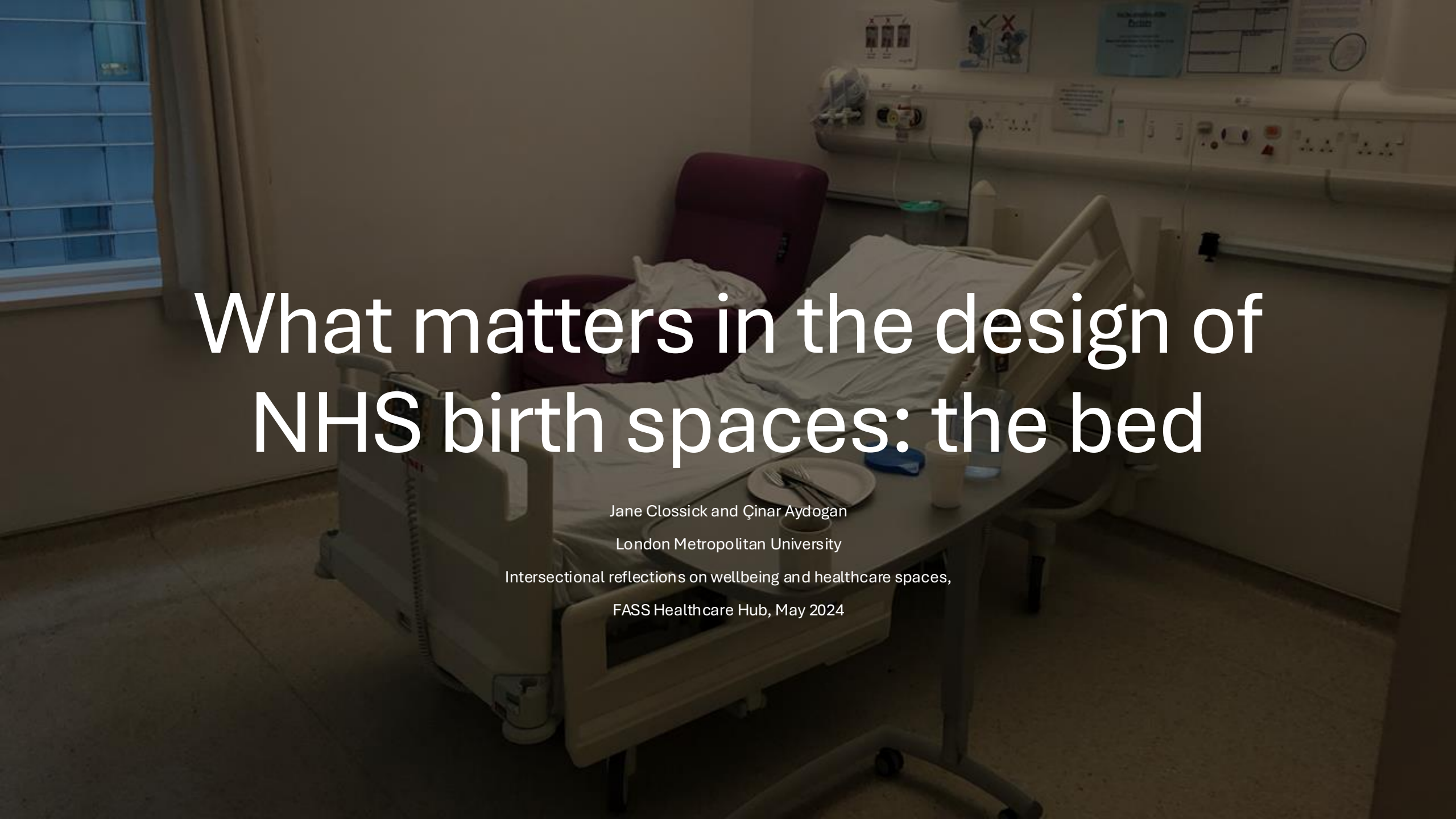


A photograph of a hospital birth space. In the center is a white adjustable bed with a red chair behind it. To the right of the bed is a grey table with a plate, cutlery, and a glass. The background wall is white with various medical equipment and posters. A window with blue blinds is on the left.

# What matters in the design of NHS birth spaces: the bed

Jane Clossick and Çınar Aydoğan

London Metropolitan University

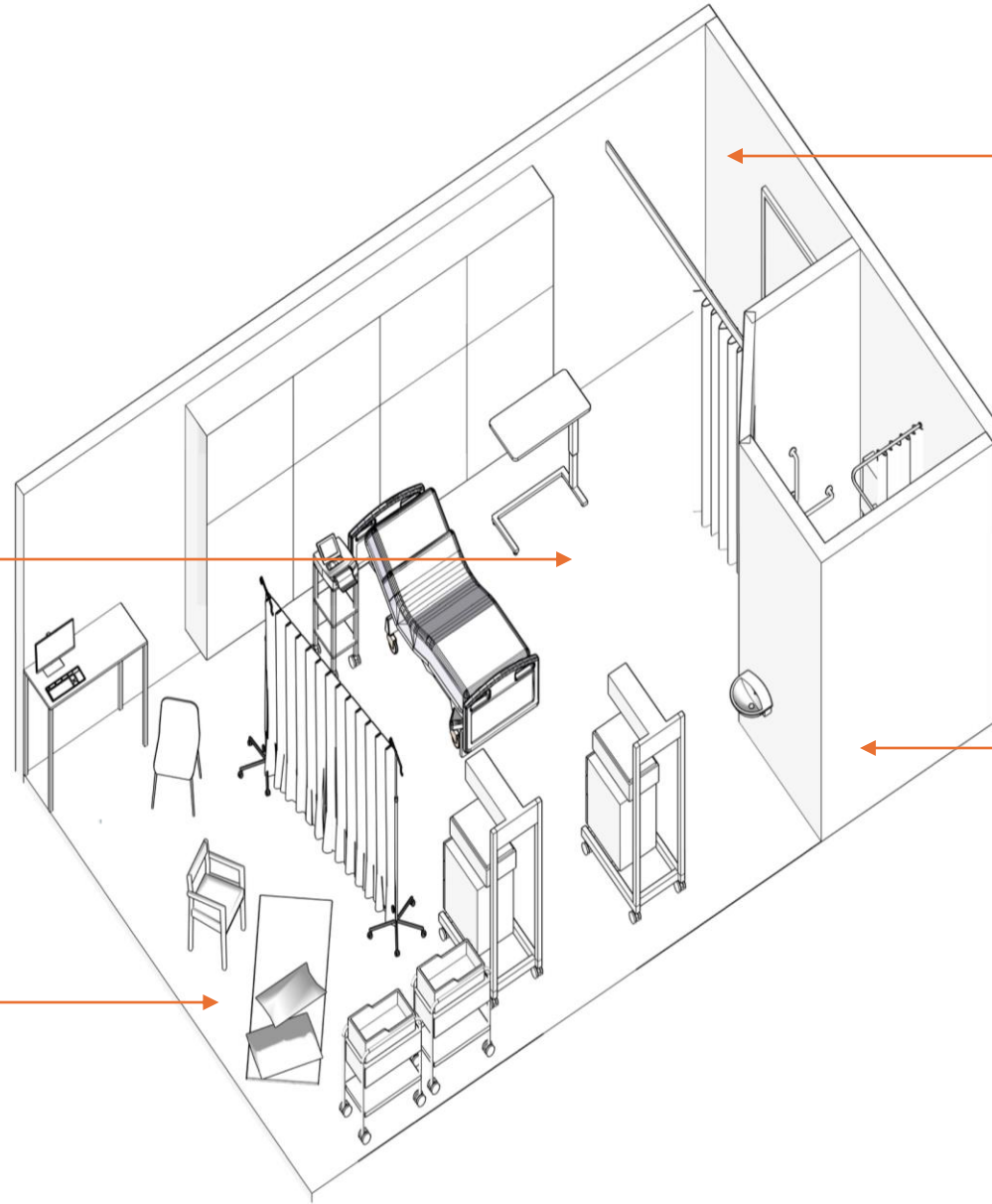
Intersectional reflections on wellbeing and healthcare spaces,

FASS Healthcare Hub, May 2024



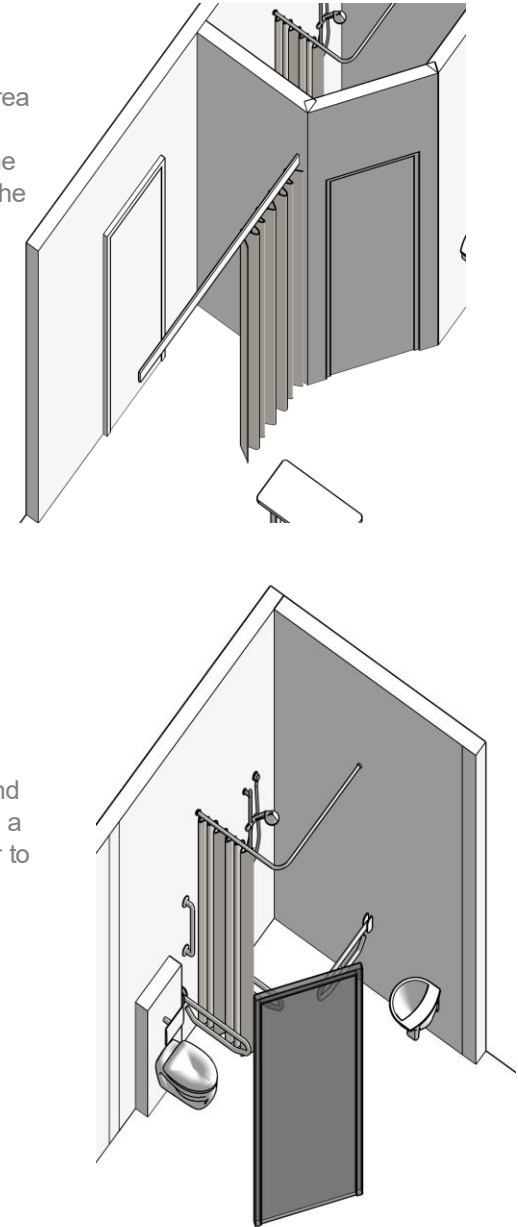
The room behind the cloth contained many people, who I couldn't see.

Zone created by the cloth, which I brought from home and suspended between two drip stands.



Privacy curtained area screening & buffering the room from the corridor.

Bathroom, offering darkness and privacy with a secure door to close.



'Spaces of my birth' initial drawings (for unpublished journal article, 2023)



Spaces of Birth workshop, practitioners and academics (June 2023, London Metropolitan University)

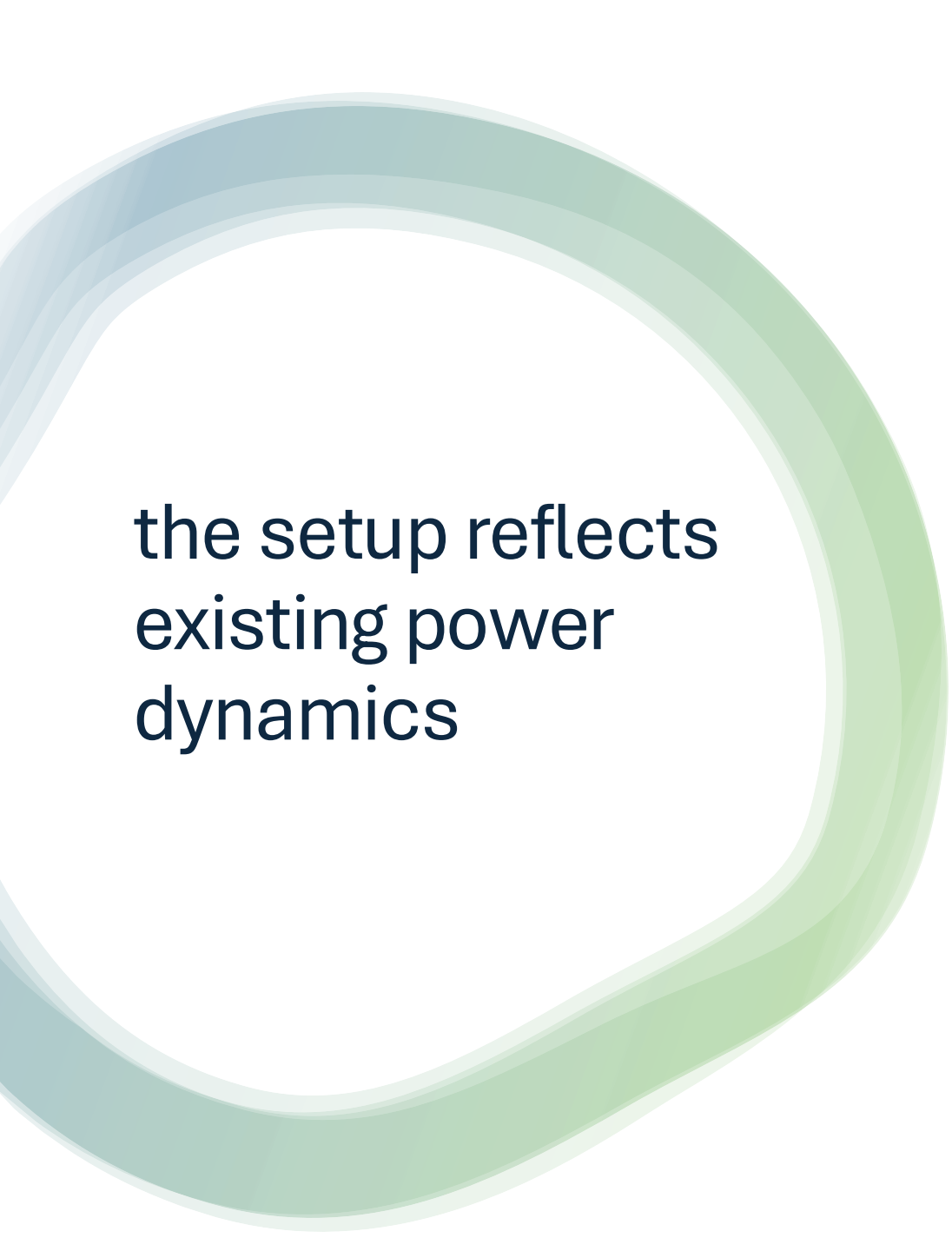


institutional  
objectives differ  
from the birthing  
person's

“the electrics, or the gases plumbed in, in a certain part of the room, so in order to use them with the bed, you have to move the bed... when a new hospital is ... designed, it's always described by the number of beds” (architect)

“the bed shouldn't be the focal point of the room. What message does that instill we associate the hospital bed with being a patient, with being ill and poorly?” (midwife)

“your values and who you are and your preferences, leave them at the door, because this is my territory you're going to do as I say. Beds and gowns are symbols of that... I'd be there in uniform, or maybe my own clothes” (midwife)



## the setup reflects existing power dynamics

“so many different people are interacting with that space on a daily basis cleaners, unless everybody has been briefed which is impossible, because nobody's ever in the same space at the same time, someone will come in and think, Oh..., let's just put it back to the middle, because that's where it belongs” (midwife)

“if the cleaners clean in other spaces, and the rest of the hospital looks like that, they will probably think there's something wrong and put it back” (architect)

“territories and the way of asserting some sort of power and control, ‘[there’s a] hierarchy between midwives, doctors, but actually it's the invisible things. There's also bureaucracy... not letting a birth ball get plugged in, or infection control say you can't use birth balls. ...it's these things that really influence the institutional running” (midwife)



it helps with  
surveillance to put  
the bed in the  
middle of the room

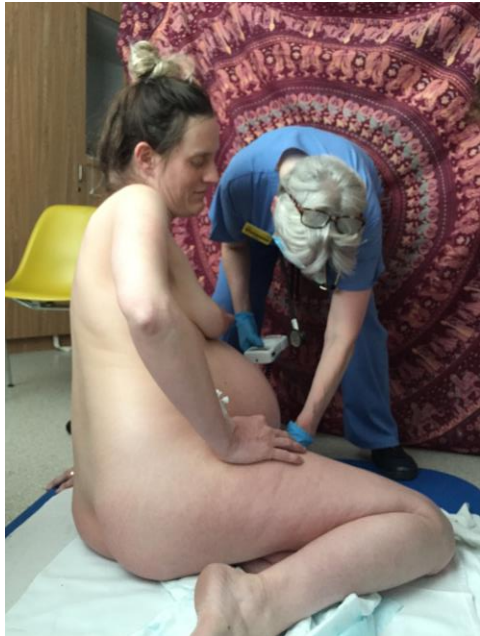
“when my dad was dying and cleaner is trying to come clean... it's “no, but we have to do it.” Honestly. I was like, you know, do my best midwife and guarding the door. Having to argue with them. No, I'm saying no, thank you” (midwife)

“the space, room, the Panopticon reinforces the surveillance. My job isn't to care and develop a relationship with you. It's to survey you, and are you meeting certain criteria and if not, let's do something and it's very disembodied and depersonalised” (obstetrician)

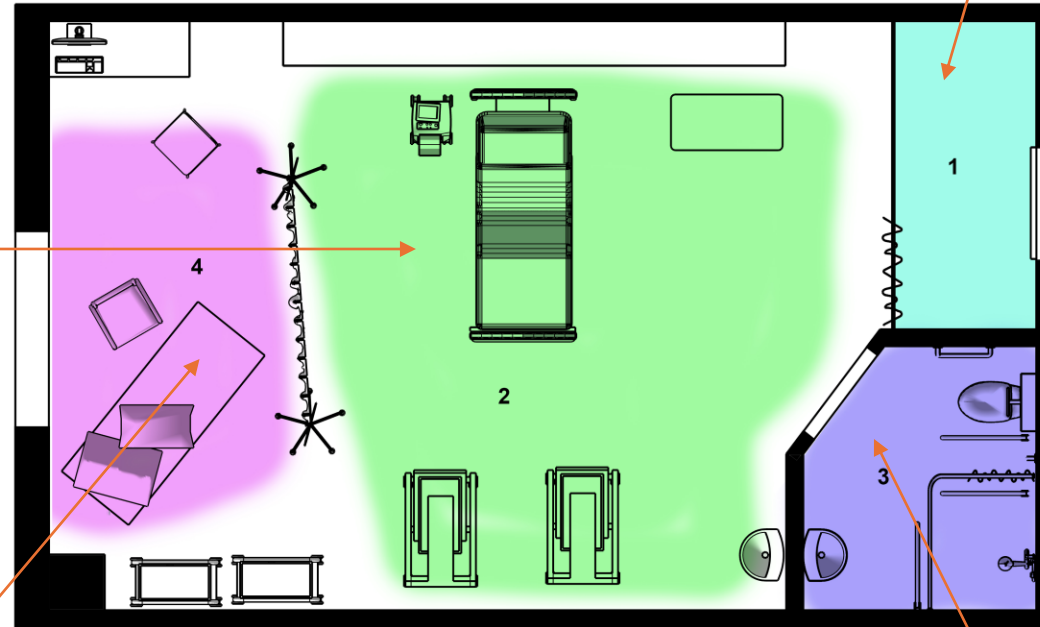
“midwives and maternity care assistants we keep the rooms tidy, neat put everything away because God forbid there's an emergency you need to be able to run. You can't move anything in an emergency” (midwife)



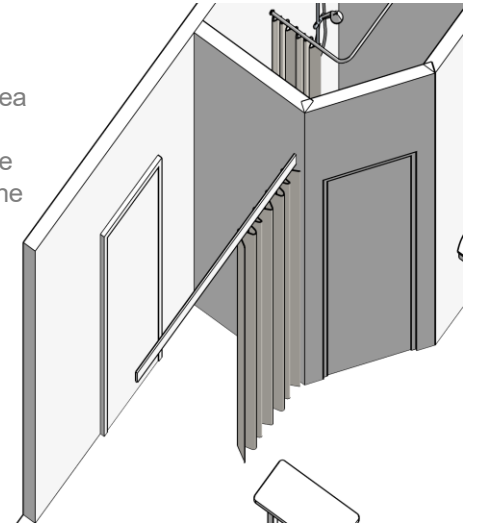
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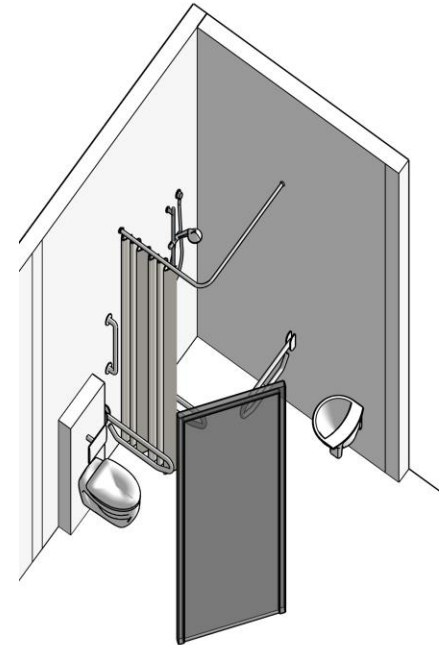
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## Spaces of Birth and Death

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Çinar Adoygan

[https://urbandepth.  
research.londonmet.ac.uk/  
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birth/](https://urbandepth.research.londonmet.ac.uk/workshops/spaces-of-birth/)

