the ways that mothers, even in shared spaces, can silence each other.

#butnotmaternity

During the COVID-19 pandemic, while England's National Health Service (NHS) has put many medical treatments and surgeries on hold indefinitely,[19] maternity wards remained full and noisy but sealed off from the rest of the hospital and the world.[20] Unless one pays for a private room, *and* there happens to be a private room

16 Examples are Naomi Ziv and Revital Hollander-Shabtai, "Music and Covid-19: Changes in Uses and Emotional Reaction to Music under Stay-at-Home Restrictions," *Psychology of Music* 50, no. 2 (2021): 475–91; Hannah Gibbs and Hauke Egermann, "Music-Evoked Nostalgia and Wellbeing during the United Kingdom COVID-19 Pandemic: Content, Subjective Effects, and Function," *Frontiers in Psychology* (2021), https://doi.org/10.3389/fpsyg.2021.647891.

17 Examples are Madalena Cunha and Nélio Silva, "Hospital Noise and Patients' Wellbeing," *Procedia—Social Behavior Sciences* 171 (2015): 246–51; Ilene Busch-Vishniac and Erica Ryherd, "Hospital Soundscapes: Characterization, Impacts, and Interventions," *Acoustics Today* 15, no. 3 (2019): 11–18, https://acousticstoday.org/hospital-soundscapes-characterization-impacts-and-interventions-ilene-busch-vishniac-and-erica-ryherd/; Julie Filary et al., "Noise at Night in Hospital General Wards: A Mapping of the Literature," *British Journal of Nursing* 24, no. 10 (2015), https://doi.org/10.12968/bjon.2015.24.10.536; Laura L. Eggerston, "Hospital Noise," *Canadian Nurse* (2012): 28–31.

18 For example, see Susan McClary, *Feminine Endings: Music, Gender, and Sexuality* (Minneapolis: University of Minnesota Press, 1990); Emily Wilbourne, "Breastmilk, Exposed Bodies, and the Politics of the Indecent," *ECHO: A Music-Centered Journal* 14, no. 1 (2016), http://www.echo.ucla.edu/volume-14-1-2016/article-breastmilk-exposed-bodies-politics-indecent/; Victoria Malaway, "Musical Emergence in Björk's 'Medúlla'," *Journal of the Royal Musical Association* 136, no. 1 (2011): 141–80; Elizabeth Lindau, '"Mother Superior': Maternity and Creativity in the Work of Yoko Ono," *Women and Music* 20 (2016): 57–76.

19 NHS, "Delivery Plan for Tackling the Covid 19 Backlog of Elective Care," February 2022, https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2022/02/C1466-delivery-plan-for-tackling-the-covid-19-backlog-of-elective-care.pdf.

20 "NHS Maternity Services, England, 2020–2021," November 25, 2021, https://digital.nhs.uk/data-and-information/publications/statistical/nhs-maternity-statistics/2020-21.

available, shared rooms, holding four to six mothers plus their babies, are the norm in most NHS maternity wards.[21] This was certainly the case in the London hospital where my daughter, Emilia Jean Olive, was born via C-section, and whereafter we spent five days. I was lucky enough to be gifted a private room by the staff in Fetal Medicine because they had gotten to know me well: my age (geriatric pregnancy here!) and Emilia's Down Syndrome diagnosis at sixteen weeks' gestation had ensured that I had frequent sonograms. My experience with shared rooms comes from my time at a different London hospital, where I was sent by my community midwife after having been home with Emilia for just one night. I was kept there (without Emilia) for five agonizing—and arguably, traumatizing—days for what, after numerous tests and scans, was determined to be postpartum preeclampsia.

In the months that followed, I discovered I was not alone in feeling traumatized by my experience in lockdown maternity wards. On Instagram, Twitter, and various online forums like Mumsnet, mothers shared their stories of delivery complications and emergency surgeries, pregnancy in lockdown, unexpected diagnoses, severe postpartum illness, receiving bad news alone, and separation from new babies and other family. Like me, many new mothers found nurses' assistants, nurses, and midwives to be largely unavailable and unaccustomed to having to help new mothers so much—from getting out of bed the first time after a C-section, to showering, to changing the baby's diapers, to getting meals.[22] In the pre-COVID world, such jobs were often done by birth partners and visitors. Moreover, since all staff wore face masks and mothers were often required to as well, conversations were difficult and muted.[23] Skeletal staffing due to funding cuts, attempts at social distancing, illness, and midwives leaving the profession due to overwork and stress all contributed to this poor care new mothers have received.[24]

Many public celebrity figures and other women in the UK public spotlight have opened up about the challenges of lockdown delivery. For NHS doctor and

21 Procuring a private room most often depends on one's ability to pay for it, so socioeconomic factors impact who is in the shared rooms. The wealthiest mothers, or those with private health insurance, have the option to deliver babies outside the NHS hospital system, in private hospitals. In my research I did not encounter anyone who gave birth in a private hospital.

22 Even more than a year into pandemic, new mothers in hospital were still experiencing similar conditions, which they and their families and friends have continued to broadcast in social media. For example, Emilie K. M. Murphy (@emilieKMmurphy) tweeted: "Friend had emergency C section last night. Partner was sent home shortly after birth. She is now on ward on her own with her new baby and unable to move. What barbaric fool thought up the logic behind this? What kind of covid risk does dad pose at this point? @PregnantScrewed." Twitter, April 7, 2021, https://twitter.com/emilieKMmurphy/status/1379701075700252672.

23 Sandy Ong, "How Face Masks Affect Our Communication," BBC Future, June 8, 2020, https://www.bbc.com/future/article/20200609-how-face-masks-affect-our-communication.

24 Shaun Lintern, "Poor Staffing and Safety Fears Is Driving Midwives Out of the NHS," *Independent*, October 4, 2021, https://www.independent.co.uk/news/health/nhs-midwives-maternity-staffing-safety-b1931496.html; "New Mothers Left Alone and in Pain as Maternity Crisis Worsens," *Times*, February 6, 2022, https://www.thetimes.co.uk/article/new-mothers-left-alone-and-in-pain-as-maternity-crisis-worsens-cqxj9jghv; Andrew Gregory, "NHS Maternity Services Near Breaking Point," *Guardian*, October 24, 2021, https://www.theguardian.com/society/2021/oct/24/nhs-maternity-services-breaking-point-warns-top-doctor-uk; Nadine Schmitt et al., "Effects of the Covid-19 Pandemic on Maternity Staff in 2020–A Scoping Review," *BMC Health Services Research* 21, no. 1364 (2021), https://doi.org/10.1186/s12913-021-07377-1.

public figure Punam Krishan, sharing her trauma was also about wanting to help other women know they were not alone: "This pandemic has added layers of anxiety to pregnant women. . . . From absent partners at scans and births to isolation and lack of support in the community, a new wave of warrior mums have been born but for many, it has been traumatic."[25] Many mothers posted screenshots of newborn babies or themselves in hospital on video calls with their babies' fathers, using these poignant photos as opportunities to share their birth and maternity ward stories, including feelings of distress.[26] I too took one of these pictures myself while on Facetime with my partner, not so much to post (I didn't) but rather to document the surrealness of the situation and so that there would be a picture of Emilia with her father, even if only "together" in this technologically mediated space of the video call.

The lockdown trauma conveyed in these various online forums is substantiated with hard data. The UK Birth Trauma Organisation reports a significant increase in the number of women seeking support since the pandemic began. Kim Thomas, the CEO of the Birth Trauma Organisation, states that their studies and interviews with women "reveal a shocking lack of care of women during labour and birth," much of it due to chronic understaffing in the NHS.[27] The charity and campaign group Pregnant Then Screwed also reports similar anxieties and trauma among expectant mothers. Of the fifteen thousand pregnant women surveyed, 90 percent said "hospital restrictions [were] having a negative impact on their mental health," with 97 percent "saying that the restrictions ha[d] increased their anxiety around childbirth."[28]

This sharing gained momentum by September 2020, eventually leading to the #butnotmaternity movement and creation of a Change.org petition calling for lifting restrictions in maternity wards.[29] The UK press also began to cover these issues and criticize NHS policy.[30] #butnotmaternity highlighted the discrepancy and bias in the current COVID laws against people who give birth: after the first

25 Punam Krishan (@drpunamkrishan), "It's possible to move on & have a different experience," Instagram, September 14, 2020, https://www.instagram.com/p/CFIVnQNHF_G/?utm_source=ig_web_copy_link.

26 For example, see Punam Krishan (@drpunamkrishan), "Aren't we lucky to live in a digital era," Instagram, April 14, 2020, https://www.instagram.com/p/B--GTe1HydM/?utm_source=ig_web_copy_link; Shiona Elizabeth MacCallum (@sionamc), "This photo breaks my heart," Instagram, July 27, 2020, https://www.instagram.com/p/CDJUCOGl3Eq/?utm_source=ig_web_copy_link.

27 "9 Out of 10 Women Cite Poor Communication as Cause of Postnatal PTSD—and Covid Is Making Things Worse, Survey Finds," Birth Trauma Association, https://www.birthtraumaassociation.org.uk/media-information/press-releases/159-nine-out-of-10-women-cite-poor-communication-as-cause-of-postnatal-ptsd-and-covid-is-making-things-worse-survey-finds.

28 "Letter to Simon Stevens (Chief Executive of the NHS)," June 18, 2021, https://pregnantthenscrewed.com/2021/06/18/letter-to-simon-stevens/.

29 Started by midwife Holly Avis, the petition can be found at "Partners Allowed for Entirety of Labour/Birth in ALL Hospitals," https://www.change.org/p/partners-allowed-for-entirety-of-labour-birth-in-all-hospitals-butnotmaternity.

30 See, for example, Jen Offord, "Women Still Can't Have Their Birth Partners for Duration of Childbirth—but We Can All Go to Nandos," *Independent*, September 20, 2020, https://www.independent.co.uk/voices/women-birth-partners-pregnancy-nandos-government-b469535.html.

lockdown had been lifted during July, August, and September 2020, while the government was paying restaurants to offer discounted meal prices through the "Eat Out to Help Out" campaign, and encouraging people to go to pubs and shops and to book vacations, fathers still could not visit their newborn babies in hospital, and new mothers were left alone in maternity wards without physical help and emotional support.[31]

Results of these surveys and myriad examples of new mothers' concerns and experiences were conveyed in a petition to Parliament and a letter to Simon Stevens, the CEO of the NHS, on November 14, 2020, cosigned by Pregnant Then Screwed, Birth Rights, the Birth Trauma Association, the Fatherhood Institute, thirty-four members of Parliament, and many midwives, obstetricians, and gynecologists. Birth Bliss also penned an open letter to then Minister of Health Matt Hancock and Chief Medical Officer of England Professor Chris Whitty detailing similar concerns and evidence.[32]

These COVID-era traumatic maternity experiences affected mothers, the majority of whom are ciswomen, but who represent a wide range of socioeconomic classes and ethnicities.[33] This discrimination must be recognized as yet another gender-based effect of COVID on women, like increased domestic violence, decreased financial security, and magnification of the already disproportional ratio of childcare and household responsibilities between men and women in heterosexual partnerships.[34] Statistics show that treatment for women of color has been

31 In mid-December 2020 NHS England ordered all trusts to allow pregnant people to have their partners present during scans, labor, and birth, and to have some visits on the maternity ward. However, many hospitals were reluctant to follow the government guidance. See Alexandra Topping, "Plea to Ease Covid Maternity Rules as Women Continue to Get Bad News Alone," *Guardian*, April 4, 2021, https://www.theguardian.com/lifeandstyle/2021/apr/04/plea-to-ease-covid-maternity-rules-as-women-continue-to-get-bad-news-alone.

32 Kicki Lansard and Abbi Leibert, on behalf of the members of the Birth Bliss Academy to Matt Hancock and Chris Whitty, "Open Letter—Restrictions in Maternity Services," August 26, 2020, https://www.birthblissdoulacourses.co.uk/kicki-hansards-blog/open-letter-restrictions-in-maternity-services.

33 In saying this I do not mean to minimize the traumatic effects of lockdown restrictions on vast numbers of the British public. People were not allowed to see family members for many months, and many people died in hospital with no family beside them—thus explaining the recent public and bipartisan outrage over the discovery of and police investigation into numerous parties held at the prime minister's Downing Street residence during the three national lockdowns, organized and attended by the very politicians and staff who created and enforced these lockdown restrictions. See Rob Picheta, "Why Lockdown Parties in Downing Street Are Such a Big Deal," CNN, https://edition.cnn.com/2022/01/31/europe/analysis-downing-street-lockdown-parties-big-deal/index.html.

34 House of Commons Women and Equalities Committee, "Unequal Impact? Coronavirus and the Gendered Economic Impact," HC 385, last modified January 26, 2021, https://committees.parliament.uk/publications/4597/documents/46478/default/; Sonia Oreffice and Climent Quintana-Domeque, "Gender Inequality in COVID-19 Times: Evidence from UK Prolific Participants," *Journal of Demographic Economics* 87, no. 2 (2021): 261–87; Linda Scott, "How Coronavirus Is Widening the UK Gender Pay Gap," *Guardian*, July 7, 2020, https://www.theguardian.com/world/2020/jul/07/how-coronavirus-is-widening-the-uk-gender-pay-gap; Anna Zamberlan, Filippo Gioachin, and Davide Gritti, "Work Less, Help Out More? The Persistence of Gender Inequality in Housework and Childcare during UK COVID-19," *Research in Social Stratification and Mobility* 73 (2021): 100583; June Kelly, "Coronavirus: Domestic Abuse and 'Epidemic beneath a Pandemic'," BBC News, last modified March 23, 2021, https://www.bbc.co.uk/news/uk-56491643; Office for National Statistics, "Domestic Abuse during the Coronavirus (COVID-19) Pandemic, England and Wales: November 2020," last modified November 25, 2020, https://www.ons.gov.uk/peoplepopulationandcommunity

even poorer and more dangerous than that for white mothers, and lesbians, trans people, and their partners have faced heterosexist microaggressions on maternity wards.[35] Such were the discriminatory hospital environments mothers gave birth and recovered in.

Controlling Soundscapes

While Deleuze has emphasized technology's erasure of the individual as the mode of control that disindividuates us into "networked aspirations of capitalist accumulation,"[36] useful to the way I consider mothers' use of technology in maternity wards are more positive views of technology's impact on society. Guattari and David Savat consider what Deleuze's modulation means in terms of how digital technologies act on and construct subjects, and allow for other possible outcomes than disindividuation. Savat sees technology—especially digital technology—as "the link between our being and our doing, . . . [or] the expression of our being as doing." Not separate from us and not separate from politics, technologies "function as discourse. . . . Different technologies [cause] us to do *and think* different things. In that respect, different technologies are different forms or ways of becoming."[37] Guattari, furthermore, sees technology as a human-machine assemblage—as an expression of how we live, how we relate to others, and how we organize ourselves. Human-machine assemblages constructed by new digital technologies enable new and different forms of subjectivity to emerge that would not be subject to the massive apparatuses of control that Deleuze associates with digital technologies.[38] Thus resisting disindividuation is possible—a key point in how I discuss mothers' harnessing of sound technology. Yuk Hui proposes that modulation "can also be understood as a way to resist the tendency of 'disindividuation' in control societies, and that the 'modulative' mode of control is only one possible outcome from the philosophical concept of modulation."[39]

Long before COVID, people turned to technology to harness social control over soundscapes and resist disindividuation; this control has largely been achieved by the personalization and privatization of one's soundscape. Tia

/crimeandjustice/articles/domesticabuseduringthecoronaviruscovid19pandemicenglandandwales/november2020; Tirion Havard, "Domestic Abuse and Covid-19: A Year into the Pandemic," UK Parliament, House of Commons Library, May 11, 2021, https://commonslibrary.parliament.uk/domestic-abuse-and-covid-19-a-year-into-the-pandemic/.

35 Claire Hammond, "Exploring Same Sex Couples' Experiences of Maternity Care," *British Journal of Midwifery* 22, no. 7 (2014): 495–500, https://www.britishjournalofmidwifery.com/content/research/exploring-same-sex-couples-experiences-of-maternity-care; Anna Malmquist et al., "How Norms Concerning Maternity, Femininity, and Cisgender Increase Stress among Lesbians, Bisexual Women, and Transgender People with a Fear of Childbirth," *Midwifery* 93 (February 2021): 102888.

36 Neel Ahuja, "Post-Mortem on Race and Control," in *Control Culture: Foucault and Deleuze after Discipline*, ed. Frida Beckman (Edinburgh: Edinburgh University Press, 2018), 34.

37 David Savat, *Uncoding the Digital: Technology, Subjective, and Action in the Control Society* (London: Palgrave Macmillan, 2013), 4.

38 Félix Guattari, "Regimes, Pathways, Subjects," in *Incorporations*, ed. Jonathan Crary and Sanford Kwinter (New York: Zone Books, 1992), 16–35.

39 Yuk Hui, "Modulation after Control," *New Formations: A Journal of Culture / Theory / Politics* 84–85 (2015): 74.

DeNora coined the now well-known term "Technology of the Self" to theorize how individuals use music to regulate, affect, and construct identity.[40] Michael Bull has likewise shown how iPods enabled individuals to construct listening space that is personalized and atomistic.[41] Most recently, as Birgitte Stougaard Pedersen and Therese Wiwe Vilmar have noted, "the intersection of spaces and sounds is currently being renegotiated due to the revolution of digital media, with sound spaces becoming even more fluid and increasingly mobile and portable."[42] Also drawing on Deleuze's modulatory paradigm of power, Valentin Ris has argued that noise-canceling headphones and specific Spotify playlists "are characterized by a process of advancing cybernetization and thus the formation of controllable environments."[43]

The COVID-19 pandemic has seen the potential of "modulation" through sound technology in a way that resists disindividuation increase exponentially. Meredith Ward argues that as people were confined to their lockdown homes, "media devices, and the encounters they permitted, gave users a virtual sense of the sounds of the world that was going on without them: what physical public space sounded like in their absence."[44] Much of this practice, she argues, has centered around nostalgia. While people have been navigating loneliness with their listening practices for decades, more people than ever before adopted this practice in 2020. In maternity wards such technology has become a pivotal tool in the recovery process from childbirth within lockdown restrictions in skeletally staffed maternity wards, as rest is sought out in noisy spaces, and emotional and personal connection is sought after to substitute for absent partners and visitors. Many women note that they anticipated this loneliness and the stress of lockdown hospitals, and therefore considered birthing alternatives such as home or birth centers. In the UK's NHS system, women typically did not have other options than to go to hospitals, especially since birthing centers and home births were not allowed because of COVID restrictions. Thus, women sought ways to reduce stress and anxiety through creating birth playlists well in advance of baby due dates, alongside packing their hospital bags.

Women have long been using music mediated via sound technology in the delivery room, so this phenomenon was hardly new to the pandemic.[45] Most often

40 Tia DeNora, *Music in Everyday Life* (Cambridge: Cambridge University Press, 2000).

41 Michael Bull, "iPod Culture: The Toxic Pleasure of Audiotopia," in *The Oxford Handbook of Sound Studies*, ed. Trevor Pinch and Karin Bijsterveld (New York: Oxford University Press, 2012), 526–43; Michael Bull, *Sound Moves: iPod Culture and Urban Experience* (Abingdon, UK: Routledge, 2007).

42 Birgitte Stougaard Pedersen and Therese Wiwe Vilmar, "Editorial: Sound and Listening Spaces," *Sound Effects* 10, no. 1 (2021): 2, https://doi.org/10.7146/se.v10i1.123751.

43 Valentin Ris, "The Environmentalization of Space and Listening," *Sound Effects* 10, no. 1 (2021): 168.

44 Meredith Ward, "Sounds of Lockdown: Virtual Connection, Online Listening, and the Emotional Weight of Covid-19," *Sound Effects* 10, no. 1 (2021): 10.

45 Bennett Kuhn, "Twilight Sleep to Push Playlists: (Re)Sounding U.S. Childbirth 1840–Present," *Synapsis: A Medical Humanities Journal*, last modified December 1, 2018, https://medicalhealthhumanities.com/2018/12/01/twilight-sleep-to-push-playlists/. For a clinical look at how mothers in the 1980s responded to music in the delivery room, see Lucy Newmark Sammons, "The Use of Music by Women during Childbirth," *Journal of Nurse-Midwifery* 29, no. 4 (1984): 266–70.

this music has taken the form of birth or "push" playlists. In 2016 New York City OB/GYN Jacques Mortiz claimed that 70 percent of his patients made such birth playlists.[46] Numerous studies have shown that the nonpharmacological intervention of music can not only decrease pain for women during labor, even reducing the need for postpartum pain relief, but also alleviate anxiety and help women feel more in control of the process.[47] Sandra Garrido and Jane W. Davidson state that incorporating music into the hospital setting is an "effective means for parents to create a more personal and individual atmosphere."[48] As midwife Taz Tagore notes, the creation of playlists for labor can also help women feel joyful anticipation rather than fear about an upcoming birth.[49] Such playlists "can also help some women to visualize a successful birth, and to tune into their bodies and babies rather than focusing on their fears."[50] Spotify, in conjunction with Mortiz, created and released its own birth playlist in 2018 and has continued to add to it since, with songs "scientifically designed to accompany women through childbirth—from the start of contractions to the moment they first meet their newborn."[51] Companies like Sound Birthing can also be hired to help musicalize one's birth and postpartum experiences.[52] Despite these attempts to "prescribe" certain kinds of music for maternity and birth playlists, the vast majority of women who create playlists do so without consultation with music therapists or doctors, and musical choices are most often tied to episodic memory rather than stylistic features that might be considered calming or motivating.[53]

It is within this preexisting context of birth playlists that we can consider how new mothers during COVID have spoken of using playlists—from their track choices to how this music has shaped their hospital experiences. Interviewee Rosemary Wilkes shared with me that she didn't listen to any music the first twenty-four hours alone in the labor ward, but she "wished [she] would've" now as she "was panicking a bit." After she was dilated to five centimeters and her partner was allowed in, it was he who "switched on the playlist. He had made a playlist of lots of albums . . . maybe about five that queued on Spotify and Bluetoothed to a little speaker. I told him to put on a chilled playlist." What he put on was Blossom

46 Olivia B. Waxman, "Spotify Releases 'Birth Playlist' with Songs to Help Women in Labor," *Time*, last modified March 3, 2016, https://time.com/4246761/spotify-gynecologist-birthing-playlist-delivery-room/.

47 Serap Simavli et al., "Effect of Music on Labor Pain Relief, Anxiety Level and Postpartum Analgesic Requirement: A Randomized Controlled Clinical Trial," *Gynecologic and Obstetric Investigation* 78, no. 4 (2014): 244–50; Caryl Ann Browning, "Music Therapy in Childbirth: Research in Practice," *Music Therapy Perspectives* 19, no. 2 (2001): 74–81; Taz Tagore, "Why Music Matters in Childbirth," *Midwifery Today* 89 (2009): 33–68. See also Tríona McCaffrey et al., "The Role and Outcomes of Music Listening for Women in Childbirth: An Integrative Review," *Midwifery* 83 (2020): 102–67.

48 Sandra Garrido and Jane W. Davidson, *Music, Nostalgia, and Memory: Historical and Psychological Perspectives* (London: Palgrave Macmillan, 2019), 136.

49 Tagore, "Why Music Matters," 33–68.

50 Garrido and Davidson, *Music, Nostalgia, and Memory*, 138.

51 Zara Husaini Hanawalt, "The Ultimate Push Playlist," *Parents*, December 19, 2018, https://www.parents.com/pregnancy/giving-birth/labor-support/doctor-shares-ultimate-delivery-room-playlist/.

52 Sound Birthing, "Creating a Calm, Safe, and Supportive Birth Experience through Music," https://soundbirthingmusic.com/.

53 Garrido and Davidson, *Music, Nostalgia, and Memory*, 136.

Dearie, a jazz pianist and singer with a "super chill, high girly voice and sassy," which he knew she "wanted her baby to like (that she had played a lot in the womb), and thought it would calm her down too." Wilkes "felt the baby liked it when she was pregnant, [it was a] nice way to come into the world and stress her out less during her journey down and out." It helped Wilkes "keep present" during that part of the labor and feel she was "getting control back . . . a playlist to make you feel comfy."[54] She "use[d] it as an escape. I was singing along to the words, but also high from the drug so I was going it quite badly, going in between gas and air, crying and singing and laughing, and others would laugh too." But "it was not dignified, she [the baby] was obstructed and wouldn't come out, so [we] ended up in the C-section room and that's where the music ended—packed everything up—the operating theater was very bright and was a very different experience."

While I did not make a specific playlist for birth or the hospital, I did have one that evolved to function as such. I always make a Spotify playlist every couple of months, so the list I had compiled and was listening to in May and June did become associated with my baby. On the night Emilia was born, as I lay sweating in bed (the ward was not air-conditioned and it was a 92-degree day), looking out the tiny window watching the sun set at 10 p.m., I listened (with Bose headphones) to my "May/June 2020" playlist. Maybe it was the pain medication and/or postpartum emotions, but I suddenly renamed it the nickname for Emilia throughout my pregnancy: "Little Olive!" (Olive officially became one of her middle names the next day). Many of the songs on the playlist reminded me of late pregnancy and that unusually sunny spring in London, as I waddled around Greenwich Park—the only permittable activity I could do outside our flat due to England's lockdown restrictions. Now with the baby here and well, the tracks became a conduit for a pandemic-induced nostalgia that Ward writes of—even nostalgia for a time that had actually been difficult because of lockdown isolation; end-of-term grading while feeling huge and exhausted; and my extreme anxiety over Emilia's Down Syndrome diagnosis—a diagnosis that brought doctors' constant warnings about all the physical problems she could have, in addition to developmental delays and learning disability, and repeated offers to schedule a termination. As Tia DeNora demonstrates, nostalgic remembering via music in this way can help people process and reinterpret past events.[55] Through relistening to these songs, I was undoubtedly processing and reinterpreting the last nine months, the diagnosis, COVID, everything. I was reclaiming some of the joy of pregnancy that I felt robbed of.

Other tracks I added to the list while in hospital again the following week, many of them songs in the old Glastonbury performances being aired on the BBC (since the festival was not permitted that year because of COVID) that my partner

54 Rosemary Wilkes to Everyone, 12:46:32, chat transcript from "Music, Sound and Maternity Round-Table," MAMS Network, Durham University, June 18, 2021; Rosemary Wilkes, conversation via Zoom, September 2, 2021.

55 DeNora, *Music in Everyday Life*. Michael Bull's work is also applicable here. See Bull, *Sound Moves*, especially chap. 10, "The Nostalgia of iPod Culture," 134–45.

was watching at home, but accompanied by Emilia laying on her mat kicking and cooing along. I treasured these videos, while simultaneously feeling heartbroken and severely distressed I was not there, and I added the songs in the videos to my "Olive!" playlist. In the days that followed, my "Olive!" playlist became extremely comforting to me and nostalgic on multiple levels, as I was distraught over being ill; lack of communication and efficiency in the hospital; rude hospital staff; begging for breast pumps and water and pain meds; lack of sleep (they came and got me for a head CT scan at 2 a.m.); waiting endlessly for doctors to see me, fill others in as they went off their shifts, and make decisions about my care; and missing my baby. Indeed, Emilia's absence was traumatic: I hurt, ached, and longed for her like I never had for anyone in my life. Rewatching videos of her "dancing" and "singing" along to the sets of Glastonburys past and replaying my "Olive" playlist was how I could feel close to her—even to bond with her in her absence. As Garrido and Davidson argue, listening to music in a nostalgia-induced way "can satisfy a need to belong by reconnecting an individual with people from their past."[56] Indeed, I was not only using music to bond with my baby—just as many new mothers have done for centuries—but I was perhaps "reconnecting" with this baby as a real-life individual now who was perfect, rather than a disabled and defective child whom society believed did not have a right to be here.

So I buried myself in this technology of care, or what Marie Thompson has theorized as "reproductive sound technologies." Here playlists and other sound technologies are used to stand in for care, particularly caregiving traditionally associated with women, especially mothers—from domestic chores to self-soothing, to exercising to entertaining children, to even how during COVID sound and music are used in NICUs to take the place of mothers, to "singalongs that took place from balconies and doorsteps that were thought to lift moods, and renew social bonds in the face of catastrophe."[57] I immersed myself in this playlist—much in the way Maria Hamilton Abegunde describes certain songs as being grounding, while others are freeing.[58] I felt free from the fear, gloom, and doom of the pregnancy and doctors' warnings, and I felt grounded and steadfast in myself for feeling all along that Emilia *would* go to full term and be healthy.[59]

As I scrolled through Instagram later that summer and autumn, during the endless hours on the sofa holding a newborn, I marveled at how others sharing

56 Garrido and Davidson, *Music, Nostalgia, and Memory*, 33.

57 Marie Thompson, "Music in the Post-Mom Economy," Peter Le Huray Lecture, 56th Annual Conference of the Royal Musical Association, Goldsmiths, University of London, September 8, 2020, transcript, 5. Thompson explains "reproductive technology" as "a heuristic that makes apparent the imbrication of multiple notions of reproduction: that is, the reproduction of life and labour power; reproductive institutions of family, nation and race; biological reproduction as it concerns childbirth and childrearing; and the transmission, storage and playback of audio information."

58 Maria Hamilton Abegunde, "'Sing a Song,' It Will Keep You Calm: Prince, Earth, Wind & Fire and Surviving a Pandemic with a Little Wonder," Keynote Address, Music, Sound, and Trauma: Interdisciplinary Perspectives conference, Indiana University, virtual, February 13, 2021.

59 *The National Down Syndrome Cytogenetic Register for England and Wales: 2010 Annual Report*, https://www.qmul.ac.uk/wolfson/media/wolfson/current-projects/NDSCRreport10.pdf.

their birth and maternity experiences also included sound in their narratives. The kinds of technologically mediated sounds being used were going far beyond playlists. For example, Krishan shared that her son's voice—both in live and recorded forms—was the only thing that could soothe her anxiety. She described listening to "pre-recorded . . . voice memos from my son that were so cute and helpful to listen to as I spent my first night in hospital. I was so sad he couldn't come to visit . . . but FaceTime saved the day and recording that on my phone meant I was able to replay that magical moment over and over again."[60] In a post accompanying a photo her husband took of her walking away from him on being admitted, she noted, "I made feeble attempts at meditating but FaceTiming my little boy was the best thing for distracting me . . . My anxiety levels reduced."[61] Additionally, she played music she associated with her son: "I had a little playlist which was full of the upbeat tunes me and my son dance and listen to. . . . I found calming music didn't do much for me at the peak of my anxiety but these happy songs brought instant happy memories to the forefront of my mind."[62] Krishan's poignant posts prompted some followers to comment on how they used sound and music. For example, Jodi Williams wrote: "I found upbeat music that reminded me of our happy times holidaying together helped so much too, so much so I even danced in between some of the contractions!"[63]

But those very means of using sound technology to reclaim power and individuality within Deleuze's modulatory modes of power also entangle us within networks. As Savat writes, this entanglement in networks simultaneously makes us objectiles that are always in flux. Databases and networks preempt our actions and buying patterns,[64] and the digital technologies we are signed in to act on and construct us. Thus mothers in the disciplinary enclosure of the maternity ward have used sound technology to individually "modulate"—to escape, to create new places to exist—but these very tools of escape are themselves already embedded within the larger apparatus of modulation or control. Savat takes this line of thinking a step further, arguing that within such technology the disciplinary mode actually "continue[s] to operate more forcefully than ever."[65] Does this mean we have indeed lost agency and choice in curating the sound of our self-modulated hospital environments—that we have been disindividuated? Guattari gives us hope, proposing that our engagement with digital technologies constructs us as human-machine assemblages, which enable new and different forms of subjectivity to emerge—subjectivities not beholden to the massive apparatuses of control that Deleuze associates with digital technologies.

60 Krishan, "Aren't we lucky."

61 Punam Krishan (@drpunamkrishan), "This picture was taken by my husband as he watched me walk away from him," Instagram, April 6, 2020, https://www.instagram.com/p/B-phK7_nuAd/?utm_source=ig_web_copy_link.

62 Krishan, "Aren't we lucky."

63 Jodi Williams (@Jodders85), "I found upbeat music," comment in Krishan, "Aren't we lucky."

64 Savat, *Uncoding the Digital*, 7.

65 Savat, 7.

In reflecting on my use of Spotify in the maternity ward, I would like to think of myself as one of Guattari's free-willing human-machine assemblages. After all, I had manually added each track to my "Olive!" playlist; Spotify had "suggested" none of them. Many of the tracks were ones that I had heard on BBC Radio 6 and liked before Emilia was born, or were songs I felt "Olive" must like because I had felt her kicking and moving a lot when I heard them. Other songs I later added to it were from the Glastonbury sets my partner and Emilia were watching on the BBC. Interestingly, it was not until a month or so after her birth when I felt that songs I heard randomly on Radio 6 were topically applicable—for example, a new song called "Milk Breath," which immediately spoke to me.[66] This kind of personal resonance with songs became common for me that autumn, and I saved these to a new playlist titled "Autumn 2020: Emi Stride!" as Emilia and I were hitting our stride.[67]

Whether I am a free-willing human-machine assemblage who used sound technology in the immediate postpartum period to create my new sense of subjecthood, or just another disindividual whose listening patterns and consumption of music was being dictated by the BBC and Spotify, this "Olive!" playlist for me was very much an escape and a way to bond with my baby while I was away from her. Fortunately, my Bose headphones made this escape possible, enabling me to create and live in my own internal world for periods of time. But inevitably, these digital moments with my baby and reclaiming my doom and gloom pregnancy were never uninterrupted. Indeed, others sounds—from outside Spotify and outside Bose—were always impinging on my space.

Assaulting Soundscapes

Much about these modulated, individual soundscapes bled into an external sound environment that was far from therapeutic within the disciplinary enclosure of the maternity ward. The constant barrage of calls, message alerts, and ringtones at all hours, combined with the usual sounds of medical equipment and carts and beds clamoring up and down the hallways day and night, effected a soundscape that was sonically assaulting and harmful.[68] Numerous women have noted that these noises prohibited rest and even the ability to establish breastfeeding with their babies. For many new mothers, breastfeeding does not come easily, and the flow of milk is often dependent on a mother's ability to relax and bond with her baby. Newmum0604's post to Mumsnet in April 2021 encapsulates many new mothers' frustrations:

66 Orlando Weeks, "Milk Breath," *A Quickening* (June 12, 2020), Play It Again Sam.

67 Of course, we can recognize BBC Radio and BBC Television as other forms of mediated sound that also thrive on preempting users' tastes and watching or listening patterns. After all, as a white middle-class, late Gen Xer, I certainly meet the BBC Radio 6 listener demographic and targeted audience for Glastonbury sets from the 2000s. See "Service Review BBC Radio 2 and BBC 6 Music," February 2010, https://www.bbc.co.uk/bbctrust/our_work/services/radio/service_reviews/radio2_6music.html.

68 For information on the harmful effects of hospital noise, such as the sounds of medical equipment, on patients, see the sources listed in note 17.

> Had my first baby Tuesday evening, over the moon, she is perfect but I'm scared for my mental health right now. . . . I'm finding it pretty fucking impossible to establish breastfeeding in this environment. I want to be at home, in my own bed, quiet and relaxed. . . . She is sleeping a lot, I could be sleeping too if it weren't for the background noise. But this means I can't think straight about the situation.[69]

Birthtrauma shared Newmum0604's post to its Twitter account, to which many women replied, citing the loudness of the wards as a main source of their anxieties, inability to establish breastfeeding, and get sleep. For example, Natalie Bell @ NatalieWeird8 wrote:

> I had a very similar situation but was discharged height of pandemic without properly established BF after 24 hours after a long labour & e [*sic*] csection [*sic*]. I had the horror of being readmitted to a pediatric ward which remit had changed (due to COVID) to ALL AGES. It was the loudest, most chaotic environment I've ever been in, with a very poorly 4 year old in the bed next to me. Because of no visitor and no sleep in almost a week at that stage, I was absolutely delirious. This was day 3 postpartum and it destroyed me. They kept me there for 2 days, and they had to give my son formula (I was expressing very little). I was so out of it (no one noticed) that I didn't question why no one came to help me with breastfeeding, no assessment, no observing of latch. They wouldn't even let me drawer [*sic*] my curtain whilst expressing.[70]

Similarly, Christina Woolner shared:

> I gave birth in February and spent six days on different wards and the most important sound technology I had with me were foam earplugs. I'd never been on a hospital ward before and couldn't hear myself think, so [I] alternated between intentionally listening (eavesdropping?) on everything around me and trying to silence it all.[71]

Significantly, earplugs still enabled Woolner to hear her baby—a concern of many mothers that prevented them from using sound technology or video streaming through earbuds very often. For example, Wilkes shared that she feared that if she listened to anything, she wouldn't hear the baby: "I didn't listen to anything other than monitors and hospital sounds, cleaning of the beds when someone left, conversations of others, crying babies. I wanted to be available for her [the baby] and available to others if they texted. . . . I wanted to escape from it, and it wasn't very nice and I tried to grab snippets of sleep whilst I could."[72]

69 Newmum0604, "Had my first baby Tuesday evening," Mumsnet, April 8, 2021, https://www.mumsnet.com/Talk/am_i_being_unreasonable/4213664-Losing-my-mind-on-postnatal-ward.

70 The entire Birthtrauma twitter thread can be found at https://twitter.com/BirthTrauma/status/1380129159242997761.

71 Christine Woolner to Everyone, 12:58:02, chat transcript from "Music, Sound and Maternity Roundtable."

72 Wilkes, Zoom conversation.

I often didn't listen to anything while in the hospital with Emilia beside me, as I was always listening for her, and I was in a private room, so the environmental noise was minimal. But when I was in the shared room without Emilia, I buried myself in Spotify not only for the nostalgic reasons described above but also to block ward noise and the sound technologies of others around me. For example, the ringtone of the woman across the bay from me was so loud and annoying, and she often took calls in the middle of the night. To this day, if I hear that ringtone on someone's phone (it's a common one), it is triggering. This noise around me disrupted my attempts to read a book and to not be on a screen or have earbuds in; being constantly "plugged in" to my technology was draining. After all, I was desperately trying to get my blood pressure down so they would let me go home. Hearing other babies crying was also difficult emotionally. I was often too depleted to message with or call family and friends. Moreover, I was wary of speaking on the phone because I didn't want to annoy others around me, and I was aware that others might be listening to me—particularly because I was not in the best mental state, I knew my conversations would probably involve a lot of complaining, agonizing, and crying. Wilkes shared with me that she too avoided phone conversations with her loved ones out of worry of disturbing others. (She also shared with me that she didn't listen to anything while in the ward, as she didn't want to disrupt others in rummaging through her bag to find her earphones.) In fact, she was so conscious of others that she rejected calls from her partner because she didn't "want to be that invasive on others' sleep time." But she found that many other women did not extend this same courtesy: "Others were rude, women took calls in the middle of the night and didn't try to be quiet, they could've went out in the hallway . . . This woman took a call and was talking for about an hour, it was really loud . . . There was no new mom code."[73]

As the above accounts imply, sounds in hospital maternity wards—these sites of a magnified disciplinary enclosure during the time of COVID—are more than just "noise" and annoyances for new mothers; rather, as an example of Yasmin Gunaratnam's notion of "sonics of suffering,"[74] they are a source of anxiety, discomfort, and loss of subjectivity and private space. Suzanne Cusick's description of intrusive sounds "permeating prisoner detainees' interior mental space, influencing mood and affect or, in the case of excessively loud sound, disabling or destabilizing subjectivity altogether" and the inability to escape from it,[75] in the context of Goodman's concept of the "total institution,"[76] also points to a dialectic of power relations that is literally audible. As Rice notes, like the prison detainees Cusick describes, hospital patients "become subject to a more or less stringent set

73 Wilkes, Zoom conversation.

74 Yasmin Gunaratnam, "Auditory Space, Ethics, and Hospitality: 'Noise,' Alterity, and Care at the End of Life," *Body and Society* 15 (2009): 1–19.

75 Suzanne G. Cusick, "Towards an Acoustemology of Detention in the 'Global War on Terror,'" in *Music, Sound, and Space: Transformations of Public and Private Experience*, ed. Georgina Born (Cambridge: Cambridge University Press, 2013), 275–91.

76 Steven Goodman, *Sonic Warfare: Sound, Affect, and the Ecology of Fear* (Cambridge, MA: MIT Press, 2009).

of institutional rules and routines" and must "accept and submit to the regime of the hospital and the authority of those who staff it."[77] As Rice continues, "On entering hospital, patients are no longer able to exercise control over the physical and social proximity or distance they maintain in relation to others." Sounds play a key part in this loss of privacy in the hospital, and by extension, power. Rice notes that of the people he interviewed, "many found they were unable to escape the sonic detail of the suffering of their ward neighbours. Sounds would infiltrate and pervade both patients' immediate physical environment and what they intended to describe as their 'mental' space." Simultaneously they were "acutely conscious that they themselves could be overheard by those nearby," "many [patients] found they were unable to escape the sonic detail of the suffering of their ward neighbors," and "it was difficult for them to control or restrict the dissipation of sounds."[78]

Overhearing conversations—often very private conversations—of others was certainly part of my experience in the second maternity ward. What I heard was that the mothers around me seemed to be as upset and traumatized as I was. The young woman beside me, unlike the rest of us in the ward, seemed to have had it easy physically; she was up moving around just hours after she gave birth. But through unavoidably overhearing her phone conversations, I learned that Social Services was involved, and there was a chance they were going to take her baby; I listened to her cry for hours.

Not only did I hear these conversations of ward mates with the outside world, but I also heard unpleasant conversations between patients and medical staff. The woman across from me spoke very little English and didn't understand most of what the hospital staff told her, especially nurses' aides whose English was also not great. The stress caused by these language barriers could have been alleviated in many cases if partners whose English was better had been allowed in the ward, as surveys have found, and as the media has picked up on.[79] That the staff wore masks only heightened this inability to communicate. It often turned into a yelling match with lots of tears, such as when she was told to get up and get her breakfast from the kitchen the morning after her C-section. She refused and clearly didn't feel able to because of pain. This was particularly retraumatizing for me as I had undergone a horrible experience the morning after my C-section, which involved a hospital bed that wouldn't lower, an inexperienced nurse's assistant from a temp agency, and a spectacular splay of blood all over the bed, floor, and nearby furniture that looked like something out of the HBO television series *Game of Thrones*, which left the staff called in to clean it up in shock.

Significantly, these conversations, tears, and interactions between patients and hospital staff were behind closed curtains. In this hospital environment, attempts were made to secure visual privacy through curtains, but not sonic privacy.

77 Tom Rice, "Broadcasting the Body: The 'Private' Made 'Public' in Hospital Soundscapes," in Born, *Music, Sound, and Space*, 170.

78 Rice, 170.

79 See, for example, Lilian Hagen's experience at her thirty-two-week scan, which her husband, Joel Hagen, was not allowed to attend, as reported in Topping, "Plea to End Covid Maternity Rules."

I could hear *everything*, but I could see *nothing*, "involv[ing] me in what Schaeffer theorized as 'acousmatic listening' of a very literal kind," in that "auditory attention [was] focused on sound alone as it becomes disconnected from its (hidden) source."[80] Rice points to the traumatizing effects of overhearing not only this "'network' of human/technological relations through which care is organized" but also confidential discussions in communal spaces. "Rather than hearing the sounds as disconnected from their source, though, they seem to be involved in an intense imaginative engagement with frightening, hidden-yet-vividly evoked procedures and events." Here patient bodies become articulated by, and distributed and dispersed through, sound in the form of verbal exchanges.[81]

So, in this time of COVID, new mothers are in many ways not only contributing to the "noise pollution" of the maternity ward but also sonically assaulting their fellow patients. As William Cheng writes, "noisy offenses breed suspicious minds," and "acute noises can lead to chronic mistrust."[82] So perhaps it is unsurprising and ironic that despite all of us in the room knowing *this* much intimate information about each other and constantly reaching out via our phones to others, very little attempt was made by any of us to connect with each other. For example, the young woman next to me who was distraught over the fear of losing her baby (and also the small child she already had at home) eventually approached me, asking: *Can you watch my baby while I go out and smoke? Er . . . okay?* Actually, she asked me this several times a day, and I would wonder if she was coming back or not (after all, I was tempted to just get up and walk out of the hospital too). She also asked to borrow my headphones, perhaps realizing that streaming of ITV reality shows on her phone was loud to others. I looked at her (in horror at the thought of giving up my headphones) and said *NO, I am using them*. Of course, the ability to create one's own soundscape was dependent on the tech devices (like noise-canceling headphones) one owned, which in turn is dependent on social class. Indeed, we were all arguably traumatized in our own different ways. Hearing other women in distress magnified the disciplinary environment of the maternity ward, leaving us always in this state of either self-imposed "modulation" or imprisoned in the ward's soundscape. There was no place for silence, even though much about these COVID restrictions had silenced us figuratively.

Conclusion

New mothers' engagement with technology in lockdown hospitals is dynamic and complex. Mothers have used social media as a forum to tell their stories and have brought national attention to the unfairness and inequality of COVID restrictions on pregnancy and maternity. Within such testimonies, sound has been a central component. Sound technology has also been seminal in helping women keep in

80 Rice, "Broadcasting the Body," 173. Here Rice is referring to R. Murray Schafer's highly influential theorizations of "soundscapes," as set out *The Soundscape: Our Sonic Environment and the Tuning of the World* (Rochester, NY: Destiny Books, 1966).

81 Rice, "Broadcasting the Body," 171.

82 Cheng, *Just Vibrations: The Purpose of Sounding Good* (Ann Arbor: University of Michigan Press, 2016), 72.

touch with family members and friends. Finally, this state of being frequently embedded in the networks of technology has created external soundscapes—often disembodied—that have also contributed to women's unpleasant, untherapeutic, and, arguably, traumatic experiences in maternity wards.

I do not intend to garner sympathy nor for my story to be understood as an overcoming narrative that many in trauma and disability studies have acknowledged to be problematic and limiting. Nor do I wish this to be a damning critique of the NHS; yes, while it has been underfunded in the past decade of Tory leadership and staff have been stretched to their absolute limits, I do believe most employees were trying their best in a difficult, rapidly changing situation in which their job duties had been quickly and significantly altered and increased. Additionally, I acknowledge that many long before COVID have had far worse birth and postpartum experiences than me. My baby was healthy, after all, and I had much to be grateful for. Emilia came out at full term with no physical issues, happy, and eating and pooing like a champ; it was such a relief, and I felt like I had won the lottery! So during this period in the two maternity wards, I oscillated between (1) absolute elation and thanking the universe for Emilia's good health and that I had followed my heart and continued with the pregnancy (despite all the prenatal doom and gloom from doctors) and (2) despair, humiliation, and anxiety.

Ultimately, I hope this article has spotlighted a poignant way that new mothers in lockdown Britain have drawn on, relished, manipulated, resisted, and blocked out technologically mediated sound to reclaim the comfort, closeness, and control that COVID restrictions took away. That many mothers have been sharing their experiences online, leading to media attention and now policy changes in NHS trusts, and that sound and music have been recurring themes in these traumatic testimonies, is significant to musicology and sound studies. I also hope to have opened a pathway into thinking about soundscapes and maternity, a topic that has affected a massive portion of the population throughout history but has not been acknowledged, just as many women's experiences have been silenced.

In reflecting on the powerful role of sound and silence in the lockdown birthing process, Krishan described on Instagram a silent knowingness, with other pandemic new mothers, of a shared trauma:

> Another comforting moment was looking through the window to see other mums-to-be who were also waiting their turns. All of us smiled at each other in solidarity. If ever I wanted to feel the power of non-verbal communication . . . this was it; "We are in this together, we will all be fine," we silently comforted each other from a distance.[83]

As Hui notes (in contrast to Deleuze), digital technologies and the modulative mode of control in societies do allow for other possible outcomes than disindividuation from the philosophical concept of modulation.[84] Alternative social net-

83 Krishan, "This picture."
84 Hui, "Modulation after Control."

works are examples of how these can be fostered as an alternative to disindividuation. But significantly, much of this sharing has itself been via the same technology that has been used by women in lockdown hospitals—social media, Spotify playlists, Facetime, and WhatsApp—that disindividuates us in the first place.

I too have felt that silent solidarity—with Rosemary and Christina (over Zoom) and with the London "mum friends" (in person) I made over the next year, who all gave birth right around the same time as me. Although not stated explicitly—indeed, it was usually hinted at, muttered as an add-on to an anecdote about the hospital stay—there is a shared feeling that we all went through something that took months to process, and that we had been robbed of something. One friend has even filed a complaint with the NHS Trust, for which she received a written apology. Sound technology gave us a lifeline—a distraction, an intimacy, but it also placed us in a hell, where recovery and caring for a newborn—even to the biological level of breastfeeding—was impeded. For me, this dialectic between discipline and modulation was soul-crushing; I ran out of energy to keep "modulating" as I waited and listened for the next doctor. If I could hear the doctor coming down the hall, I might be able to catch her, get updates on what the care plan was for me, or even plead with her to let me go without a care plan—so I could go home to my baby. Thus at times I felt I needed to keep my headphones *off* and my auditory senses focused on the hallway rather than *on* my "Olive!" playlist. It was a battle. And when I *was* finally let go—after some spectacular crying and pleading and promising to return at 8:00 the next morning to have my vitals checked again—I was too tired and dazed to listen to anything for a couple of days. Finally my baby was in front of me, as were my partner and my mother, the latter having arrived from the US and experienced her own "imprisonment" in the two weeks of COVID-imposed isolation before she could see Emilia and I; she was desperate to "hear everything." But I felt unable to interact—even at times with my baby; I had been silenced, and now I needed silence.

MICHELLE MEINHART (she/her) is a senior teaching fellow at Trinity Laban Conservatoire in London and holds a Senior Fellowship of the UK Higher Education Academy. She also teaches with Dartmouth College's and Rhodes College's international programs in London. Her research focuses on sound, memory, narrative, and trauma in Great Britain from the nineteenth century through today. Her publications include the edited volume *A Great Divide? Music, Britain and the First World War* (2023); articles in the *Journal of Musicological Research*, the *Journal of the Royal Musical Association*, and *Nineteenth-Century Music Review*; and chapters in several edited collections. Her research has been funded by the US-UK Fulbright Commission, the National Endowment for the Humanities, the American Association of University Women, and the *Music and Letters* Trust. She is currently coediting *The Oxford Handbook of Music, Sound, and Trauma* and completing a monograph on music, memory, and trauma in spaces of healing in England during World War I.

Acknowledgments

In addition to the two anonymous reviewers, I'd like to thank Erin Johnson-Williams and Jillian Rogers for their helpful comments on earlier versions of this work; their careful reading, thoughtful and constructive comments, and encouragement helped me transform what started as random postpartum musings into a conference paper and then into this journal article. I'm also indebted to the many mothers who bravely shared their lockdown maternity stories – either with me explicitly (especially Christina Woolner and Rosemary Wilkes) or more publicly.