# Mothers Challenging "Unsafe" Birth: A Matricentric Feminist Perspective on Maternal Activism in Lithuania[1]

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## Abstract

This paper offers a matricentric feminist analysis of two childbirth campaigns in contemporary Lithuania: the movement for decriminalization of home births (2012-2019) and the legalization of elective C-sections by maternal request (2021-2023). Contrary to the dominant conceptual dichotomy that positions these movements on the opposite sides on the "medical" versus "natural" axis (Brubaker and Dillaway 2009), this paper views these childbirth movements as forms of maternal activism that address questions of reproductive justice, providing a comprehensive insight into reproductive realities of contemporary Lithuanian women. Secondly, it highlights how the punitive "bad mother" discourse dominates public discussions on natural home births and elective C-sections. Finally, by examining available data, it argues that experiences of obstetric violence are a common thread between these two movements, creating a possibility of epistemological solidarity between the two unconventional birthing campaigns.

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## Introduction

In 2016, while describing the state of the women's rights movement, a prominent Lithuanian gender equality expert Margarita Jankauskaitė described Lithuanian feminism as mostly invested in women's economic empowerment and lacking more potent grass-roots movements that would incite significant public discussions in the field of women's rights (Jankauskaitė 2016: 105). Around the time these words were published, a notable grassroots campaign emerged in Lithuania, initiated by a group of women advocating for the decriminalization of home birth. Their campaign actively supported birth doula Jurga Švedienė, who faced investigation for illegally attending home births since the early 1990s and included an appeal to the European Human Rights Court - a process that continued until 2019 (Symon 2019). In 2021, another grassroots birth activism campaign surfaced in Lithuania. This time, a group of women behind the Facebook page "The Right of Women to Choose the Method of Childbirth in Lithuania by Cesarean Section" (*Moterų teisė pasirinkti gimdymo būdą Lietuvoje cezario pjūvio būdu*) advocated for the option of elective Cesarean sections without medical indications. Despite employing a feminist "My body, my choice" rhetoric, their campaign garnered little support from Lithuanian feminist circles. When they sought support from the Vilnius Women's House (VWH), a prominent feminist organization, the leader Lilija Henrika Vasiliauskė emphasized that the restriction of rights to *natural birth* posed a more significant concern for women's rights violations. She argued that Cesarean section surgery is an extreme measure potentially detrimental to the biopsychological health of both the mother and the baby (Vasiliauskė 2021).

International motherhood scholars have highlighted the complex relationship between mainstream feminist discourse and maternal issues (O'Reilly 2019; see also Janice 2008), which is mostly due to feminist perceptions of essentialized motherhood as an inevitable

site of women's oppression (Takševa 2018). Notably, Lithuanian grassroots initiatives concerned with maternal reproductive justice have not garnered much solidarity from local feminist circles. In the case of home-birth delivery, potentially, as Giedrė Purvaneckienė has expressed, for the fact that certain members of the home-birth activist group were also affiliated with anti-abortion campaigns: "What surprises me most is that the 'pro-life advocates,' who oppose even contraception and defend the interests of spermatozoa, support the idea of home births while failing to defend the interests of the child." (Purvaneckienė 2013; see also Voitiulevičiūtė 2012).

In this paper, I advocate for a matricentric feminist (O'Reilly 2019) reconsideration of childbirth movements in Lithuania. I argue that these movements should be viewed as maternal activism addressing reproductive injustice, offering a comprehensive understanding of contemporary motherhood in Lithuania. I demonstrate how the punitive "bad-mother" discourse is used in public discussions about natural home birth versus fully medicalized elective C-section birth. Additionally, I show that women's experiences of obstetric violence reveal a shared commonality between these initiatives. The paper reviews existing literature on reproductive health and maternal activism in post-Soviet Lithuania, establishes a theoretical framework with concepts such as maternal activism, matricentric feminism, reproductive justice, and obstetric violence, and provides an overview of reproductive justice in Lithuania. It concludes with an analysis of media discourses on Lithuanian women's maternal activism and their engagement with the punitive "bad-mother" discourse.

**The Lithuanian Motherhood Scholarship**

Motherhood studies is an emerging research field in Lithuania, with interdisciplinary scholars exploring diverse motherhood experiences. Recent studies have focused on single mothers (Stankūnienė et al. 2016; Maslauskaitė 2014, 2015; Lapinskė 2018), migrant and refugee mothers (Hilbig 2020; Kačkutė 2015), mothers with disabilities (Gevorgianienė et al. 2023), and mothers of children with disabilities (Bartušienė 2021). Additionally, both

academic scholars and NGOs have increasingly studied women's childbirth experiences in Lithuanian hospitals (Širviskienė et al. 2023; Mažulytė-Rašytinė et al 2021; MGIS 2021). Historical research into reproductive justice in Soviet Lithuania (1945-1990) has further enriched an understanding of women's reproductive lives under Soviet rule (Balčiūnė 2022; 2020; Leinartė 2021).

Despite the significant media attention, the experiences and motivations of women choosing "unconventional birth options" (Feeley et al 2021) - such as home birth or elective C-section by maternal request - have been explored in only a few studies (Buitvidaitė 2023; Škudienė 2014; Kiškūnė and Pociūtė 2005; see also Ramašauskaitė 2023). No study has yet examined these movements from a comparative perspective. Moreover, with few exceptions (Šumskienė 2017), maternal or parental activism in post-socialist Lithuania remains largely unaddressed, creating a gap in Lithuanian feminist scholarship.

**Birth Activism as Maternal Advocacy: Understanding Reproductive Injustice through Matricentric Feminism**

Maternal activism broadly refers to women's engagement with society and government on behalf of their children (Mendoza 2016). This form of activism, or political motherhood, often leverages traditional or "normative motherhood" (O'Reilly 2023) as a potent tool of protest, drawing on the cultural moral authority of mothers as guardians of the nation's identity (Amar 2011). Additionally, it has frequently acted as a strategic "bargaining with patriarchy" (Mhajne and Whetstone 2017) to access political spaces in authoritarian societies, where other groups have limited rights to challenge power structures (Mendoza 2016; Amar 2011; see also Gibbons 2010).

Women initially navigated into the public and political arenas by advocating for the state to take greater responsibility for protecting society's most vulnerable members, particularly mothers and children (Naples 1998). Andrea O'Reilly has extensively acknowledged the potential of this "rendering the personal political" practice as a fertile political activism to destabilise the ideological architecture of modern patriarchy (2010). While maternal

activism has traditionally evolved as a child-centred political organization of gendered citizens, Reena Shadaan challenges scholars of motherhood and activism by emphasizing the necessity of incorporating a "reproductive justice lens" into this field of study (2019). Shadaan defines reproductive justice as encompassing "the right *not to have children* using safe birth control, abortion, or abstinence; the right *to have children* under the conditions we choose; and the right *to parent the children we have* in safe and healthy environments" (Ross in Shadaan 2019, p. 486).

This perspective is particularly pertinent to my matricentric feminist analysis of birth activism in post-state socialist Lithuania, as it offers a vital epistemic foundation for understanding seemingly oppositional initiatives within the landscape of Lithuanian maternal activism. By "oppositional", I refer to a dominant childbirth discourse that is based on a "conceptual dichotomy between 'natural' and 'medical', as well as specific values associated with each" (Brubaker and Dillaway 2009).

Andrea O'Reilly has introduced the notion of "matricentric feminism" as a distinct form of feminism for those engaged in mothering (2019). She argues that mothering plays a crucial role in the lives of mothers - broadly defined to include anyone involved in motherwork - without endorsing the essentialist view that all women *should* mother. Building on a social constructivist paradigm of motherhood as a historically constructed ideology that serves modern forms of patriarchy by providing gendered models of behavior for women (Rich 1986), O'Reilly asserts that "the category of mother is distinct from the category of woman and that many of the problems mothers face - social, economic, political, cultural, psychological, and so forth - are specific to women's role and identity as mothers" (2019; no page).

In the field of reproductive justice, particularly birth justice, Nicole Hill's work (2019) offers an analysis of how a matricentric feminist perspective can foster a matrifocal understanding of women's experiences with obstetric violence. In 2014, the World Health Organization coined the term "obstetric violence" to describe dehumanizing and abusive practices in maternity care, now recognized globally as a form of gender-based violence

(Hill and Castañeda 2022). Despite its widespread occurrence, these behaviors often go unrecognized as violence (Perrotte et al., 2020). The most common features of obstetric violence are understood as physical abuse, non-consensual care, non-confidential care, non-dignified care, discrimination based on specific patient attributes, abandonment of care, and detention in facilities (Bowser and Hill 2010). Importantly, these practices are embedded in the pervasive paradigm of "protecting fetal life" as justification, perpetuating a coercive dynamic that strips women of their agency during childbirth (Perrotte et al., 2020: 1554).

Nicole Hill has effectively demonstrated how the dichotomous "good-bad mother" discourse could be "weaponized to perpetuate the invisibility of and silence around [obstetric violence]" (233). The cultural repertoire of good motherhood, it is argued, is constructed on a long list of cultural assumptions, in which the *mother* "connotes children, morality, and self-sacrifice" (Buchannan in Hill 2019: 237). Unsurprisingly, besides selflessness, patience and devotion, mothers are also expected to succumb to meticulous bio-governance during pregnancy and birth, while "failure to adhere to these practices [is] positioned as a negation of the needs of the unborn child, a sign of a 'bad mother'" (Ussher in Hill 2016: 238). This mechanism, in turn, produces paralyzing feelings of *shame* in women who desire a humane birth "as they are easily made to feel ashamed for wanting to be respected and cared for as subjects, rather than caring exclusively for the baby's well-being as a good altruistic mother supposedly should" (Shabot and Korem 2018: 400). Following Hill and others, the good mother discourse, thus, functions within the framework of obstetric violence as a rhetoric violence mechanism that reproduces paralyzing gendered shame that destabilizes maternal agency in maternity wards. Importantly, as this paper demonstrates, the extensive use of the shaming rhetoric of good/bad mother discourse within the public discussions concerned with the two birth movements functions as an epistemic glue that enables the matricentric reading of these unconventional birth choices.

**The Lithuanian reproductive care: history and present**

In Soviet Russia during the 1930s and 1940s, pronatalism was promoted through a state-driven discourse emphasizing responsibility for motherhood, leading to the medicalization of maternity care within a cultural framework of hygiene (Gradskova 2007). With the 1936 abortion ban (lifted in 1955), maternity hospitals were promoted as the only appropriate place for childbirth, increasing the authority of medically trained midwives. This paternalistic approach meant that pregnant women were expected to be under strict medical supervision from the moment they suspected pregnancy until childbirth. Yulia Gradskova notes that despite poor service quality and the normalized control and dehumanization of women, the medicalized maternity discourse dominated, partly due to the lack of alternative medical services, unlike developments in the West during the late 1960s (Gradskova 2007).

The Soviet re-occupation of Lithuania in 1945 subjected Lithuanian women to Soviet maternalist ideologies, shaping their experiences of motherhood under this regime (Leinartė 2010; 2008; 2009; Klumbys 2020; Balčiūnė 2022). The 1955 lifting of the abortion ban, due to the lack of alternative birth control methods, did not end Soviet pronatalist policies, which continued to view mothers as essential to Soviet society (Leinartė 2021; Balčiūnė 2020). Ieva Balčiūnė (2020) describes how the decriminalization was followed by an anti-abortion campaign emphasizing the negative health consequences of abortion and condemning it as egoistic and materialistic. The harsh reality of state-funded abortions in Soviet Lithuania included a shortage of doctors, equipment, and pain medication, with up to six women undergoing the procedure in the same room without pain relief, driving many to seek illegal abortions for better conditions and anonymity. These testimonies reflect the general state of reproductive health in Soviet Lithuania. As one doctor in Balčiūnė's study described, "One puts on gloves, dips them in sanitizer, and then it's fast, fast, fast, because another woman is waiting outside the door" (2020: 16).

Perinatal care in the Soviet maternity system, grounded in a hygienic medical discourse, focused mainly on the physiology of pregnancy and infant care (Gradskova 2007). Birth experiences in Lithuania reveal a "technological management of birth" (Chalmers and Jeckaite 2010: 117), where women were often isolated, with their privacy compromised by shared rooms and routine procedures like pubic shaving, enemas, and artificial membrane rupture. While in labor, women were typically confined to bed with IV fluids, and the second stage of labor occurred in a shared delivery room without privacy. Women were required to give birth in a supine position with legs in stirrups, discouraged from crying out, and subject to an “authoritative” and “disciplinary” approach from staff. After birth, the infant was briefly shown to the mother before being taken away, and episiotomy repairs were often performed without anesthesia due to shortages (2010: 117).

Former Soviet countries received significant attention from international aid agencies to establish evidence-based approaches to pregnancy and delivery (Chalmers and Jeckaite 2010). The World Health Organization, in particular, promoted “holistic, multidisciplinary, and family-centered care” that uses minimal, evidence-based technology (Chalmers and Jeckaite 2010). In Lithuania, perinatal care has improved over the last 20 years, especially in areas like privacy and extended mother-child contact, with significant reductions in infant and maternal mortality (Širvinskienė et al 2023). However, childbirth is still primarily viewed as a physiological event (Gudžinskaitė 2022), with “technocratic hegemony” dominating the discourse on “good care”, limiting individual requests and feelings (Sommer in Durnová et al 2022). The technocratic approach is reinforced by the “good mother” discourse, which stigmatizes women’s wishes that conflict with expected selflessness for their children (Durnová et al 2022).

**Obstetric Violence in Contemporary Lithuania: A Case Study of Police Intervention During Labor**

The recent “My Birth” survey by The Union of Initiatives Protecting Motherhood (MGIS) highlights women’s childbirth experiences in Lithuania (2019-2020). While most women had a positive overall experience, 16 percent reported some form of violence. In certain

hospitals, up to 30 percent of women faced bullying, dehumanizing language, or felt pressured into unwanted procedures. Pain medications, including epidurals, were often charged for despite claims of free healthcare. Around 20 percent of respondents lacked adequate pain relief during and after episiotomy, and about 20 percent experienced postpartum depression, with 3 per cent showing symptoms of PTSD, potentially linked to traumatic birth experiences (p. 22).

A widely reported incident in Lithuania in 2018 highlighted the troubling dynamics of obstetric violence and the broader issue of violence during childbirth. The medical team at the maternity ward of Šiauliai Hospital called for police intervention to manage a reportedly aggressive woman who, during the pushing stage of labor, was refusing to deliver her child, allegedly endangering both her life and that of her unborn baby (Lrytas TV, 2018). The head of the ward characterized the woman's behavior as unsafe and risky, citing her refusal to comply with the medical staff's demand to lie down on the delivery bed: "She did not do what we wanted so we could monitor the state of her fetus." Due to her noncompliance, the woman was placed on the bed by two police officers, who restrained her hands to facilitate what was eventually described as a "successful and safe" delivery (Lrytas TV, 2018). The process was being recorded by police body cameras. The incident reportedly ended with the baby's father expressing his gratitude by shaking the officers' hands and humorously suggesting that the newborn might aspire to become a police officer in the future (15min.lt, 2018). The head of the ward later commended the actions taken, noting that the situation was successfully resolved since the mother left the ward with a healthy baby (Lrytas TV, 2018). Additionally, subsequent media reports revealed that two policemen received awards from the mayor of Šiauliai himself for their exemplary service during this incident (15min.lt, 2018).

The Lithuanian Doulas Association condemned the incident as a severe breach of human rights and obstetric violence. While the media focused on the birth's successful outcome, the Association publicly offered psychological support to the affected woman, who reportedly did not respond. They stressed that this case reflects broader issues in

Lithuania's reproductive justice system, underscoring the urgent need for systemic changes to respect women's autonomy and dignity in childbirth care (15 min.lt, 2018).

The incident described above exemplifies reproductive injustice manifesting as obstetric violence, highlighting the health system's failure to provide care that respects the autonomy, dignity, and bodily integrity of the birthing individual. The characterization of the woman's behavior as "risky" and "noncompliant" perpetuates a narrative of "technocratic hegemony" (Sommer in Durnová et al. 2022: 136), which assumes that the only acceptable way for a woman to give birth is by submitting to the medicalized authority of healthcare professionals, even at the cost of her dignity. The notion that a safe birth is synonymous with a "good mother" who obediently follows medical directives is further reinforced by the framing of the woman as "aggressive" when, in reality, what we see is a woman in labor who refused to comply by stepping onto the delivery bed.

However, this case also highlights the deep entrenchment of the "good/bad mother" discourse in the cultural and political fabric, to the extent that it not only justifies the unacknowledged obstetric violence within the maternity ward but also legitimizes and glorifies institutional violence against mothers. This is evident in the physical restraint of the woman by police officers, the invasion of her privacy through the filming of her in a profoundly vulnerable state, and the state-sanctioned celebration of systemic violence against women-as-mothers through the awarding of "efficient service." Furthermore, the structural and cultural privatization of the birthing body is epitomized by the paternal figure who, with a grateful handshake to the heroic police officers, aligns himself with the system, which is upheld by institutionalized patriarchy.

This paper further examines how the medicalized technocratic voice in the Lithuanian media uses the "bad mother" discourse to shame women who choose unconventional birth options. It reveals how this discourse serves as a strategy to obscure what, according to this paper, is the underlying commonality between these seemingly opposing perspectives: prior experiences of traumatic birth.

## Lithuanian childbirth activism

Over the past two decades, Lithuania has seen a series of campaigns emblematic of maternal activism concerning 1) retired mothers campaigning for financial support (2014), 2) the reactionary "Family March" (2020) events, 3) the demonstration of mothers of LGBTQ children (2021) and 4) "Barefoot mothers" (2021) demonstrating against compulsory vaccination of teenagers during the global pandemic. There were successful initiatives for 5) the legalization of medical abortion (2020) and 6) failed attempts to provide access to free IVF treatment to non-married women (2023). While all of these initiatives and campaigns deserve more in-depth scholarly attention for their maternalist nature, in this paper, I focus on two *childbirth* initiatives that, according to the dominant childbirth "medicalised versus natural" discourse, belong to oppositional sides of unconventional childbirth choices.

## Home Birth Campaign 2012 - 2019: Decolonizing Lithuanian Post-Soviet Reproductive Health System

In 2019, a legal case "Kosaitė-Cypienė and Others v Lithuania" was presented to the European Court of Human Rights (ECHR) that was asserting women's right to have home birth as a human right. The four women who initiated the case were asking the ECHR to advise the Lithuanian Ministry of Health to make legal home birth available in Lithuania (Symon 2019). They all claimed to have had home birth in Lithuania. However, as they could not get professional medical care, they all hired an unlicensed midwife (*pribuvėja*) presented as JIŠ in the case text.

The Lithuanian home-birth movement became public in 2012, when an activist group "The birth" (*Gimimas.lt*) started their public appeals to the medical authorities asking for legal solutions for an already ongoing process (Tavoraitė 2012; Selenis 2012; Jaroslavcevienė 2012). By framing their plea for the legalization of home birth within the paradigm of human rights, the movement advocated for families' right to access safe home birth services (Voitiulevičiūtė 2012).

At that time, home birth *per se* was not illegal in Lithuania. What *was* illegal was to provide professional medical services related to the birth for home-birth deliveries. The general attitude of medical authorities in Lithuania was that birth at home is unsafe for the mother and the baby (Symon 2019). And so it is on the grounds of providing healthcare services that "fell within the competence of an obstetrician-gynaecologist or a midwife" (Symon 2019: 2) that the "unlicensed midwife" JIŠ referred to in the case to EHRC had been charged in 2011 with infant death following home-birth[3]. Eventually, in 2018, the Ministry of Health finally proposed amendments to the Nursing Practice and Midwifery Practice Law. These amendments would allow midwives to provide medical assistance in cases of home births (Jasiulionė 2019). However, although home birth is officially legalized in Lithuania, no healthcare institution has yet taken the necessary steps to offer home birth services leaving home-birthing practices still on the outskirts of Lithuanian perinatal care (Saukienė 2022; Tavoraitė 2019).

The rhetoric of the "good/bad mother" dichotomy was unsurprisingly prevalent in public discussions on this topic. Media coverage frequently portrayed women who choose unregulated home births with unlicensed midwives as irresponsible "brainwashed followers of sects" (Vireliūnaitė 2019), addressing them in belittling terminology (*mergaitės* - little girls) incapable of making informed decisions (Pilipauskaitė-Butkienė 20]16), suggesting that their decisions are driven by emotions rather than technocratic facts or consideration for the safety and well-being of their babies (Adomavičienė 2019; Jablonskaitė 2013; see also Durnová et al 2022). The discourse of blaming the mother, often portrayed as irrational and emotionally driven, became particularly prominent in media coverage of newborn deaths during home deliveries (see Adomavičienė 2019). In these cases, medical professionals criticized the fact that the state should bear the financial responsibility for unsuccessful home-birth outcomes, especially when unlicensed midwives

[3] The unlicensed midwife or doula the case is referring to is Jurga Inga Švedienė, a home birth midwife who has been attending out-of-hospital births in Lithuania since the 1980s. She is considered to be one of the initiators of water births in Lithuania, an activist of the home-birth movement, a leader of prenatal groups for families, and a supporter of intensive parenting (Kiškūnė ir Pociūtė 2005). The investigation into her allegedly illegal activities brought a lot of publicity to the Lithuanian home-birth movement both for the tragic circumstances and for the controversy of the home-birth itself.

remain unidentified and are not held accountable for their involvement (Jablonskaitė 2013).

Academic research on why Lithuanian women actively choose home birth is limited, but existing studies (Škudienė 2014; Jasiulionė 2019) highlight several key factors. Women who planned home deliveries cited access to information (32 percent), a non-medicalized approach to birth (29.7percent) and negative hospital experiences (11.4 percent) as primary reasons for opting to give birth "outside the system" (Holten 2016). Similarly, testimonies from women, families, and activists in Lithuania who choose home birth highlight that *prior negative experiences with hospital births* are a significant factor in their decision-making.

Laima Steponavičienė, head of the Union of Initiatives Supporting Motherhood, argues that many women choose home birth because they fear hospital births (Martišiūtė 2019). Challenging the prevailing perception of home-birthing women as irrational and emotionally driven, she observes that women who choose home birth are often highly educated and financially secure, and typically make this decision after extensive consideration and preparation. Similarly, testimonies of women who have opted for or would consider a planned home birth in Lithuania frequently highlight a fear of hospital deliveries, often stemming from previous unpleasant or traumatic experiences in a hospital setting, as a primary motivation for seeking "unconventional birth options" (Feeley et al. 2021) (Vireliūnaitė 2019). The fact that these choices of unconventional birth are largely determined by the reality of reproductive (in)justice is also echoed by the leader of Lithuanian Midwives' Association: "They no longer trust us. [...] I believe this is a deep legacy of the Soviet era, and it is passed from mouth to mouth that women were treated disrespectfully, that they were called all sorts of names, and that they were mocked" (Joneliūnienė in Laura Adomavičienė 2019).

**“All are able to give birth, and so will you”: Selective C-section campaign 2021-2024**

A grassroots campaign titled *Moterų teisė pasirinkti gimdymo būdą Lietuvoje cezario pjūvio būdu* (Women’s Right to Choose the Method of Childbirth by Caesarean Section in Lithuania) was launched in 2021 with a dedicated Facebook channel, which currently has approximately 1,900 members. The group’s activities quickly expanded beyond social media, evolving into proactive lobbying efforts that included media outreach and formal requests to Lithuania’s Ministry of Health as well as intense consultations with members of the Parliament, representatives of non-governmental organizations defending women’s rights, the Lithuanian Association of Obstetricians and Gynecologists, and healthcare institutions (Želnienė 2024; Saukienė 2022; Kasperavičiūtė-Martusevičienė 2024). The visual and textual elements of the group’s slogan are deeply embedded in feminist epistemology. The image, featured as the cover photo on their Facebook page, depicts three clenched feminine fists accompanied by the slogan *Mano kūnas – mano pasirinkimas* (My body – my choice). Unlike the home-birth movement, where the political message is more subtly rooted in the discourse of decolonizing (or desovietising) the Lithuanian reproductive health system and aligning with the civilized community of European countries that provide such options, the C-section movement, albeit visually, adopts a more direct approach of choice feminism. In line with the legitimisation of women’s rage of the post- “Me Too” era (Kay 2020), this movement explicitly employs feminist language in its visual campaign. Discursively, however, the political lobbying of the group was more embedded in the discourse of consumer’s/patient’s rights and in bringing into the light already existing practices of illegal deals between medical practitioners and women/families who desired a C-section delivery even without medical indications (Saukienė 2022; Vorobjovaitė 2021).

An analysis of media reports on womens’ wish to birth via elective C-section initiative reveals that the discourse was predominantly shaped by technocratic expert interviews (Marcinkevičienė 2023; Kaušakienė 2017; Dargevičiūtė 2018; Saukienė 2022), which largely promoted the “natural” vaginal hospital birth as the optimal choice for both mother and child (Marcinkevičienė 2024; Kaušakienė 2017). The coverage ranged from neutral

discussions of the benefits and drawbacks of the C-section procedure (Kaušakienė 2017) to more opinionated narratives emphasizing the potential dangers of "unnecessary" C-sections (Buitkutė 2013; Dargevičiūtė 2018) with only occasional inclusion of testimonies from and about women who ultimately chose this less conventional form of delivery (Saukienė 2022; Burlėgaitė 2022). Although some medical experts acknowledged that C-sections upon maternal request are and would likely remain rare[4] (Kaušakienė 2017; Saukienė 2022; Kauno diena, 2022), media discussions delivered an anecdotal understanding of women's motivation behind such choices. The perceived motivation of women who opt for an elective C-section delivery was described as a pathological fear of vaginal birth (tokophobia) (Saukienė 2022), trauma to women's genitals and consequent problems with intimate life (Dargevičiūtė 2018), the preservation of the body shape after vaginal delivery (Ionovienė 2024).

Just like in the case of home-birth campaign, the ideology of the "bad mother" functions as a powerful discursive force in media representations of mothers who choose an "unsafe" C-section delivery without medical indications. Rooted in the hegemonic narrative that a mother's primary duty is to prioritize her child's well-being above her own, these mothers are frequently depicted as "uninformed" (Miknevičienė 2022), driven by emotions or mere caprice (Kasperavičiūtė-Martusevičienė 2024). They are often shamed for choosing to "cut" their children out rather than enduring childbirth (Burlėgaitė 2022), and are portrayed as thinking only of themselves, neglecting the well-being of their children (Miknevičienė 2022; Butkus 2021). Additionally, they are framed as depriving their children of the opportunity for healthy psychological development.

> Therefore, as a tax-paying citizen and a specialist in this field, I do not want to cover the costs of women who do not understand how such a choice harms their children's psychological health. I do not want to pay for the consequences of decisions made by those gripped by fear, afraid of pain, and devoted to the "my body – my choice" religion. And not

[4] Vytautas Abraitis, one of the few OB-GYNs who has officially supported the initiative, argues that statistical data from countries where C-section deliveries on maternal request are legalized show that the number of elective C-sections does not exceed 2 percent of all deliveries. Based on this data, he estimates that in Lithuania, this would translate to no more than 400 cases per year (as cited in Saukienė 2022). In fact, the most recent available statistics reveal that only 16 Lithuanian women chose the newly available option during its first year of implementation (Ionovienė 2024).

> just because of that... A more important reason is that the child is deprived of the opportunity to be born naturally, the same way they got there in the first place (Drupienė 2024; see also Buitkutė 2013).

Importantly, the activists of this grass-roots movement reveal that a major part of the women who would be opting for this type of delivery belong to a group who previously had a negative or traumatic birth experience (Vitalija Dumčienė in Ionovienė 2024). In fact, as Vitalija Baltrušaitytė, one of the leaders of this grassroots movement expressed on a national radio program "The initiative primarily arose from women who had already experienced a negative birth and began seeking ways to make their second birth easier" (in Butkus 2021).

Accordingly, my ethnographic observation of the group's activities since its inception revealed that its members were highly critical of the dominant discourse that positions vaginal hospital birth as the safest option for women. Opposing the dominant discourse around safe birth, group members frequently shared personal and media stories on obstetric violence, tragic or lifelong birth traumas experienced by both mothers and babies, as well as instances of stillbirths occurring in hospital settings (Bočkienė 2024; Burgėlaitė 2022; Butkus 2021). A significant topic in these critical discussions was the way hospital management implements the "acceptable" number of C-section deliveries, influenced by financial considerations and adherence to the recommended percentage of interventions set by the WHO (Kaušakienė 2017; Burlėgaitė 2022) suggesting that the health of women and newborns may be compromised to meet established institutional requirements. Dominant in group discussions are group member's inquiries about recommendations of ob-gyns who would be supportive of their desire for an elective C-section delivery as well as consultations about practicalities of getting these services in Latvia - a commonplace of Lithuanian families seeking services in reproductive health (Ionovienė 2024; Kasperavičiūtė-Martusevičienė 2024).

## Discussion

In a 2022 media report, an ob-gyn Virginija Paliulytė described the paradoxical nature of the two Lithuanian birthright campaigns:

> Now, at the same time, one group of women is demanding as little interference in childbirth as possible [...] The other group, which is active at the same time, wants to win the right to choose elective cesarean operations. But there can be no clear-cut answer in this debate, because women do not really know what they want. We doctors want to maintain that balance. We are flexible for discussion and all we want is a happy ending for both mother and child (in Miknevičienė 2022).

According to this technocratic medicalised approach, the two Lithuanian initiatives focused on birth activism are at odds. On the one hand, the home birth movement emphasizes unmedicated delivery, advocating for a natural birth experience and as little medical intervention as possible. On the other hand, the campaign promoting C-section delivery upon maternal request requires a fully medicalized approach to childbirth. The approach of expert-driven medical authorities to these two movements is rooted in the paradigm of risk management and is heavily outcome-focused, presuming a well-established and universally accepted definition of what constitutes a "happy ending" or a good birth for both the mother and the child. Shaming the women behind these campaigns as failed maternal subjects, primarily for not conforming to the hegemonic framing of a safe and happy birth, serves as a strategy to uphold the technocratic status quo. However, the oppositional framing of these deliveries neither acknowledges nor seeks to address the underlying motivations driving these birth choices.

A matricentric interpretation of the cultural narratives surrounding these two movements, coupled with an analysis of available motivations of women for their choices, suggests that these seemingly "oppositional" Lithuanian birth campaigns can be understood as grassroots responses to ongoing violations of reproductive justice within the contemporary Lithuanian perinatal care sector. While the dominant "good-birth" discourse appears to be pitting these two groups against each other, reframing media testimonies of women's birth experiences through a matricentric lens reveals that these movements are embedded in prior experiences of traumatic birth or obstetric violence. Despite improvements in official

maternal and neonatal mortality rates, one-third of birthing women in Lithuania describe their birth experiences as negative (Butkus 2021). Media testimonies expose a harsh reality for many, including cases of humiliating language, violations of privacy, unsolicited interventions, and denied interventions, all contributing to traumatic birth outcomes. However, the paradigm of "normative motherhood" (O'Reilly 2023), as aptly illustrated in the case of police officers at birth, acts as a cultural veil under which institutionalized violence against women-as-mothers is routinely concealed. Unsurprisingly, as an obstetrician Agnė Škudienė has aptly concluded, the fear of birth (and fear of hospital birth for that matter) forms as a response to personal experience: "often involving disrespect, coldness, coercion, and uncertainty in labor wards. For these reasons, women opt for a protocolized cesarean section. A woman understands that there will be surgery, a scar, and difficulty. But she knows what to expect. The labor ward is filled with uncertainty and almost no emotional connection" (in Kasperavičiūtė-Martusevičienė 2023).

**Conclusions**

This paper demonstrates that a matricentric feminist approach to childbirth activism in Lithuania provides a matrifocal lens to the two seemingly oppositional movements. Firstly, my analysis of the punitive discursive use of the good/bad mother dichotomy in Lithuanian media illustrates how "normative motherhood" (O'Reilly 2023) serves as the discursive bind connecting the two campaigns through the shaming of mothers who choose "risky" or "unsafe" births. The dominant voice of technocratic medical experts in the media overshadows any search for an authentic voice of women who opt for an "unconventional birth". However, while scarce and not representative, the available data on women's motivations behind both of those movements point to their previous experiences of various forms of obstetric violence in Lithuanian perinatal care institutions. This assumption is supported by contemporary research provided by the MGIS NGO, which shows that disrespectful and dehumanizing behavior in childbirth is still experienced by at least 20 percent of Lithuanian women during childbirth. Admitting that a more in-depth analysis of women's motivations is needed, this paper argues that the two childbirth campaigns should be understood as manifestations of the material realities of Lithuanian women concerned

with reproductive injustice and the dominating motherhood ideology and call for a more in-depth qualitative research to gain a deeper understanding behind women's choices of unconventional birth, thus challenging the dominant technocratic hegemonic discourse that shames these women as irrational gendered subjects. Consequently, acknowledging the lack of feminist interventions addressing perinatal care issues in Lithuania, this analysis demonstrates how a matricentric feminist approach can see through the question of birth choice as solely a question of essentialised motherhood and offer a more nuanced perspective on matters of reproductive injustice.

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