

Mothers During the War

Mariia Shvab on How to Talk about Pregnancy and Childbirth

The conversation was recorded online on July 21, 2023

■ **Mariia Shvab (M. Sh.):** I'm a researcher with a bachelor's degree in sociology and a master's degree in public health, both from Kyiv-Mohyla Academy. I then spent an additional year studying in the Epidemiology and Biostatistics program at the State University of New York at Albany. Currently, I am pursuing a PhD at Maastricht University, where my work sits at the intersection of sociology and public health. My research focuses on reproductive services, particularly their quality and alignment with human rights, using childbirth as a case study. This topic has been central to my academic work for many years.

When the full-scale invasion began, I had a deep understanding of childbirth practices in Ukraine and the challenges faced by women during labor. It was immediately clear to me that the war would only exacerbate the problems within an already flawed system that was in need of significant improvement. This experience is closely tied to my academic interest in understanding what happens to women forced to give birth during large-scale conflicts. Initially, when I began exploring publications on childbirth during wartime, I found very few. Most of them focused on Rwanda, which presents a vastly different cultural and military context to that of Ukraine. Moreover, I came to see the importance of this research not only in terms of academic inquiry but also as a way of documenting and disseminating critical information internationally.

■ **Natalia Otrishchenko (N. O.):** In emergency situations, we inevitably draw on our prior knowledge and skills, but the way we do

so can differ greatly. Recording interviews in a peaceful setting is one thing, but conducting conversations under the constant threat of missile attacks is an entirely different challenge.

The security situation in Ukraine has changed drastically since February 24, 2022. Could you share how you managed to adapt your previous experience to these new circumstances? What adjustments did you have to make, and what new challenges did you encounter in your work?

■ **M. Sh.:** Looking back, I realize that my master's thesis was already quite critical, as I raised many questions about the work of doctors. The core problem with our healthcare system is that it's not patient-centered; instead, it heavily revolves around the doctor's perspective and experience. When the full-scale war began, my focus shifted dramatically. I realized that we are now talking about people who remain in hospitals, who are forced to work in superhuman conditions. It was no longer just about improving the quality of services but about ensuring those services could be provided at all. My current research examines how obstetric care is managed in wartime. Specifically, I'm interested in how the lives of women have changed, how their experiences of pregnancy, childbirth, and the postpartum period have been reshaped by the war.

At first, I put off the idea of collecting interviews. I was afraid of the potential trauma these stories might uncover. I discussed these fears with colleagues, some of whom worked in organizations monitoring the quality of childbirth and mothers' rights before the invasion. They shared how, even in peacetime, interviews could unearth painful memories. For many women, childbirth is already a traumatic experience for various reasons. War has only added another layer of trauma.

I worried about destabilizing someone who had managed to achieve some psychological balance. The fear of triggering emotional distress was especially strong when interviewing women from frontline regions or those who had survived occupation. While I didn't encounter as many "difficult" interviews as I initially feared, my colleagues and I decided to prepare for such situations. We sought out a specialist to whom we could refer anyone who seemed overwhelmed during the interviews. Finding this specialist took time, as did refining the questionnaire. Ultimately, we didn't start conducting interviews until October 2022.

That timing, however, brought new challenges. October marked the beginning of attacks on Ukraine's power plants, leading to widespread power outages. The interviews were conducted between

October 2022 and early January 2023, often under challenging conditions. We felt a sense of urgency, as though this was the last opportunity to gather data before losing all internet access and means of communication. By March 2023, things had stabilized somewhat, but at the time, we couldn't afford to wait.

Interviewing women who had recently given birth presented unique difficulties. They were often caring for their babies, needing to breastfeed or manage a crying child. Some had to find someone to look after the child just to participate in the interview. For women who had evacuated, the situation was even harder—many were without their husbands, who were either serving in the armed forces or unable to leave home. These challenges were compounded by the lack of electricity, which frequently forced us to reschedule interviews. Sometimes it was something on their end, and sometimes on mine, but disruptions were almost constant.

■ **N. O.:** When you mentioned the potential trauma involved in this topic, it reminded me of one of the seminars we held as part of our initiative. During our weekly meetings with researchers and scholars studying war, conflict, and various forms of violence, medical anthropologist Cassandra Yuill from City St George's, University of London shared her experience. She spoke about interviewing women and doctors regarding induced labor, highlighting the ethical challenges of such work and the potential for these conversations to be deeply traumatic—for both the interviewees and the researchers.

Did you originally plan this project before the full-scale invasion?

■ **M. Sh.:** Before the invasion, I was planning a dissertation that would cover the entire perinatal period—pregnancy, childbirth, and the postpartum phase—focusing on the quality of medical services in Ukraine. I intended to study how these processes unfolded, the traumas women might experience, and ways to address and improve their experiences. Then the invasion began, and everything changed. It became impossible to discuss these topics without considering the war. The stigma of war is now inescapable, and it will shape our lives for decades, if not centuries. It quickly became clear that I would have to delve into the specific challenges of childbirth during wartime.

■ **N. O.:** How did you find your interviewees and manage communication with them?

■ **M. Sh.:** My respondents were women aged 17 to 40. To reach them, I used a similar approach to what I employed during my master's thesis. I posted an announcement on Instagram and Facebook, explaining that I was conducting a study. Since these platforms are

popular among young people, they proved effective for reaching my target audience.

Participants could choose to have an online conversation with me or respond to the questions via email by completing a Google form. Naturally, written responses tend to differ qualitatively from those provided in interviews, as people generally write less than they speak. However, this approach offered flexibility: respondents could either share their story in writing or talk about it orally. In the end, I conducted 25 interviews and received approximately 50 responses through the Google form.

■ **N. O.:** Can you tell me about the questions you discussed with the women during your conversations, as well as those included in the online form?

■ **M. Sh.:** The Google form and the interview guide included the same core questions. The main difference was that, during interviews, I could clarify responses or explore topics in more depth—something not possible with the online form. I began by asking about the pre-war period: what the atmosphere in their family was like, and whether they anticipated an escalation. Then, I moved to February 24, 2022: how they felt when the invasion began, what went through their minds, and what they expected. Next, I asked about their pregnancy, focusing on positive moments to briefly steer the conversation away from the war. Afterward, I tailored the questions to the woman's specific situation—whether she was evacuated, had stayed where she lived before the invasion, or had been under occupation. Each scenario came with its own set of questions. The next section was about childbirth: where and under what conditions it took place, how it differed from previous experiences (if applicable), and how the invasion had influenced maternity care practices. I also asked about their experiences with bomb shelters and the adjustments made to maternity care since the start of the invasion. Finally, I explored how their lives had changed overall and how they were managing with a newborn child in the context of war.

■ **N. O.:** As I understand it, you worked alone. How did you manage, and how did you take care of yourself under these conditions?

■ **M. Sh.:** While this is my dissertation project, I didn't handle everything entirely on my own. Someone helped me with the transcription, which is one of the more challenging parts of this research. Once she completed her work, we discussed it as professional colleagues, as she is a sociology student. She admitted that the process of listening and transcribing had been emotionally taxing, and I think it left her

feeling somewhat depressed. However, she also identified some systemic patterns that stood out during her work.

■ **N. O.:** I'm convinced that it's crucial to acknowledge the contributions of those who transcribe interviews. It's not just a technical task—it can be an emotionally demanding experience. Including conversations with transcribers in our methodological reflections is important, as their perspective often adds depth and nuance to our understanding of the interviews.

■ **M. Sh.:** I completely agree with you. As for my psychological state—I've noticed this pattern since working on my master's thesis—you gradually become desensitized to these stories over time. At first, they have a profound impact on you, but as you hear more, they start to blend together, and a kind of “numbing” sets in. You're less shocked or horrified by each new account, even though some stories are truly terrifying. For example, I interviewed people who fled from Mariupol and Bucha, and their experiences were harrowing. Still, I feel like I'm in a state of prolonged shock, which continues to influence my emotional responses.

I also shared some of the more difficult aspects of my work with others—not the details, of course, as I always respect the anonymity of my narrators—but enough to process what I was hearing without internalizing all of it myself.

■ **N. O.:** Last year, I had the chance to meet Mary Marshall Clark, who led a project interviewing New Yorkers shortly after the 9/11 attacks. Her team began speaking to people just days after the Twin Towers fell. She said something that really struck me and that I hadn't fully considered before: “The consequences of these conversations for researchers will reveal themselves later.”

When you're in the thick of it—still mobilized and working on adrenaline—it's easy to push through, but eventually the weight of the stories you've heard can catch up with you. That's why it's so important to think about long-term psychological support for those who document and listen to war stories. This isn't just about immediate support but also about providing help at regular intervals over time.

Perhaps this responsibility should fall to institutions, as researchers often have to bear this burden alone. Universities or research centers working with such narratives should consider building in policies—regular psychological check-ins or something of the sort.

What stage is your project at now?

■ **M. Sh.:** Right now, it's in the data analysis phase. My next steps include preparing a report in Ukrainian to share the results of my work locally. Additionally, I plan to write an academic article in English and submit it to an international journal. From the very beginning, I wanted this research to reach a global audience. It's important to share our experiences beyond Ukraine—to provide insights that can inform policy and decision-making on a broader scale.

■ **N. O.:** Do you plan to archive these interviews in a way that would allow other researchers to work with them in the future?

■ **M. Sh.:** I'm extremely cautious when it comes to the safety and privacy of my respondents—probably even more meticulous than necessary. Conversations about childbirth are inherently sensitive, as women often share deeply personal and intimate details. My priority is to protect their privacy as much as possible, which is why I'm hesitant to share the interviews.

It's also important to consider that someone might agree to share their story today but feel differently tomorrow. They could experience regret, embarrassment, or even moral distress later. For this reason, I'm not comfortable making the transcripts publicly available. That said, I might consider sharing them on a case-by-case basis if a researcher approaches me directly. However, this would only happen after obtaining additional consent from all the respondents involved. For now, I don't see any way to make these materials accessible without compromising confidentiality and the safety of the individuals who trusted me with their stories.

■ **N.O.:** How do you see the future of this initiative? Do you plan to continue it in some way?

■ **M. Sh.:** I believe I'll stay with this topic for a long time, perhaps for the rest of my life. I intend to continue collecting women's stories about pregnancy and childbirth. In about a year or so, I plan to enter the second phase of this project, which will involve gathering more stories because I don't think I've collected enough yet. So far, I've conducted 25 in-depth interviews and gathered 50 written responses, but I feel these need to be supplemented by more oral conversations. I recognize that the sample I have is not yet theoretically saturated. For instance, most of my stories come from the western part of Ukraine, where people stayed in their homes, but the southern and eastern regions—areas affected by occupation—are under-represented. There are only a few stories from these regions, and so we can't yet talk about data saturation there. I understand that these regions hold a great deal of variation, but I haven't been able to cap-

ture it yet for a number of reasons. People there are simply not in a position to participate in interviews right now.

Another limitation of my research is that the women I've spoken to already live in relatively comfortable conditions, considering the circumstances of full-scale war. They're psychologically and materially stable enough to have the resources for this kind of conversation. Many other women, however, don't have the resources for such a conversation right now—they're focused on survival, not on sharing their stories. I believe that, at some point in the future, they'll have the emotional and physical resources to participate—either because they've evacuated or because we've liberated those territories. When survival is no longer their primary concern, that's when it will be time to collect their stories. So, this research must continue to provide a fuller picture, because what we have now is just a small fragment of the overall situation.

■ **N. O.:** But I think it's incredibly valuable that you began recording interviews back in 2022. Conditions are changing, and people will tell their stories differently as time goes on—even the women who are in a more stable situation now.

■ **M. Sh.:** Absolutely, yes.

■ **N. O.:** And it's equally important that you've mentioned this question of resources: to what extent are we able to hear certain voices now, and to what extent are some stories left unheard because some people have the means to speak, while others do not? Perhaps there are even those whose stories we will sadly never be able to hear.

If you could offer any advice to yourself when you first envisioned this project, or to someone taking on similar challenges now—interviewing people in the context of a full-scale invasion—what would it be?

■ **M. Sh.:** I probably should have started earlier, perhaps in the summer. I began quite late, but on the other hand, considering the question of resources we just discussed, I realize that, at that time, women might not have been ready to agree to an interview. In the summer there was still a lot of uncertainty, and people were focused on other things. By the fall, things started to become clearer, and there was a certain adaptation to the situation.

What I noticed in the interviews is that people are very much shaped by the war. Talking about the winter or spring of 2022 feels like old news for them. Had I started collecting stories earlier, the narratives would likely have been different. By October-November 2022, many people had already reflected on their experiences, espe-

cially those who gave birth at the end of February 2022. If I had interviewed them in the summer, the stories would have sounded very different. On the flip side, collecting interviews in October gave me the opportunity to reach women who had given birth during power outages, which added a different thematic layer.

Another piece of advice is that it's much easier to implement such projects as a team. For one, there are more human resources, and secondly, it ensures better control and focus. With a team, the work would go much faster, and it's important to move quickly if your research is to have an impact and possibly lead to change.