

# MY BABY BOX

by

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## Outline

A portrait of Queen Victoria's baby. Statistics on the fertility of educated women. Tokens left at the Foundling Hospital. Sunken headstones in a suburban cemetery. Tiny 4,000 year-old beads. A hippo amulet. The bones of a newly born child...

These are some of the things in My Baby Box, a memoir about my double loss. The loss after a diagnosis of infertility and the loss after the death of my unexpected baby.

It is also about my double love. The love found through adopting a child and then having a second baby who lived. It is about trying to become a mother through fertility treatment, approval from committees, getting to full-term pregnancy and giving birth safely, as well as what I have learnt about the historical context of what I went through. It is my account of trying to become a mother in early twenty-first century Britain and how I came to understand what happened to me through the things belonging to those who had been there before me, whether in Victorian Wigan or Ancient Egypt.

Motherhood was something I had to fight for, physically, psychologically and emotionally. I made sense of my story through people and their possessions from the past, whether books, documents, jewellery, portraits or boxes. Thinking about and investigating these objects helped me to express my own emotions of loss and frustration as well as examine the gendered power systems in which they were created or given meaning. At times of crisis, of immense loss and bewildering anguish, I did the only thing I knew how to do: I immersed myself in the past and made connections. By doing so I refocused on the present and hoped for a different sort of future, moving from loss to love.

I needed something to do, something I could control. When Emily, my eldest daughter, was in the incubator, I was shown how to feed her via a machine and it

gave me a sense of purpose. For days I sat by her, her hand resting on my fingers. Going to feed her took my mind away from the results of scans and tests. After she died and in the midst of the pain of my immediate physical grief, I needed another sense of purpose. Yet, this control could just as easily be shattered by an object as built by one. A display case containing the bones of a newly born baby from 1,700 years ago brought back the dim light shining on Emily's tiny body encased by glass. Three years after she died, I heard hushed voices, beeps of machines and felt her hand on my fingers as I stood in a Roman villa in Kent. The past and present collided. Loss, like love, cannot be controlled.

The death of Emily at just eight days made me think about how we express grief in society today compared to the past. This is doubly important against the backdrop of a global pandemic, in which people died and were (are) left to grieve without the physical comfort of their loved ones. Having barely been able to touch her, I held my baby as she breathed her last. It was traumatic. But the trauma of not being able to do that would have been far worse. Death and grief are key events in life that we need to share to help each other heal. If we do not share our stories and reflect, we cannot understand our loss or our love. More than that, if we fail to comprehend why loss affects some groups of people in society more than others - whether that is infant or maternal mortality or diseases such as COVID 19 - we condemn future generations to share in our suffering.

Some women – white, educated and middle-class like me – have always benefitted more than others from the institutions and benefits put in place over the last one hundred years, but it was once a commonplace to lose children, and often the mothers, too. What gave me hope amongst all this historical and personal loss were the women (and a few men) who pushed for better support for children in care, for antenatal provision and safe childbirth. Sometimes, as in the case of eugenicists in the early twentieth century, their motivation was ideological and their prejudices embedded within our social and health care systems. Infertility, miscarriage, stillbirths and baby loss are not just to be found in the history books, but are a constant, awful reality, even in western nations with developed healthcare systems. My double love has been hard won. I needed many different kinds of support to recover from my double loss - personal, private and supplied by the state. In fact, we all depend on such systems of support to live and have an equal chance at life. What

I have been through, and what I have discovered as a result, puts me in a unique position to tell a universal story.

## **Chapter Synopsis**

### Prologue

I begin by looking at a portrait of Georgina Burne-Jones by her husband Edward, a Pre-Raphaelite artist, and the words that describe it in two different exhibitions in 2019 at Tate Britain and the National Portrait Gallery, London. I interpret this painting differently, pointing to Georgina's loss of a baby at three weeks old and how she described, three decades after the death of her son, having a shadowy child who still lived with her. I knew from my own experience that such loss never disappears, though it is often not seen by others. I explain why and how I blend people and things from the past to tell my story.

#### 1. Trying to Conceive

I describe how I fell in love with a baby portrait of Queen Victoria's youngest daughter Princess Beatrice by the artist Mary Severn. The vibrant lively portrait of this baby haunted me over the following five years as, despite all the trying to conceive and all the treatment, I failed to get pregnant. I began to read my story of infertility in the artist Mary Severn (later Newton)'s own childlessness. Mary was a successful professional woman, who supported her family through her work, but during five years of marriage did not have children. Biographers have inferred that she could not and have written about her as a tragic figure, almost as a failure. I felt that sense of failure keenly.

#### 2. Endless Hope

Medical professionals took over from me in recording and analysing my bodily functions in ever more complex ways and through increasingly invasive procedures. Clusters of cells, pregnancies, were inserted into me only to become red blotches in a toilet. When it all failed, my body was branded infertile. It took me time to realise

that I was grieving. The loss felt through involuntary childlessness is usually unseen or unnoticed, and when it is, painfully pitied.

### 3. Barren, Sterile, Infertile

I felt ashamed of my barrenness in a post-IVF 'miracle baby' era. At the same time, I began researching the birth of eugenics in the 1880s and its impact over the next 30 years for an exhibition at work. Anxiety around the fertility of the professional classes fueled the eugenics movement while middleclass women sought the vote, education and careers. I used the word 'barren' to describe myself as its brutality reflected how I felt. The research into eugenics and the assumptions made within the movement about what people are fit and unfit to have children made me recognise how fertility (and infertility) is as much a political construction as ideas of femininity.

### 4. Approved Parenthood

After I had come to terms with my infertility, my husband and I made inquiries into adopting a child. Adoption has happened for millennia but the way we do it in Britain today is relatively recent. We faced difficulties with finding an adoption agency and confronted the continuing stigma around children in care. I describe feeling sick when I read work by a eugenicist on the need for the 'natural weeding' of children. I saw the legacy of those views in the malign neglect of those most disadvantaged, which leads to tragedy and continuing stigma.

### 5. Attaching Families

The tokens left by mothers of babies admitted to the Foundling Hospital in the late eighteenth and nineteenth centuries are some of the most emotionally powerful objects on display anywhere. Adoption moved from secrecy to transparency parallel with the children changing from being illegitimate babies to older 'at risk' children. My husband and I had to jump through hoops and persuade committees to let us be parents. I had to prove that, despite my education and career, I was maternal enough to care for a child and build attachment. Eventually our son moved into our

house with a box of objects that paralleled and contrasted with those founding tokens.

### Interlude: Glimpses of Mothering

This chapter gives glimpses of learning to be a mother for a toddler and awkwardly avoiding questions about where I had given birth, feeding or other biological aspects of motherhood and child-care in usual playground or café situations. Why I hate the term 'real', meaning biological, parent when our feelings for our son are authentic or the phrase 'blood is thicker than water', when love is thicker than anything.

#### 6. Birth and Death

I am unexpectedly pregnant. The life I had built as a mother, an adoptive mother, unraveled in my head and in reality. After the hoops jumped through for adopting a child, the lack of support and woeful miscommunication in my maternal care was a shock. My unexpected pregnancy was followed by the premature and traumatic birth of our daughter Emily. Her body was part of mine but pushed out too soon. I had to leave her and instead carried a box out of the hospital containing the scant tokens of her existence.

#### 7. Mourning Maternity

At home, I let physical response of my maternal body to Emily's birth and death take over. The immediate emotional impact of my raw grief prostrates me for weeks when my son is not at home. When he is, I sit up right and put on a face. It was not just the loss of Emily that haunted me but the loss of my identity as a woman unable to physically have a baby. An identity it had taken time to come to terms with. As I came out of my deep pain, I began to think and read through my grief.

#### 8. Grieving History

After being offered anti-depressants by a GP at my six-week post-birth check-up, I react against the construction of grief as morbid by looking at changing attitudes to

death. I cry over the headstones of dead children in my local graveyard as a way of releasing my tears. Multiple women tell me their stories to reassure me that I was not alone. I realise that miscarriage and stillbirth, even neonatal death, are not as unusual in contemporary Britain as I thought.

#### 9. Body to Object

My husband and I gave informed consent for an autopsy and the use of our baby's body for medical research. Unlike many grieving parents before us, we could give this consent, which this makes me think about the bodies and body parts in museums I have worked in or with. I struggle to connect my memories and feelings for Emily with her tiny white coffin and the small tube of ashes that are returned to us. Ultimately, it was the autopsy report that offered a form of closure and a hope for the future that her funeral did not give.

#### 10. Baby Boxes

Returning to work, I attempt stoicism in public but find being with people at work extremely difficult. I concentrate on some boxes from four thousand years ago found under the floors of houses in Egypt containing the remains of babies and small objects. I had no real idea of how much personal emotion could create such a sensory response to objects. I sit at my shared desk remembering her kick inside me months earlier and think about the people who buried their babies millennia earlier.

#### 11. Remembering Things

I speculate about why the mothers of those infants in ancient Egypt placed their babies in boxes. Their boxes were full of things for the baby's afterlife and for future fertility. Things are important to mourn with and mourning objects were used in the nineteenth century to signal bereavement. When people ask me why I'm back at work so soon, joking as to where my baby is, I repress the desire to sing Bela Lugosi style 'She's dead, she's dead' (Bauhaus). Gradually the things from Emily's baby box helped me remember and live more fully.

## 12. Images of Remembrance

An event at work makes me realise that I am losing the physical memory of Emily and only feel her through photographs of her. The images of the dead in postmortem reflect the grief of the mourners, like jewellery made from dead peoples' hair. A photograph of Queen Victoria holding Princess Beatrice captures the grief that marked Beatrice's childhood, in contrast to the happy baby portrait of her. I realise that my sense of Emily is more important than what my memories of her appearance. I will always feel her feet at the top of my stomach. A photograph of a poor Victorian mother holding her dead toddler help me make decisions about the future.

## 13. The 'Cinderella of Medicine'

Pregnant again ten months after she died and turning 40, I use a letter from Emily's consultant to get referred to a specialist clinic. I do not take my care for granted. I knew that maternal care has a short and blotted history in Britain. Moving between generally being calm and severe moments of anxiety, a specialist team and a bereavement midwife support me. A year after Emily's birth and death (and 17 weeks pregnant), we scatter her ashes among sunbeams on a cold clear December day.

## 14. Maternal Care

At twenty weeks, I learn that I am having another girl and am given an amulet of the ancient Egyptian hippo goddess Tawaret. By chance, I find out about Dr Annie McCall and the maternity hospital she started in Clapham in the 1880s and outline the female-centred medical care she practiced. My husband, son and I come together to have professional counselling and support each other whatever the future may bring. I increasingly resemble Tawaret, even moving better in water than on land and my son gets used to going swimming rather than to playgrounds.

## 15. Numbers

My youngest daughter is born at 37 weeks. She lives. I get her weighed weekly and look through her percentile charts, recalling similar charts being skipped when material from the eugenics laboratory was being salvaged or junked at UCL in 2011. I assume that infant mortality continues to fall in Britain but find out that there has been a slight increase in recent years amongst poorer socio-economic groups. This was not a wake-up call for our social care and health systems. Instead COVID-19 hit – and hit these groups in particular – with vehemence. It is another sign of malign neglect.

### Aftermath - Grieving and Living

Confronting the bodies of babies kept for medical teaching and research at my work, I know that my grief will never go away but learn how to live with it. Shadows of Emily will follow me throughout my life. A 'baby box' describes a healthcare initiative giving babies an equal start in life as well as objects of remembrance for babies and childhood. I finish with the importance of my children's baby boxes for them in forming their identity, for me in remembering what has happened and for us all in finding our family.

### Biography

Dr Debbie Challis is a museum educator, researcher and writer. She is currently Events Producer at the Portico Library in Manchester and was until recently Education and Outreach Officer at the Library of the London School of Economics and Political Science (LSE). Debbie has worked in various museums and archives over the last twenty years, including University College London, the BBC Archives and the National Portrait Gallery. She has curated a number of exhibitions and written two books, including *The Archaeology of Race: The Eugenic Ideas of Francis Galton and Flinders Petrie* (2013). Recently, Debbie wrote a chapter on reproductive justice that is related to My Baby Box, published in the catalogue for the exhibition *Dreams and Demands: Women's Rights, Women's Lives* at the British Library (2020-21).