

Who carries the baby? How lesbian couples in the Netherlands choose birth motherhood

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Funding information

H2020 European Research Council, Grant/Award Number: COG_2017-771770; European Union; Swedish Research Council for Health, Working Life and Welfare, Grant/Award Number: 2014-2347; Stockholm University

Abstract

Objective: The purpose of the study is to contribute to an understanding of the cultural and normative meaning of birth motherhood and how lesbian couples decide who carries the child.

Background: The decision of who carries the child is central in lesbian family-making, carrying consequences for life after birth. Even so, it has been relatively overlooked in research. Drawing from the sociology of personal life and Park's (2013) conceptualization of monomaterialism, we study how informants consider and decide birth motherhood.

Method: Semistructured interviews with both partners in 21 pregnant lesbian couples in the Netherlands were thematically analyzed.

Results: The meaning of birth motherhood was ambivalent, linked to femininity, socially recognized motherhood, and biogenetic imaginaries. In couples where both wanted to carry, age, which carried different symbolic meanings, was a powerful tiebreaker.

Conclusion: Our study shows how the monomaterialist norm shapes conceptualizations of birth motherhood. Desires to experience pregnancy are strong for many. Referring to age can be a way for couples to defuse tension, but it can also be a resource drawn upon to close further negotiations.

Author note: We thank our colleagues at the Swedish Institute for Social Research for feedback on earlier versions of this manuscript. Specifically, we extend our gratitude to Madeleine Eriksson, Ylva Moberg, and Maaïke van der Vleuten, as well as Eva Jaspers (Utrecht University) and Anna Lund (Stockholm University). The manuscript also benefitted from feedback received during an oral presentation at the European Sociological Association (ESA) meeting in September 2021. This project has received funding from the European Research Council under the European Union's Horizon 2020 research and innovation programme, awarded to Marie Evertsson (Grant agreement NO 771770).

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Implications: Our study carries implications for policy makers, health care workers, and mothers-to-be. Scholarly, it illuminates the ways in which motherhood, in its various forms, is perceived and recognized.

KEYWORDS

decision-making, fertility, gender, LGBTQ, motherhood, pregnancy

So yeah ... we talked about it a lot and did not talk about it a lot as well, because emotions ran too high, because you could not talk about it anymore, because both of us wanted it so much (...) You cannot keep having that conversation, but in the end, you have to make a choice, because you want to start a family. In our relationship, this has been the hardest decision to make. (Karin, 32)

Sitting at the kitchen table in their suburban home, near one of Netherlands' biggest cities, Karin recounted the way she and her wife struggled to make an unavoidable decision in their journey to parenthood: Who would carry the child? Pregnancy through artificial insemination has become an increasingly common way for lesbian couples to start a family (e.g., Dunne, 2000). If both have the ability to carry children, prospective mothers are faced with the unique choice of who will carry and give birth to the child; a choice that raises questions on the role of genetics for constructing kinship, the desirability of pregnancy, and how biological motherhood might affect their mothering and motherhood experience later on.

As indicated above, birth mother choice can be characterized by high emotional stakes in lesbian couples and a possible source for distress and strain in the relationship (Chabot & Ames, 2004; Goldberg, 2006). The choice is also consequential for different aspects of family life later on. The division of household labor has been shown to shift after birth, often disadvantaging the birth mother (Bos & Gartrell, 2020), potentially contributing to employment and income differences within couples. On the other hand, non-birth mothers have been shown to struggle with the lack of recognition received for their motherhood from outsiders (Pelka, 2009) and birth motherhood can function as a power resource within the relationship (Moore, 2008).

Currently, relatively little is known about how lesbian couples choose who carries the child and what we know is largely gleaned from retrospective qualitative studies on the path to pregnancy as a whole (e.g., Chabot & Ames, 2004). Few have focused exclusively on birth mother choice (Boye & Evertsson 2021; Malmquist & Nieminen, 2021). Drawing on the sociology of personal life (Smart, 2007) and the perspective of queering motherhood (Park, 2013), we, first, explore the meanings lesbian and queer women attach to birth motherhood and how they are shaped by existing narratives on motherhood and femininity. We use the terms birth mother and non-birth mother as we are interested in the physical and social implications of being pregnant and giving birth. Although the birth mother can have a genetic connection to the child, this is not necessarily the case (discussed further below). Second, we investigate how lesbian couples describe how they decided which partner would carry the child, examining the motives couples rely on and what functions as power resources in couples' decision-making, focusing on couples with conflicting interests (e.g., both desiring to be the birth mother or wishing to avoid it).

We relied on qualitative, semistructured interviews with both partners of 21 lesbian couples in the Netherlands that are expecting their first child, thus studying birth mother choice close in time to when they made the choice and before the transition to parenthood colors their accounts. Separate interviews were conducted to assure that equal voice is given to each partner and each participant has the space to develop their narratives (Zarhin, 2018). It also allowed us

to have two perspectives on the same event, facilitating an understanding of how power dynamics shaped birth mother choice. The Netherlands forms a unique context, having historically taken a progressive stance on LGBTQ rights, particularly with regards to same-sex unions and parenting (Waalwijk, 2020). On the other hand, the Netherlands is known for having relatively conservative attitudes toward motherhood, work, and care (Mills, 2015).

BACKGROUND

Theoretically, this study is located within the sociology of personal life (Smart, 2007). This perspective stresses *relationality* and *embeddedness*, the former referring to the impact of intimate relationships on personal life and decision-making, while the latter points to how personal meaning-making is socially patterned by the larger sociocultural and institutional context. The conceptualization of the *imaginary*, referring to the ways in which individual imagination is shaped by social and cultural underpinnings, is a useful tool for theorizing on how prospective mothers imagine the role of pregnancy and how birth motherhood might play out after birth. We also lean on the queering motherhood perspective as put forth by Park (2013). This perspective points to how the social meanings attached to birth motherhood are shaped in a heteronormative context. Polymaternal families challenge heteronormative standards and the monomaternalist doctrine, according to which a child is expected have only one “real” mother. Although informants in this paper naturally “queer” mothering, they relate to and negotiate heteronormative ideals in everyday life.

Previous research provides some guidance when it comes to how lesbian women reason about and decide who carries the child and we discuss this literature drawing from a range of disciplines, including conceptual frameworks linked to embodiment, femininity, social exchange, and relational power. These frameworks are at the core of family sciences and gender studies, as they situate and conceptualize (gendered) experiences and behavior, social interactions, and relationship dynamics, within broader societal systems and normative settings. We start with a discussion of couple relationship and how within-couple power dynamics can affect birth mother choice in lesbian relationships.

Toward a dyadic understanding of birth mother choice

For lesbian couples, reproductive decision-making incorporates birth mother choice. Choice of which partner is the birth mother is the result of implicit or explicit negotiation processes of two partners (Boye & Evertsson, 2021; Malmquist & Nieminen, 2021). Lesbian relationships have been characterized by their egalitarianism, often referring to their more equal division of paid work, housework, and care (e.g., Dunne, 2000). However, this assumption has also been criticized (Gabb, 2004; Moore, 2008; Sutphin, 2010) and many identify the transition to parenthood as the point at which inequality takes root in lesbian couples (e.g., Gabb, 2004; Moore, 2008; Pelka, 2009). In her study on the division of labor from a social exchange perspective, Sutphin (2010) found that income, work hours, and age were important power resources in lesbian couples’ negotiation of housework and could contribute to power imbalances between partners.

Birth mother choice is interesting to study from the perspective of relational power in lesbian couples. According to relative resource and social exchange theory, individuals can use different sorts of capital or resources to gain leverage in negotiations and decision-making (Emerson, 1972; Lundberg & Pollak, 1996). Important for couple negotiations is the power dependency that characterizes social exchange when individuals exchange repeatedly with one another and are dependent on each other for the outcome (Emerson, 1972). Miller and Pasta (1995) identified the “absolute-difference effect,” when there is a delay of childbearing due to disagreement in childbearing intention in different-sex couples. Because of an often prolonged

road to parenthood due to, for example, waiting queues for donor sperm (Chabot & Ames, 2004) or the need to synchronize schedules to optimize private insemination attempts, lesbian couples do not have the option to delay birth mother choice too long. Forced to resolve possibly conflicting opinions, the arguments they put forth in deciding who carries the (first) child are informative for discourses of gender, pregnancy, and parenthood.

How lesbian couples choose who carries the child

Desiring pregnancy and childbirth: Embodied experience and kinship

In the literature, differences between partners in the desire to experience pregnancy or childbirth are a recurring motive for assigning birth motherhood (e.g., Chabot & Ames, 2004; Goldberg, 2006; Hayman et al., 2015). Although this can be conceptualized as a personal preference (e.g., Goldberg, 2006), existing cultural discourse that conflates motherhood, femininity, and pregnancy inform the meanings attached to pregnancy by individuals.

Biological motherhood is often depicted as the apex of mainstream femininity, with pregnancy being a uniquely embodied state signifying the impending realization of this feminine ideal (Mezey, 2008; Ryan, 2013). As pregnant bodies are scrutinized and policed based on the extent to which they conform to this ideal (Dworkin & Wachs, 2004), previous research has indicated that pregnancy might not be attractive for those whose gender expression diverges from hegemonic femininity (Ryan, 2013). Hayman et al. (2015) found that butch/femme lesbian couples chose who carried the child based on the femme partner's wish to experience pregnancy, and the butch partner's wish to avoid it. However, Epstein (2002) and Ryan (2013) also stressed the agentic ability of masculine lesbians and queer women in bending the femininity discourses surrounding pregnancy, redefining pregnancy as something that can be done by a masculine-presenting person.

The desire to be pregnant or give birth can also be linked to motherhood and kinship constructions. For the pregnant mother, the transition to motherhood is recognizable to outsiders (Ben-Ari & Livni, 2006; Dunne, 2000; Padavic & Butterfield, 2011). As biological and reproductive motherhood is still prioritized over other types of motherhood (Hayden, 1995; Park, 2013; Yopo Diaz, 2021), the non-birth mother's parental identity is more often questioned (e.g., Padavic & Butterfield, 2011; Pelka, 2009). As stated above, Park (2013) referred to *mon-omaternalism* as the ideological assumption that a child can have only one "real" mother. Claims about what is real link to social norms and promote practices that uphold the heteropatriarchal nuclear family. The prospect of normative recognition can make birth motherhood an attractive option. Biological kinship in itself can also be a reason to pursue birth motherhood (Goldberg & Scheib, 2015). In their study of lesbian and queer people with fear of childbirth, Malmquist and Nieminen (2021) found that the desire to have a genetic child can motivate parents-to-be to go through pregnancy despite such fears.

In summary, attitudes toward pregnancy and childbirth are multilayered and malleable. They can contain reflections on the gendered meaning of pregnancy, the value of biological kinship, and social gains associated with birth motherhood. In this paper, we study how these different attitudes intersect and play a role when deciding who carries the child.

Age and fertility

Age and its relation to fertility have been shown to influence birth mother choice (e.g., Goldberg, 2006). In a study using register data from Sweden, Boye and Evertsson (2021) found that in female same-sex couples, the younger partner was more likely to be the first birth

mother if the age difference between the partners was large and if the older partner was approaching the end of the reproductive life span.

With regards to age and fertility, it is important to consider physiological and symbolic aspects. Although there is a relation between the age and fertility of cisgender women, that is women whose gender identity matches the sex assigned at birth, the rate and pattern of decline of egg quality remain unclear and are subject to individual variation (Leader, 2006). As few women have detailed information on their actual fertility, age can be used to estimate and gain control over the reproductive process (Earle & Letherby, 2007). Cultural norms on the ideal age and “deadline” of childbearing are widespread (Billari et al., 2011; Earle & Letherby, 2007; Yopo Díaz, 2021) and reinforce the centrality of age in reproductive decision-making (Martin, 2017; Yopo Díaz, 2021). By making the different meanings attached to age part of the analysis, we add to the field by investigating the ways in which gendered temporalities structure reproductive decision-making in lesbian couples.

Employment and income

Being able to take time off from work, having a permanent contract, or having a flexible work schedule are factors related to employment that can motivate birth mother choice (e.g., Goldberg, 2006; Mezey, 2008). In countries where health insurance coverage is tied to employment, this can also be a concern (e.g., Chabot & Ames, 2004; Goldberg, 2006). There is a broader tradition of research linking labor market behavior to family formation and entry into parenthood in different-sex couples. This research has found that employment and income can both increase or decrease the chances of women entering motherhood (e.g., Matysiak & Vignoli, 2008). In Sweden, higher income increased the chances of lesbian married couples becoming parents, but neither income nor educational differences were relevant predictors of which partner carried the first child (Boye & Evertsson, 2021). This may be due to the small within-couple income gaps in these couples transitioning to parenthood. Higher educated couples were more likely to switch birth mothers for the second birth. Studying the division of paid labor in same-sex couples in the Netherlands, Jaspers and Verbakel (2013) found that female same-sex couples were more likely to both work part-time. As female couples are more similar in working hours, and as a result income, it could be that these aspects matter little when deciding who carries the child. This leads us to a discussion of the Dutch context.

The Netherlands: The legal and social context

There are different aspects of the Dutch context that may shape birth mother choice, such as LGBTQ-specific laws, family policies, and cultural ideals on good parenthood. The Netherlands is known for its progressive positions on LGBTQ rights (Waldijk, 2020). In 2001, the Netherlands became the first country to legalize same-sex marriage, parenthood, and adoption (Waldijk, 2020). Even before this, lesbian couples had access to fertility clinics (Evertsson et al., 2020), and at the time of the interviews, fertility treatments were covered by basic health insurance. Recent policy changes have opened up for lesbian couples to conceive through egg sharing in some hospitals in the Netherlands. In these cases, one partner carries the embryo conceived from the other’s oocyte, separating the link between birth motherhood and genetic motherhood (Amsterdam Medisch Centrum, 2019).

Regarding family policies and cultural norms toward the division of labor and care, the Netherlands have been considered neoliberal or conservative (Mills, 2015). Family leaves are fairly short and parental leave is unpaid. Until recently, paid leave at childbirth was limited to 16 weeks for the birth mother (of which 1 month had to be used before birth) and 5 days for the

non-birth mother, which was reimbursed at 100% of earlier earnings (Evertsson et al., 2020). Employees have the right to parental leave after this initial postpregnancy leave. The parental leave length is calculated as 26 times the weekly work hours, in total about 26 weeks for a full-time worker (full-time being 38 hours/week). The leave is unpaid for both partners, unless reimbursed by the employer. Parental leave rights are linked to employment and available to the birth mother and to a woman or man partnered with her, or who acknowledges the child (Evertsson et al., 2020).

Contributing to the Netherlands' conservative label is the "one-and-a-half-earner" model, where mothers are expected to be caregivers first and foremost, and earners secondarily and part-time (e.g., Misra et al., 2007; Morgan, 2006). The Netherlands has the highest percentage of female part-time workers in the European Union. Part-time workers have the same job protection and rights as full-time workers and part-time work is common for all women, with or without children (OECD, 2019). There is also a cultural norm for parents, particularly mothers, not to rely on formal childcare too much, resulting in Dutch children spending relatively little time in formal childcare (Roeters & Bucx, 2018), with the vast majority only making use of it part time (i.e., less than 30 hours per week; Mills et al., 2014). The use of informal childcare, provided predominantly by grandparents, is fairly high in the Netherlands (Verhoef et al., 2016). There is a two-child family ideal in the Netherlands (Sobotka & Beaujouan, 2014), and this ideal to some extent seems to influence lesbian couples' family formation plans, as discussed in the section "An Obvious Choice: Age, Temporalities, and Deciding Who Goes First."

DATA AND METHODS

Recruitment strategy and sampling

We relied on semistructured interviews with both partners in 21 lesbian couples. Ethical approval was obtained from Utrecht University. Sampling was theoretically and conceptually purposive. To participate in the study, couples had to be expecting their first child through pregnancy. Both partners had to be willing to participate in the study and were interviewed separately.

The call for participants was spread through online and paper advertisements, using a variety of channels. This included LGBTQ (parenthood) organizations, health professionals that service pregnant women (notably midwives, who provide the majority of the pregnancy-related care in the Netherlands), and lawyers and notaries specialized in gay and lesbian parenthood. We also spread an online advertisement through the Facebook advertising platform and reached one couple through snowballing.

The study aims and methods were described in the advertisement and potential informants were directed to a website. On this website, further information and a contact form could be found. Two versions of the advertisement were circulated, one with "female couples" ("vrouwenkoppels") and one with "lesbian couples" ("lesbische koppels") in the title. This choice was made to attract as wide a population as possible. We were not able to discern a difference in couples who responded to either advertisement. The advertisement stated that the research was open to transgender and intersex women. We refer to our sample as lesbian couples, as they are living in lesbian relationships, however not all women in this sample identified as lesbian, some referring to themselves as bisexual, queer, gay, or lesbi+.

As the sample is the result of a combination of purposive and convenience sampling, it is not representative of lesbian women becoming parents in the Netherlands. Like most qualitative research, the aim of this study is not to provide statistical generalizability. As we are interested in identifying discourse and narratives relied on in the discussion on birth motherhood,

our interest is the production of context-bound knowledge, that is aiming for what has been described as idiographic or theory-carried generalization (Smaling, 2003).

Participant characteristics

Seventeen of the participating couples lived in the Randstad area of the Netherlands, the most densely populated and urbanized area in the Netherlands. Almost all informants lived in or near cities, in areas that could be described as (sub)urban. All but three of the couples were homeowners. The majority of the couples were married or in a registered partnership at the time of the interview, with two couples engaged and one couple having a cohabitational contract. The lengths of their relationship ranged between 2.5 years and 9 years.

All but three of the informants were White. Three informants were European immigrants to the Netherlands. All interviews were conducted in Dutch. All but four informants were employed, with working hours ranging from 16 to 40 hours a week. The average contract working hours per week was around 32 hours. The majority of informants had tertiary education and reported earning around the modal income in the Netherlands or more (i.e., 35,500 Euro/year before tax; CPB Netherlands Bureau for Economic Policy Analysis, 2019). The supplementary material provides more information on the informants who participated in our study. Despite efforts to reach informants through a range of channels, our sample was higher educated with higher earnings than average in the Dutch population, and it is also predominantly White. Consequently, we recognize that our material is raced and classed and elaborate on implications in the discussion.

Interviews and material

In total, we interviewed 48 women in 24 lesbian relationships in the Netherlands. In the analysis, we only included couples in which both partners have the capacity to carry a child, excluding a couple in which one partner is a transgender woman and two couples in which one partner had aged out of fertility, as we wanted to focus on those who had the opportunity to choose which partner carries the baby (final sample: 42 women in 21 couples). The first author interviewed both partners of the couples separately. Couples were interviewed between February 2019 and November 2019. The informants could decide the time and place for the interview and the majority chose to be interviewed in their home.

When the interviews were taking place in the home, partners were often present in the home, but not present in the room where the interview was taking place, barring one exception. In one case, the partner joined the interview, as a passive participant, while the interview was ongoing. Considering that simultaneously sensitive—yet not for the partner confidential—information was being discussed with the informant, the interviewer decided not to ask the partner to leave, as it might have had a detrimental effect on the interview situation. As the interview still elicited rich material, and the informant appeared to be strengthened rather than inhibited by her partner's presence, we chose to include this account in our material. All informants were recruited with the intention of interviewing them while they were pregnant. However, two couples gave birth before the interview. In these cases, we proceeded with the interviews, but kept this in mind. Likely due to the interviews being made soon after birth, we did not detect any major differences in these interviews, when comparing the topics and responses elicited from them with other interviews. Interviews ranged between 1 and 2 hours in length.

Before the interview, the interviewer elaborated on the aims of the research and gave the informants opportunities to ask questions. They were informed, in writing and orally, that they

were not obligated to answer questions they were uncomfortable with and that they could stop and withdraw from the study during and after the interview. The interviewer obtained written consent from the informants to participate in the study, as well as consent to contact them later on for a follow-up interview. Informants were asked to fill in a demographic survey that gathered background information.

Semistructured interviews were conducted based on interview guidelines that covered a range of topics including the pregnancy journey, day-to-day life (e.g., the current division of household labor), and plans for life after birth (e.g., expectations for the division of household labor and childcare after birth and plans for future children). The interviewer gave the informants the opportunity to lead the conversation and bring up additional topics. The central question for this article was “How did you decide who would carry the child?”

In the literature, a lot of attention is paid to the personal positioning of the interviewer and how this could have affected the interview situation (e.g., Chabot & Ames, 2004; Goldberg, 2006). The interviewer for all the interviews was a Flemish woman in her mid-twenties. Although her native language is Dutch, her accent made her immediately recognizable as an outsider to informants. In addition, she was younger than most informants and did not have children, which reinforced the outsider status. The outsider status was to some extent helpful when asking “naïve” questions as it tended to lead to elaborate answers (see also Hayfield & Huxley, 2015; Tang, 2007). Still, with some of the informants, building trust and learning more about emotionally charged topics required more effort than what might have been the case for an insider.

The interviewer recorded the interviews and transcribed a portion of them herself, whereas a research assistant transcribed the majority of them. Names and other identifying information were pseudonymized in transcription to protect the privacy of the informants. After transcription was completed, the interviewer read the text while listening to the original recording and corrected where necessary. The interviewer translated the extracts from the transcript reported in this study from Dutch to English. She also edited them for clarity, for example eliminating repetition and grammatical errors.

Method of analysis

We applied thematic analysis (Braun & Clarke, 2013) to identify themes and patterns in the data and used NVivo software for data management, coding, and search operations. As a starting point for the analysis, the first author read the interviews attentively to refamiliarize herself with the material and summarized the interviews to preliminarily identify topics and themes. After this initial period of familiarization, parts of the interviews relevant for the research question were identified and coded.

During the coding, attention was paid to the meanings attached to birth motherhood by the participants, as well as the way they described the decision process with their partner. For the latter, special attention was paid to how both partners described this process by going back and forth between the interviews of the partners. After this phase of initial coding, the first author searched for patterns in the material to identify (sub)themes. In the construction of themes, we aimed to construct themes that were internally consistent and externally differentiated. We identified three themes with regards to individual meaning-making of birth motherhood: embodied experience of pregnancy, biogenetic imaginaries, and socially recognized motherhood. We also identified three specific characterizations of the couple-level negotiations by informants: a convenient solution, an obvious choice, and a stalemate. In the analysis we focus on the latter two, as they were the result of conflicting interests between partners, and thus more substantially interesting for our research question. Throughout the analysis, coding and theme construction by the first author was presented to the second author for feedback and discussion.

RESULTS

In the following, we first turn to the meaning informants attached to birth motherhood, highlighting three interrelated but distinct themes: the embodied experience of pregnancy, biogenetic imaginaries, and birth motherhood as recognized motherhood. Second, we consider how the couples described their decision-making, focusing on couples in which both partners described a desire to carry (or not to carry).

The meanings of birth motherhood

The experience of pregnancy: Femininity, gender expression, and embodied meaning

The ways in which pregnancy and birth affect one's body and functioning, and to some extent also identity, were mentioned by informants as reasons to avoid or pursue birth motherhood. For some, this was directly tied to pregnancy's association with socially rewarded femininity. In the words of Lisanne (birth mother [BM], age 30):

As a child, I always found it beautiful to see people that were pregnant. I always thought it was very special. And I think I also wanted to feel special in a way, or something like that. I think that also played a role. So, well, you are able to do that as a woman. If I would not do it, then I think I would have a lot of regret (...) That is really how it feels inside for me. Like, this belongs to you as a woman.

Pregnancy is depicted as the quintessential feminine experience; a process of which women have ownership and which is directly tied to the female body. Lisanne also voiced the social rewards that are related to achieving pregnancy ("I also wanted to feel special"). For others, it was exactly the association with femininity that made birth motherhood unattractive to them. Nienke (non-birth mother [NBM], age 33) described it as "not fitting" with her. Tessa (NBM, 28) stated that she experienced her gender expression and pregnancy as incompatible:

It is just not something that I, in my head, think fits with me. It is not something that I aspire to do in life (...) I also present more masculine than most ... that femininity ... That doesn't jell with me. That is for me very connected to being pregnant and that type of stuff.

For Tessa, the aversion to pregnancy and childbirth was so strong, she would consider alternative ways of having children, such as adoption or having foster children, before considering carrying one herself, stating "I so desperately do not want it, it was out of the question." Informants did not only reflect on the embodied experience of pregnancy through the lens of femininity. For Sanne (BM, 36), the desire to be the birth mother had to do with the physical potential of her body: "I think it is something very beautiful to experience and to see and experience what it does to your body and what it does to you as a person." The phenomenon of pregnancy was presented as unique, but not explicitly linked to the achievement of a feminine ideal; rather, as Sanne explained, she perceived it as a beautiful experience and a physical "curiosity" that she wanted to explore. For others the physical discomfort was presented as a deterrence. Dirkje (NBM, 29) said:

It just does not seem nice. You are sick, your body changes, ... It just seems like quite the assault on your body. Giving birth does not seem like fun at all. There is nothing that makes me think, I also have to do this!

What unites these descriptions of pregnancy is the focus on its corporeality and of pregnancy as a state. The descriptions and arguments used were not tied to the outcome of pregnancy, that is motherhood or a genetic link to the child. In some couples, one partner expressed a desire for birth motherhood and another a distaste for birth motherhood, based on the attractiveness of pregnancy as a state. When these couples described their decision-making process, they often presented it as a convenient solution that allowed them both to fulfill their wish to be mothers on their preferred terms. For example, Yteke (NBM, 35), who always had aspired to motherhood, described it cheerfully: "Pregnancy is something I always dreaded ... So, I was actually very happy that she wanted to be pregnant so much, haha!"

Biogenetic imaginaries

For some, birth motherhood is attractive due to the biogenetic bond with the child. Identifying physical similarities or personality traits in the child can be emotionally rewarding and is in line with dominant discourses on kinship and affinity (Marre & Bestard, 2009; Nordqvist, 2014). For example, Tewatha (NBM, 35) explained her wish to carry:

I am curious how a biological child would look like, in combination with Floris [donor]. Just out of curiosity ... and that it would be fun to see a mini-version of yourself. But, it is not like, that one would be my child and the other would not ... It is just purely, it is biology ... and the curiosity of it all ... and sadly I will have to be pregnant for that. It is not something that is on my wish list, at all like "I want the experience of being pregnant." ... if it would be possible, I would say: "take my embryos and ovum and put them in Maureen [wife]" haha.

Tewatha separated her wish for a biological child from her dislike of pregnancy, resulting in an ambiguous view on birth motherhood. It is something she simultaneously desires and dreads, weighing the wish to meet a "mini-me" against the physical discomfort of pregnancy and giving birth. The prospect of seeing one's genetic material translated in one's child is also present in the interview with Marcella (NBM, 27). Marcella tenaciously defended her role as a non-birth mother, stating that there will be no differences in her relationship with the child compared with her partner. However, she indirectly confirmed the importance of biological kinship, stating that she and her partner "want a child, maybe more, but in any case, one each," implying a special affinity of the biological child by its birth mother.

Apart from being genetically related to the child, pregnancy is also assumed to lead to an almost automatic bonding, which can prepare a person for mothering. Kirsten ([BM, 37), whose wish to have children was less pronounced than that of her wife, explained why carrying the child was important to her:

Well, Eva [wife], she actually has been wanting to have children for a longer time, to have a family and it was less strong for me. I really thought, what a hassle and, I mean, life without kids is also nice (...) And eventually the wish to have children grew on me as well. And I actually had something, like, you know, if we are going to do it, I want to be the one to carry it and go through the entire process. Also, because I believe it's necessary for me to bond, you know, with a child.

For Kirsten, birth motherhood was a way to bridge an incongruity between her and her wife's wish to have children and to kickstart bonding with the child. This echoes discourse that these

biological processes result in a special bond with the child and will lead to a loving and caring mother–child relationship due to “maternal instinct” (Park, 2013).

Birth motherhood as socially recognized motherhood

Several non-birth mothers mentioned that they either feared or experienced that their motherhood was not recognized by others. Karin (NBM, 32) explained how the fear of not being recognized was for her initially a reason to pursue birth motherhood:

I also found out that I found it difficult ... from my perspective ... that I had the feeling that if I would not carry the first child, that people might not see me as a mother. I found that very hard. And I thought, if I would carry the first child, then I will feel like a mother, everyone will see me as a mother. And if Naomi [her wife] would carry the second child, then this position is not something I would care about anymore. For me that was the foremost reason why I wanted to carry the first child.

In the end, Karin’s wife Naomi carried the (first) child and Karin’s fears of not being recognized led Naomi to frequently, actively recognize Karin as a mother in front of outsiders. Karin’s account illustrates how the monomaterialist norm that dominates society can affect mothers-to-be (Park, 2013). Other non-birth mothers-to-be also mentioned feelings of invisibility during the pregnancy, for example from friends congratulating the birth mother-to-be, but not the non-birth mother, or from not being acknowledged at birthing courses. Even though lesbian motherhood has been legally recognized in the Netherlands for almost 20 years, this does not necessarily translate into social recognition of non-birth motherhood. The statements “I will feel like a mother” and “everyone will see me as a mother” are said in the same breath by Karin. This is an indication of the importance of social recognition for the women and their experience of motherhood.

Recent technological innovations and policy changes in the Netherlands allow for lesbian couples to separate the genetic tie from birth motherhood. This defies the monomaterialist assumption and provides a new way for polymaterial families to challenge normative motherhood. Manon (BM, 34) and her wife Kim (NBM, 32) conceived through embryo donation, with Manon carrying the embryo conceived from Kim’s oocyte. Kim framed their decision-making by stating that Manon “had more of a pregnancy wish,” and she had “more of a biological wish.” As such, their conception method is an expression of how attitudes toward birth motherhood can be multilayered. In addition, both mentioned the desire to be co-contributors to the pregnancy. It allowed them to blur the lines between mother and “mee-moeder,” a Dutch term used to refer to the non-birth mother (translated as “co-mother” below). As Kim (NBM, age 32) said:

We were talking about it, not too long ago, about who is actually the co-mother? We cannot figure it out. So, we think that in our case, there is no co-mother anymore. Because, both of us think that we are the co-mother, haha. So, when I think ... then we reached our goal. That the lines of “one mother” are blurred. (...)
Look, we both will be mothers soon. But both of us really feel ... that the other one played the most important part.

Kim’s wish to eliminate the co-mother from their family illustrated how, despite birth and non-birth mother having the same legal rights, non-birth motherhood is still seen by some as a less preferable or recognized status. Although this narrative emphasizes egalitarianism and equality,

it also draws from wider cultural discourse that prioritizes birth motherhood (Hayden, 1995; Park 2013; Yopo Díaz, 2021). As such, the conception method of Kim and Manon both subverts and confirms conventional conceptions of motherhood.

Choosing the birth mother

In this section, we focus on couples in which both partners either wanted to carry or did not want to carry and how they solved the problem of these conflicting interests. Decision-making was often described as either an obvious choice or a stalemate.

An obvious choice: Age, temporalities, and deciding who goes first

A majority of informants stated that both partners wanted to carry children. Although these personal desires were not compatible, few described their decision-making process as rife with conflict. According to most, the choice they faced was not “who will carry?” but “who will carry first?” This is indicative of the common desire to have more than one child. The choice was transformed and made easier by embedding it into a long-term plan that involved switching for the second (or subsequent) birth(s). This neutralizes and facilitates social exchange in relations characterized by reciprocity and the mutual dependency on a joint outcome (Emerson, 1972). The future became part of the extended present and allowed the interest and preferences of the partners to be accommodated. For most couples, this led them to arrive at the decision that the older partner should go first. Deborah’s (BM, 36) answer to the question how they decided who would carry was exemplary, as she brushed the question aside: “It was so clear that I would go first because I am the oldest. So, it was not a discussion that we needed to have.” Many informants summarized it as simply “age,” but different types of temporalities appeared to be at play.

Some informants presented age as a flawless proxy for reproductive health and success, despite the fact that close to none of the informants reported having investigated their fertility prior to choosing who would carry the child. The power of age appeared to be so strong, it could be used as a “trump card,” an argument that would supersede any other, in deliberations on birth mother choice. Kimberly (NBM, 26) described how she and her wife Chantal (BM, 30) decided who would go first:

I always thought that I would carry the first one. But then Chantal threw age in the ring, and she was like: “I want to go first. It might take a while and then I might be too old by the time we have a second child.” And then when we started the process, I was 24, at the moment I was like: “You do whatever you want, you can go first, I will go second.” (...) So it was quite easy in the beginning, when age was used. I could not argue with that, haha.

Kimberly presented their decision process as an easily reached agreement, but she also used the metaphor of a boxing ring to describe it and mentions her lack of power once “age was used.” Age seems to be a powerful resource to draw from in negotiations, which is also apparent from the interviews with other informants. Age could also be used as an argument to cut the knot of who would carry first when neither of the partners were approaching the end of their reproductive period. In these cases, the couples’ reasoning often reflected the expected and potentially long time it could take to become pregnant and the unclear threshold for when fertility declines. As Renée (NBM, 27) described it:

We just did not want to run the risk, because she is four years older, imagine if we had turned it around, and so that she, that she would go second ... it would have been horrible if it would not be possible anymore due to age. But for the rest, it did not matter. It was truly because of age.

Renée and her fiancée Lisa started trying to conceive after Lisa's 30th birthday. The age of 30 had symbolic value and seemed to function as a cultural ideal for when one should be pregnant. Deborah (BM, 36), who at the age of 36 is older than she ever thought she would be during her first pregnancy, said:

I very much had the image of "man-woman-children," when you are 30, that you are nicely settled and that you have that picture complete. But that did not go as planned. Because, I only came out quite late ... well, late? For some people, I came out of the closet quite late, when I was 28. It takes a bit longer to accept yourself, for starters. And then you have to get to know someone and get settled to the extent that you think, with you I want to have children! And, so I am older than I ever thought I would be getting pregnant.

Deborah's norm of "pregnant by 30" is rooted in a heteronormative idea of what her life and life course should have looked like, based on normative life stage conceptions. Chantal (BM, 30) expressed the same norm related to pregnancy, without explicitly linking it to heteronormative family ideals:

I had a very clear idea that I wanted kids before I was 30, or by the time I was 30 at the latest. And I also had something like, let's see if I meet someone, but this will happen, I will do it [become a parent] by myself if I have to.

Although Chantal felt comfortable redefining the ideal context for motherhood by opening the door to conscious single motherhood, she held on to the pregnant-by-30 norm. Norms around age and life stages could also play a role by putting partners on different timelines. As one partner reaches certain milestones and considers herself to be "ready" for children, the other might find herself in need of more time. Willemijn (NBM, 28), who is 8 years younger than her wife Deborah, stated that Deborah waited for her to "grow up" to start a family: "It is then the logical conclusion to say: 'Then you go first.'" Similarly, Rianne (BM, 32) described "a trade-off" with her partner Ellen:

It is also because I am almost four years older. I told [her] at the time: "If we are only starting in a few years, I would want to go first." I have to say, I was also the first one ready to carry the child. Ellen did not have that need then. She wanted to be a mother, but was not like: "I want to carry a child now."

Rather than referring to a future in which she might have more problems conceiving than her wife, Rianne's explanation was embedded in the past, referencing an interaction that had taken place years prior to attempting to conceive. A "waiting time," in which the older partner postpones their wish for children for the younger partner, can be a power resource. Rianne also temporalizes her desire for birth motherhood, which she presents as something that increases with time until reaching a peak, again evoking the image of a biological clock.

Deadlock and resignation: When decision-making comes to a halt

Not all couples managed to easily reconcile conflicting personal interests. Neither Hannah nor her wife Dirkje (NBM, 29) wanted to carry. As Hannah (BM, 32) described it:

Now, there was no discussion possible of who would carry it. Originally neither of us wanted to, but Dirkje really did not want to. For her, it was really out of question. So when ... you know, I am fine with it. I never had the wish to be pregnant. But yeah, I think if you want a child, someone has to do it.

Hannah's depiction of their decision-making process is centered on resignation after Dirkje had exercised "veto power" in the matter of birth motherhood. During her interview, Dirkje did not mention Hannah's original reluctance to carry. She recognized her own reluctance to carry, but stated she would not have been a good choice, due to an illness that she had suffered from years before. Dirkje's portrayal of events minimized conflict and reified the decision-making as "rational" due to health concerns.

Karin and Naomi, the couple we opened the paper with, also had considerable difficulties deciding who would carry the child. Karin described it as the hardest choice they faced in their relationship, with a protracted negotiation process, characterized by stopping and restarting the discussion about who would carry. Karin (NBM, 32) described what she considered to be the root of their indecisiveness:

Normally, you look at factual things and you base yourself on those to make a choice. Either one is older ... or one really wants it, and the other does not really feel the need. Or one has a permanent contract, and the other does not. With a permanent contract, it is of course easier to become pregnant. With a temporary contract you might get fired. Or if your contract does not get renewed ... But if you look at all those facts, we were equal in just about everything. We are the same age. We both really wanted it. We both have a permanent contract. Yeah, what else are you supposed to look at?

For Karin, their central problem was their similarity. They as a couple lacked a decisive difference, be it in age, employment, desire to be pregnant, in all those "factual things," as Karin said, that could function as a tiebreaker. In other words, the capital they could use in the negotiations and their relative power resources were comparable, leaving them at a place where a prolonged and low-intense conflict became the turn out (cf. Lundberg & Pollak, 1996). Karin and Naomi went to a psychologist of their fertility clinic for help. In the end, Karin took a step aside and Naomi carried the first child. According to Naomi (BM, 32), at that point, she was almost prepared to do the same: "If it had taken another day, I probably would have let her go first," characterizing it as evolving into a waiting game in the end.

The prolonged conflict between Karin and Naomi also illustrates how strongly desired birth motherhood can be. This is exemplified by couples who had to deviate from previously made plans on who would carry the child. The process was described as stressful and emotional, for some requiring assistance by health care professionals to allow both partners to make peace with this decision. For example, Cleo (BM, 38) and Nora (NBM, 40) had originally decided that Nora, being older, would carry the first child. However, as insemination attempts at the fertility clinic did not result in a viable pregnancy, the question on when to change plans was raised. Nora describes it as follows:

Yeah, in the months leading up to it, it had come up in conversation. Like "is it now the time? It has been taking some time." And I just had the miscarriage. And it was taking more time ... And then we thought, "otherwise we try parallel and we'll just see what happens." (...) So, the switch happened gradually. You talk about it and at a certain moment, you think, shouldn't we just do it?

Instead of making a decisive switch from Cleo to Nora, there was an overlap period, in which both Cleo and Nora theoretically could become pregnant. In their interviews, both Cleo and Nora mentioned that Nora's frozen embryos were still preserved, keeping the door open for future IVF attempts. This shows again how difficult decisions can be defused by embedding them in future-oriented thinking.

DISCUSSION

In this paper, we set out to investigate how lesbian couples choose who carries the (first) child. Our purpose was twofold. First, to examine what this decision meant for the mothers-to-be by considering the different meanings they attached to birth motherhood. Second, to investigate how the decision-making process was experienced and which arguments the couples relied on when they assigned birth motherhood. By taking a dyadic approach to birth mother choice, we located ourselves within the sociology of personal life (Smart, 2007). We drew on queer theory and the ways in which queer parent families are confronted with and challenge heteronormative and monomaterialist norms (Park, 2013), ideals linked to femininity and embodied experiences (Epstein, 2002; Ryan, 2013), and gendered age norms (Yopo Díaz, 2021). We were also attentive to how dependency and power resources operate in couple decision-making, particularly when partners were faced with conflicting rather than coinciding preferences (Emerson, 1972; Sutphin, 2010).

With regards to the first aim, the value and meaning informants attached to birth motherhood were complex and sometimes internally contradictory, however nobody was indifferent to birth motherhood as a status. Although many presented their views on birth motherhood as personal, their narratives echoed cultural discourses on femininity and womanhood. In all three themes, we can see reflections on and of monomaterialism, particularly evident in those centered around birth motherhood as socially recognized motherhood and those concerning biogenetic imaginaries, which informants struggle with and both reinforce and resist. Our study shows the strength of the monomaterialist norm and how prospective mothers that are not physically identified as such can still be confronted with negative consequence as a result and how this can lead to an insecurity of one's own motherhood status. Previous research has often stressed the role of legislation and policy and how it affects the experience of non-birth motherhood (e.g., Ben-Ari & Livni, 2006; Evertsson et al., 2020). Our findings also point to the importance of the social and cultural context, which does not necessarily change in conjunction with alterations in laws or policies. Today, technological and policy innovation, such as egg sharing in which one partner carries the child conceived from the other partner's oocyte, can give mothers-to-be the opportunity to embrace ambivalence toward birth motherhood and allows for the creative subversion of monomaterialist motherhood conceptions.

Turning to the second aim, most informants described their decision-making process in harmonious terms, despite often conflicting interests. Tensions of opposing interests were diffused by many by embedding the choice within a long-term plan of switching birth mothers for second or subsequent births, showing how future interactions can shape the negotiation processes of partners engaged in repeated exchanges (Emerson, 1972; Lundberg & Pollack, 1996). This can be seen as a way for couples to "colonize the reproductive future" (Myers, 2014) and many relied on age and normative life stage conceptions to assign birth motherhood, overruling other possible concerns, such as desires or motives. Relying on age was a way for informants to manage insecurity and possible ontological threats, such as infertility (Myers, 2014). The power of age can be seen as a consequence of the strength of existing age norms, particularly for women (Billari et al., 2011; Yopo Díaz, 2021). Although age can be seen as an argument jointly employed by couples to solve difficult decision-making, it can also be conceptualized as a powerful tool that can be employed by one partner to block further negotiation.

Barring one exception (not discussed in the analysis) none of the couples mentioned employment, income, or career plans as weighing on birth mother choice, even when specifically probed by the interviewer. While perhaps surprising in comparison to earlier research (e.g., Mezey, 2008), this could be the result of two factors. First, fertility treatments and pregnancy care are covered by universal health insurance in the Netherlands, reducing the importance of paid employment for informants to realize their family planning. Second, our sample consists of higher educated and higher earning women. The lack of lower earning couples can partly be due to these couples postponing their plans to have children until in a more secure financial situation (cf. Boye & Evertsson, 2021). However, for those couples in lower socioeconomic strata that do decide to become parents, financial concerns can play a role in their decision-making regarding who will carry the child, especially given that only maternity leave is paid whereas parental leave in the Netherlands is unpaid.

Worth noting is that our sample consisted largely of White, native Dutch women. Park (2013) emphasized how interlocking systems of oppression can shape who has the right to claim “real” motherhood, both in social and legal contexts, and how Eurocentrism, and as an associate, Whiteness, shapes the monomaterialism doctrine. Women of color, often excluded from conceptualizations of “proper” motherhood in a Eurocentric context, might face even greater challenges to their motherhood and, as a consequence, may attach even more value to birth motherhood or biogenetic bonds. Previous research has explored how race shapes the family formation of lesbian women and couples (Moore, 2011). However, more research is needed to investigate the implications of intersecting systems of class, race, and sexuality on birth motherhood and birth mother choice.

IMPLICATIONS

Even though our study has limitations, the stories, discussions, and reasoning reported in this paper provide reflections of dominant cultural and gendered discourses relevant to couples and parents in society at large. Our study sheds light on the privileged status biological kinship and motherhood still receive in the Netherlands today. Given that these discourses are observed in the Netherlands, where same-sex parental rights have been enshrined in law for 2 decades, they are likely to apply to other contexts where legal recognition of same-sex parenthood is more recent.

Our study is relevant for a number of audiences including lesbian couples considering to become parents, policy makers, and health care providers. With regards to the latter, we found testimonies of how health care workers, including social workers and counselors, were instrumental in helping couples decide who would carry the child or come to peace with deviations from their original plan of who would carry the child; both situations described as stressful and emotional by informants (cf. Goldberg, 2006). Our deeper exploration on how the meaning of birth motherhood is shaped by wider cultural norms, particularly monomaterialism and age norms, and how these can shape intercouple dynamics can be informative for those assisting lesbian couples in their route to parenthood. Monomaterialist norms or the fear to being exposed to such norms can also shape the mothers’ encounters with childcare providers and other professionals working with families. By being sensitive to the ways in which the mothers (and later on the child) describe and define their family and by confirming these descriptions/definitions, professionals can reduce the risk of minority stress and perceived unease on behalf of the parents.

With regards to policy makers, we refer to perhaps the most important message derived from this study: The desire to be a parent and—for some—to carry a child is strong and common. Consequently, it should be of utmost importance to enable individuals to realize such desires and for society to fully value and appreciate the work and care provided by parents, independent of their gender and sexual orientation.

FUNDING INFORMATION

This research is part of a project that has received funding from the European Research Council (ERC) under the European Union's Horizon 2020 research and innovation program (Grant Agreement No. 771770) to principal investigator Marie Evertsson. In addition, we gratefully acknowledge funding from the Swedish Research Council for Health, Working Life and Welfare (Forte) (Grant Agreement No. 2014-2347).

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

How to cite this article: Geerts, A., & Evertsson, M. (2023). Who carries the baby? How lesbian couples in the Netherlands choose birth motherhood. *Family Relations*, 72(1), 176–194. <https://doi.org/10.1111/fare.12726>