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Title: "Sport Belongs to Everyone... But Not During Pregnancy" : Views of Finnish Sport Stakeholders on Pregnancy in Sport

Year: 2024

Version: Published version

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Please cite the original version:

Raudasoja, M., & Ryba, T. V. (2024). "Sport Belongs to Everyone... But Not During Pregnancy" : Views of Finnish Sport Stakeholders on Pregnancy in Sport. *Sex Roles*, Early online.
<https://doi.org/10.1007/s11199-024-01515-9>



“Sport Belongs to Everyone... But Not During Pregnancy”: Views of Finnish Sport Stakeholders on Pregnancy in Sport

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Accepted: 22 August 2024
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Abstract

The social construction of pregnancy emphasizes the mother’s responsibility for the developing fetus. Hence, certain activities, such as participation in competitive sport, are often constructed as inappropriate during pregnancy. While expert opinion tends to stress caution, the diversity of athlete mothers’ experiences challenge these dominant discourses. Less is known about how peers and other stakeholders in sport view the participation of pregnant athletes. Knowledge of such attitudes is essential to understanding the position of women in a specific society and the barriers to their autonomy. Hence, we examined survey responses from different sport stakeholders ($N=540$) in Finland. Drawing on relational dialectics theory (Baxter, L. A. (2011). *Voicing relationships*. Sage.), we used contrapuntal analysis to identify different discourses on the compatibility of pregnancy and sport, and their interplay. Three discourses were identified: an equality discourse, which emphasizes that sport belongs to everyone, and that pregnant people should be accepted and supported in sporting environments; a responsibility discourse, which constructs pregnancy as fragility and sport as potentially dangerous for the athlete and the fetus; and an incompatibility discourse, which constructs pregnancy as a disease and unacceptable in sporting environments. Our analysis shows that medicalized, authoritative knowledge is the master strategy used to keep women out of male social spaces during pregnancy. The findings of our study highlight the ongoing struggle for reproductive justice in a patriarchal world order. To advance women’s position in society and support the autonomy of all individuals, viable professional guidelines and organizational policies must be formulated and applied.

Keywords Pregnancy · Competitive sport · Elite athlete · Discourse analysis · Relational dialectics theory · Reproductive justice · Social justice in sport · Pregnant athletes · Gender bias

To understand women’s position in society, it is essential to investigate how the female reproductive body is socially constructed and what consequences this has in women’s lives. The discourse of the female reproductive body as fragile and in need of protection is often used as a justification for the exclusion of women from some parts of the public sphere, particularly during pregnancy (Murphy et al., 2011; Ussher, 2006). The limits of acceptable behavior for pregnant women are socially constructed and constantly under negotiation. Moreover, pregnancy taboos are sometimes corroborated with medical evidence, e.g., preventing harm to the fetus, but as is often the case with oppressive

discourses, they are mostly unfounded (Gavaghan, 2009). Even today, new generations of pregnant women are likely to feel pressure to display appropriate pregnancy behavior, such as following extensive and detailed recommendations on diet, lifestyle, appearance, and medical surveillance and intervention (Heffernan et al., 2011).

One particularly contentious social issue for pregnant people is their participation in elite and competitive sport. Given its inherent logic of seeking peak performance, sometimes at the expense of other areas in life (Douglas & Carless, 2009), and widely prevalent sexist culture (Fink, 2016; Goldman & Gervis, 2021; Hindman & Walker, 2020), sport has traditionally been perceived as unsuitable for pregnant women. This rationale has been and continues to be justified by reference to medical concerns over the health of the mother and the developing fetus (Weaving, 2020), despite lack of evidence (L’Heveder et al., 2022; Sundgot-Borgen et al., 2019; Wowdzia et al., 2021). Athletes themselves have

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questioned this overly cautious approach and some athletes have trained, competed, and even achieved superior performance during pregnancy without adverse effects on themselves or their babies. Moreover, as athletic careers have become longer, women athletes now more often than before return to competitive sport after having children (Davenport et al., 2023; Massey & Whitehead, 2022). This may induce heightened pressure to train effectively during pregnancy and to rapidly resume training after childbirth in order to minimize the length of the training gap.

By studying discourses on pregnancy in sport, it is possible to gain insights into the social negotiations on women's roles in society, and especially on the meaning of pregnancy. Pregnancy and sport provide a unique gendered context where feminine gender roles, especially around motherhood, and the masculine culture of sport are likely to clash. Studying attitudes toward pregnant people's participation in sport is fundamental in understanding how sexist stereotypes around reproductive roles create barriers to autonomy and stigmatize people who do not fit those stereotypes. From the point of view of equity, diversity, and inclusion (EDI), it is essential to examine attitudes to sport in pregnancy. The study contributes to the continuing academic theorizing on gender roles, sexism, discrimination and social control. The study also adds to the feminist literature on pregnancy and professional life, as sporting systems are the working environments of athletes.

Reproduction and Social Control

Oppressive societal practices are often built on gender essentialism, an ideology which seeks to justify unequal gender relations as having biological underpinnings and perceived inherent gender differences, omitting or minimizing the role that environment and culture play in creating those differences (Fine, 2010; Prentice & Miller, 2006). Womanhood is conflated with expectations of motherhood, as women are encouraged to see motherhood as the most precious role in their lives (Wall, 2013). Social and structural control of women intensifies in pregnancy (Chambers, 2001), steering them towards certain actions and social environments (such as accepting medical surveillance and following advice on a healthy lifestyle) and away from other actions and environments (those perceived as risky or unhealthy, such as certain jobs or hobbies). Research suggests that while several strategies are used to control women during pregnancy, modern societies mostly rely on internalized control exercised by women themselves (as opposed to external control practiced by institutions and legal bodies) (e.g., Neiterman, 2012). External control mostly emerges in situations where women are seen as transgressing the boundaries of acceptable

behavior and hence as putting their babies at risk (Hebl et al., 2007; Longhurst, 1999). This type of control reduces pregnant people to reproductive objects and instrumentalizes them as mere producers of children instead of seeing them as whole human beings (Dyer et al., 2023; Nussbaum, 1995).

One particularly effective tool used to control women's behavior and choices during pregnancy is the discourse of fetal personhood, in which the developing fetus is already constructed as a person with its own rights and interests that may be in opposition to the rights and interests of its mother (Cosgrove & Vaswani, 2020; Henricks, 2015). The power of this discourse has also been reinforced by the coexistence of another powerful discourse, that of intensive motherhood (Hays, 1996). This discourse is built on an ideology which valorizes childhood as sacred and prescribes biological mothers as the best caregivers, who are expected to provide emotionally absorbing, labor-intensive, time-consuming, costly, and expert-guided care (Hays, 1996). In short, mothers are expected to always put their children first, even at the expense of their own well-being. Indeed, societal values prescribe women to be worried for the "optimal" development of their offspring, for whom no sacrifice is considered too big.

It is argued that receiving and acting on medical advice in pregnancy represents gendered carework (Morgan, 1996) that comprises both emotional and embodied labor (Gatrell, 2011). Lupton (2012) argues that ethical and moral requirements are imposed on pregnant women, making it their responsibility to care for their bodies and the fetus, while at the same time portraying them as a potential risk for the developing fetus. Laurendeau (2008, p. 385) claims that "there is no such thing as a no-risk pregnancy," a notion which exemplifies the increasing medicalization of women's reproductive functions (Katz Rothman, 2021; Melamed, 2023). Ultimately, attributing responsibility to individuals is a form of social control that affects all pregnant women, as they are required to display certain attitudes, behaviors and outward appearance to avoid being labelled as bad mothers (Longhurst, 2005; Ussher, 2006; see also McGannon et al., 2024). It also has the side effect of overlooking structural inequalities such as violence, poverty, or racism (Cosgrove & Vaswani, 2020; Morello-Frosch & Shenassa, 2006).

Pregnancy in postmodern societies has also gained more visibility and acceptability in the public sphere, thereby becoming an increasingly public experience (Longhurst, 2005; Gatrell, 2011). This has been accompanied by an intensification of the "public scrutiny" of pregnant women (Fox et al., 2009; Longhurst, 1999), who are expected to adhere to the social construction of a healthy pregnancy (Heffernan et al., 2011). Using Glick and Fiske's ambivalent sexism theory (1996), Murphy and colleagues (2011) found

that pregnancy advice is riddled with sexism. The ambivalent sexism theory differentiates between hostile sexism, which refers to negative attitudes towards women, often manifesting in beliefs that women are manipulative, deviant, etc., and benevolent sexism, which refers to warm but patronizing attitudes towards women, portraying them as in need of male protection. In their study, Murphy et al. found that both hostile and benevolent sexism were associated with greater endorsement of proscriptive rules, such as the belief that pregnant women should not engage in strenuous exercise (Murphy et al., 2011). Similar findings have been reported in other studies (see Salmen & Dhont, 2021; Sutton et al., 2011). Findley and colleagues (2020) found that being advised to avoid any physical activity during pregnancy made pregnant women feel that others were attempting to assume ownership of their bodies.

The present study is situated in Finland, in a cultural context characterized by an advanced stage of gender equality (World Economic Forum, 2023). Despite this, societal and cultural negotiations over the roles and division of labor between parents of different genders persist (Perälä-Littunen, 2007). This situation means that pregnant women must navigate a conflicting ideological landscape in which contradictory cultural discourses are likely to appear (Raudasoja et al., 2022). Elite and competitive sport provides a particularly rich arena for exploring these contradictions, hence in this study we focus on the views of different sport stakeholders on continuing sport participation during pregnancy.

Pregnancy in Elite and Competitive Sport

Sport as a societal practice has traditionally been regarded as unsuitable for women, who in consequence have historically been excluded from organized sport (Blazer, 2023; Guttmann, 1991). After women were allowed access to sport facilities, pregnancy was, until recently, considered a contraindication for sport, or at least for vigorous sport (Jette, 2011). These outdated discourses of sport as harmful and dangerous in pregnancy persist (Jette, 2011), even in the absence of scientific evidence to support them (L'Heveder et al., 2022; Sundgot-Borgen et al., 2019; Wowdzia et al., 2021).

Furthermore, sport policies reflect a negative bias towards reproductive issues, equating vaginal childbirth with an acute injury (Bø et al., 2017). Recommendations tend to be overly cautious and stress potential risks even in the absence of research evidence: For example, while acknowledging that no adverse effects on fetal or maternal health have not been reported, the International Olympic Committee guidelines for participation in sport during

pregnancy suggest several precautions (Bø et al., 2016), such as pregnant women should not train above 90% of maximal aerobic capacity (p. 575), should not train at altitudes greater than 1500–2000 m (p. 576), and should avoid sports that may include a risk of trauma from a collision or other similar event (p. 576), targeted at elite and competitive athletes and other sport stakeholders. The justification for these limitations is “theoretical concern” over potential harm to the fetus (p. 576) or comes from studies on pregnant women in motor vehicle accidents and not in sporting environments. In fact, the official guidelines do not cite statistics on the number of actual sport injuries in different types of sport, nor do they provide any examples of pregnant women having suffered adverse effects from intensive training. A recent example of pregnant athletes competing at a high level was at the Paris Olympics, where the Egyptian fencer Nada Hafez (7 months pregnant) and the Azerbaijani archer Yaylagul Ramazanova (6.5 months pregnant) successfully competed (Penney, 2024).

In response to scientific evidence on the safety and benefits for both mother and fetus, many obstetrical professional organizations now recommend moderate physical activity in pregnancy (e.g., ACOG Committee on Obstetric Practice, 2020; Brown et al., 2022). These recommendations are often targeted at the general population and hence tend to recommend a lower intensity and amount of training than that required of professional athletes. Studies show that because evidence-based guidelines specifically addressing elite athletes are lacking, pregnant athletes often feel anxiety and uncertainty (Davenport et al., 2022; Martínez-Pascual et al., 2017). Physicians often rely on exercise guidelines targeting the pregnant population in general and tend to be excessively cautious in their advice, causing pregnant athletes to distrust them (Davenport et al., 2022). Ohlendorf et al. (2019) found that pregnant runners trust their embodied instinct to know what adjustments, if any, are needed in their training. When given conflicting or non-evidence-based advice, they lost trust in their healthcare providers who did not notice that they were very attuned to their bodies. Furthermore, based on their study on Instagram posts by two elite figure skaters during pregnancy and postpartum, McGannon et al. (2022) reported that these athletes aligned and resisted the dominant pregnancy and motherhood narratives: They displayed warm and nurturing motherhood in many ways, but also resisted the cultural understanding that vigorous exercise was not suitable in pregnancy or that mothers should set their career aspirations aside and focus on motherhood. It thus seems that restrictive beliefs are being challenged, as the sporting world faces increasing numbers of female athletes who become pregnant and have children during their sporting careers.

Studies on the views of coaches, sport leaders, and physicians on pregnant athletes' participation in elite and competitive sports are scarce. Davenport et al. (2023) reported an interview study with coaches and healthcare providers on their practices of advising pregnant athletes and noted that these professionals were aware of the need for reliable information on the safety of training during pregnancy. They expressed frustration with the general guidelines, which they perceived as far too conservative for professional athletes. Moreover, the participants stressed that instead of using a general timeline for all athletes on sport during pregnancy and returning to sport postpartum, a better approach would be individualization, with specific benchmarks and athletes' subjective levels of discomfort as indicators. However, most of the sport stakeholders in their study identified as women and had direct experience of working with pregnant and postpartum athletes, and hence their findings are unlikely to represent the views of the entire sporting community.

Pregnant athletes are often portrayed as irresponsible in the traditional and social media. Weaving (2020) argues that the driving force behind stigmatizing pregnant athletes is sexism, specifically sexual objectification and unjust discrimination. She names the phenomenon as "prenatal paranoia" and notes that it is deeply rooted in narratives of women's biology as unsuitable for sport and fear of damaging their reproductive capacities. According to Weaving, the sexist framing of pregnant women as irresponsible and hostile toward the fetus is used to criticize them for participating in pregnancy. However, she lists numerous athletes who have successfully participated in the Olympics in various types of sport, some of which are often claimed to be dangerous for pregnant women, while being from a few weeks to eight months pregnant. Furthermore, she notes that pregnant athletes are portrayed in the media in a sexualized fashion, overlooking their capacities as athletes and reducing them to an object of male sexual desire. Another media study (Kulkarni et al., 2024, p. 1266) argued that media representations of athlete pregnancy reveal that healthcare professionals are presented as "entitled to impose," thus effectively dismissing athletes' self-knowledge as not true or important. Interestingly, other studies have reported that when engaging in traditionally masculine activities, pregnant women generally face hostility, whereas in traditionally feminine activities, they are treated with benevolence (such as being physically touched and treated with excessive friendliness) (Hebl et al., 2007). The concept of reproductive objectification, which Dyer et al. (2023) have found to be used as a tool of oppression in anti-abortion rhetoric, may also theoretically explain these findings. Such objectification functions through seemingly positive evaluations of people seeking abortions, portraying them as precious objects who need to be protected from making bad

decisions, and through abortion stigma, that is, negative evaluations of those who have nevertheless had an abortion.

The sporting community is a fruitful cultural landscape in which to investigate at what point the inherent masculinity of sport is likely to clash with more progressive gender views. As the ideal athlete is a biological male (Martin & Martin, 1995), an athlete's pregnancy is likely to evoke negative responses simply because pregnancy underlines the athlete's femaleness (regardless of their gender identification) and maternal qualities. The female gender role conflicts with the athlete role: the ideal woman and the ideal athlete share very few qualities. When a female athlete becomes pregnant, this conflict is exacerbated, possibly evoking negative responses in others if that athlete continues engaging in sport.

Current Study

While there is a growing literature on motherhood and sport (see e.g., Massey & Whitehead, 2022; McGannon et al., 2024), including a few studies on pregnant athletes' experiences (see Davenport et al., 2022; McGregor et al., 2024), little is known about the attitudes of various sport stakeholders on pregnancy and sport. This study aimed to address these research gaps by studying the views of athletes, coaches, sport experts (physiotherapists, psychologists, physicians) and sport leaders on pregnant athletes. More specifically, the present study addressed the following research questions: (1) How is the compatibility of pregnancy and sport discursively constructed? and (2) How do the different discourses interact with one another and what means are used to legitimize them?

We employed a critical feminist lens in seeking to identify potential infringements on reproductive justice in sporting environments. By illuminating the interplay between egalitarian and restrictive ideological beliefs, our study contributes to the broader literature on gender and inequality in professional social contexts and highlights why, despite attempts to improve EDI, this objective might not always be achieved. Relational dialectics theory (Baxter, 2011; Baxter et al., 2021), which aims at identifying different discourses and studying how they are positioned relative to one another informs the theoretical approach taken in this study. According to RDT, discourses are systems of meaning or worldviews conveyed in the use of language, and the purpose of analysis is to study language in use with a theoretical underpinning (Baxter, 2011, p. 13). A speaker's utterance is always part of an intertextual utterance chain and a larger dialogue representing the culture's values. The theory posits that different discourses function on an unequal playing field, some being dominant, and others being marginalized.

Most of human communication is fine-tuned in a way that discourses can be both adopted and resisted (Suter & Norwood, 2017). The advantage of the method is its ability to identify the power relations between different cultural discourses and the means to support or challenge them.

Method

The present study is part of a broader research project “Who is Excluded from Gender Equality in Elite Sport? A Transdisciplinary Study of Generational Culture Shifts in Sporting Ambition, Parenting, and Identity (SportEX)” (Ryba et al., 2023a; University of Jyväskylä, 2024). The specific objective of the research project is to examine the state of equity, diversity, and inclusion (EDI) in Finnish sport, with the overarching aim of facilitating discussions on gender justice across different stakeholders, leading to meaningful outcomes for access, participation, well-being, and performance of all genders in sport (Ryba et al., 2023b). As part of the project, a survey was conducted in the fall of 2023 to explore the views of different sport stakeholders. The survey was addressed to all sport stakeholders (athletes, coaches, experts, and sport leaders) currently or previously working at different levels in the Finnish sport system. The collection of the original data was reviewed for compliance with the standards for the ethical treatment of human participants and approved by the Ethics Committee of the University of Jyväskylä, decision number 656/13.00.04.00/2023.

Instrument

To ensure the effectiveness of the survey in capturing relevant data on EDI in sport organizations, its collaborative development by the research group, *Winning in the Long Run*, was based on a systematic and meticulous process which included the application of an intersectional lens. The PI (second author) began the process of designing the survey, based on the project’s research questions and objectives, around the key themes of gender, parenting and sporting aspirations, incorporating open-ended questions and relevant psychological scales from previous longitudinal studies with student-athletes and their parents/guardians. Following this initial phase, the survey underwent several rounds of refinement through group discussions within the research team. These discussions led to modifications and enhancements to ensure the clarity of the survey and its alignment with the research focus. The survey was drafted in English and then, translated into Finnish, encompassing iterations and refinements in the translation process, and the final version posted online on Webropol. To increase its robustness and relevance, individuals of different ages

outside the research group were invited to test the survey and provide feedback on its structure and content. All were familiar with the Finnish sporting system and had diverse intersectional standpoints (gender, sexuality, cultural background). The feedback received was used in finalizing the survey.

Data Collection

The survey was launched in September 2023 and was available for 10 weeks. It was advertised through several channels. Members of the research group reached out to various official sports channels, including the Olympic and Paralympic Committees in Finland, requesting them to advertise the survey through their e-mail lists and social media channels. All the Finnish sports associations included in a Wikipedia list were approached and almost all of them agreed to advertise the survey through their e-mail lists and social media channels or to include an advertisement for the study in their monthly newsletter. Regional sports associations were approached with a similar request, as also were sport high schools. An Excel list was kept of all these requests and all organizations which did not respond were approached a second time. Towards the end of the data collection, all the participating organizations were asked to advertise the survey once again, if possible. Research group members also printed and spread flyers about the survey (e.g., in university buildings, sports events). Furthermore, we already had a list of previous research participants, whom we text-messaged about their willingness to participate in the current study. A reminder was sent a couple of weeks after the initial message. Research group members also utilized their personal contacts to advertise the survey.

Sample and Data

Of the 1286 participants who responded to the survey invitation, 519 answered all the questions. The total sample comprised 654 (79.1%) active sports participants and 173 (20.9%) who had participated in the Finnish sports system in the past, of whom 46.9% had withdrawn from sport during the Covid-19 pandemic. The most common sport was athletics (17%), followed by floorball (14%), ice hockey and volleyball (7% each), and orienteering and dance (5% each).

To find out how many respondents regarded pregnancy and sport as incompatible, they were asked the following multiple-choice question: “Please choose one or more options to complete the following sentence, “I believe that high performance sport participation and parenthood are in reality...” For this study, only responses to the option concerning pregnancy (“incompatible for pregnant athletes”)

are reported. Based on this question, 97 (18%) of the respondents indicated that pregnancy and sport are incompatible for pregnant athletes.

This research is based on the subsample of 540 participants who answered the question “How would you feel about having pregnant athletes on your team?” The subsample comprised individuals of different genders: 328 (60.7%) identified as women; 201 (37.2%) as men; two (0.4%) as genderqueer; eight (1.5%) nonbinary; six (1.1%) transgender; one (0.2%) intersex; two (0.4%) agender; five (0.9%) another gender identity; and three (0.6%) preferred not to answer. Most of the respondents ($n=224$, 40.7%) were currently involved in women’s sports, less than one fourth ($n=124$, 22.5%) in men’s sports, 14.5% ($n=80$) in mixed sports, and 122 (22.5%) did not answer this question. Of this subsample, 127 (23.6%) were parents or guardians. Table 1 shows details of the sample on which the analysis was based. The length of the open-ended responses ranged from 1 to 101 words, with typical answers consisting of a few sentences. Twelve participants left the question unanswered, and one answer, which consisted of abuse directed at the researchers was unclassifiable.

Taxonomy of Associated Risk in Different Sports

Participants’ attitudes about the compatibility of competitive sports and pregnancy are likely to be shaped by their respective sports. To facilitate the analysis, we developed a taxonomy to categorize the sport types performed by the participants based on known similar features and qualities of the sports. Although endurance sports (e.g., long-distance running and cross-country skiing) and sports with vigorous physical contact (e.g., ice hockey and combat sports) are perceived as “masculine,” they are considered to differ in the possible risks of injury they present for the developing fetus. In addition, while many aesthetic or expressive sports are traditionally considered “feminine” (e.g., gymnastics, figure skating, and cheerleading), they rely on the execution of highly skilled maneuvers that require a complex combination of physical strength, explosive power, coordination, flexibility, and endurance. Participants in these sports are also at increased risk for falls and musculoskeletal injuries. However, it is fair to say that all high-performance sports require endurance, physical conditioning, coordination, and mental toughness.

For the purposes of this study, in addition to the traditional individual vs. team classification of sports, we classified the participants’ sports based on the perceived risk of injury they present for a pregnant athlete and the attendant danger they present for the developing fetus (see Prevett et al., 2023; Zeigler, 2024). Sports considered to be low-risk included distance running, floorball, tennis, competitive

Table 1 Sociodemographic characteristics of participants ($N=540$)

		<i>n</i>	%
Role in Sport ^a	Athlete	301	54.7
	Coach	170	30.9
	Administration	77	14
	Leadership/management	74	13.5
	Expert services	18	3.3
	Another role	49	8.9
	Total	689	
Main Competition Level ^b	International	97	17.6
	National	282	51.3
	Regional	182	33.1
	Local	138	25.1
	Total	699	
Team	Women’s	224	40.7
	Men’s	124	22.5
	Mixed	80	14.5
	Missing answer	122	22.2
Citizen of Finland	Yes	531	98.3
	No	8	1.5
	Prefer not to answer	1	0.2
Sex assigned at birth	Female	339	62.8
	Male	201	37.2
Current gender identification	Woman	328	60.7
	Man	201	37.2
	Genderqueer	2	0.4
	Nonbinary	8	1.5
	Transgender	6	1.1
	Intersex	1	0.2
	Agender	2	0.4
	Another gender identity	5	0.9
	Prefer not to answer	3	0.6
Sexual orientation	Heterosexual	474	87.8
	Gay or lesbian	11	2
	Queer	11	2
	Bisexual	27	5
	Pansexual	6	1.1
	Asexual	10	1.9
	Questioning or unsure	20	3.7
	Another sexual identification	5	0.7
	Prefer not to answer	6	1.1
	Number of children/minors	0	411
1		50	9.3
2		44	8.2
3		19	3.5
4		2	0.4

Table 1 (continued)

	<i>n</i>	%
more than 4	1	0.2
I am a parent or guardian to a child or children that do not live with me	11	2

Note. ^a = respondents were instructed to indicate all roles that applied to them; therefore, some participants indicated more than one role. ^b = several respondents indicated multiple competition levels

dance, and orienteering; medium-risk sports included volleyball, basketball, ice hockey, and judo; and high-risk sports included gymnastics, cheerleading, powerlifting, and kickboxing. The level of competition and intensity typically increase the risk.

Data Analysis

The answers to the open-ended question were analyzed with contrapuntal analysis (Baxter, 2011), a method compatible with the Relational Dialectics Theory, using Atlas.ti software (version 24) and Microsoft Word. The analysis consisted of identifying discourses, and assessing their interplay. In the first phase, the data were read in their entirety to gain a sense of their content. A thematic analysis was then conducted to determine what was being said about pregnancy and sport. The textual segments used in coding were determined by identifying the point where a new idea began and then formulating a new code for each idea. In this stage, the coding was semantic rather than interpretive. The initial themes were grouped into hierarchical categories, with the lower-order themes derived directly from the data and the higher-order themes generated to represent different approaches taken toward the topic as interpreted by the researchers (Braun & Clarke, 2022). In this phase, all the data were divided into two parts, the first part being used to generate codes. The existing themes were then tested against the latter half of the data, reviewed, and potential new themes identified. This process resulted in four new themes, all of which were lower-order themes compatible with the hierarchical thematic system. When the thematic structure had been established, an overarching theme was identified. Comparison of the themes and determining differences in respondents' perceptions of the compatibility of pregnancy and sport yielded three discourses. The contents of the discourses were defined by interpreting them through the higher order themes. Finally, data extracts were located to exemplify the essence of each discourse as interpreted by the first analyst.

Having identified different discourses in the data, their interplay was explored. In practice, this meant examining if one or multiple discourses were present in each answer and by what means they were positioned as competing.

According to RDT, utterances (in this case, textual segments received as answers to the open-ended question in the survey) can be classified into three different types: monologue (displaying only one discourse), diachronic separation (displaying different discourses at different time points), and synchronic interplay (two or more discourses interpenetrating one another) (Baxter, 2011). Segments of data that represented each discourse were color-coded, and their semantic relationships were studied in detail. Special attention was paid to how the study participants aligned with some discourse(s) and disaligned from other(s). Discursive practices were also identified as contractive or expansive. Contractive practices are used to silence alternative discourses. They may include, for example, disqualification (the persons or groups aligning with a certain discourses are claimed to lack expertise or the right of expression), naturalization (one discourse is presented as a given), neutralization (value-laden discursive positions are treated as value-free or objective), topical avoidance (something is constructed as off limits or a taboo), subjectification (arguing that a given position is an individual opinion or experience), pacification (positioning differences as trivial or their resolution futile), and playing the rogue (parody) or the fool (enacting ignorance for purposes of unmasking implicit assumptions) or the clown (maliciously distorting a discursive position for purposes of laughing at its absurdity) (Baxter, 2011, pp. 170–172).

Expansive discursive practices are expressions that allow two or more discourses to emerge side by side. Baxter (2011) points out that previously described contractive practices can also function in discursively expansive ways if they are targeted at challenging dominant discourses. Similarly, although expansive practices are linguistically more diverse, they can also be mobilized to support dominant discourses. These practices include negating (a given discourse is invoked only for the purpose of refuting it), countering (some discursive position replaces or supplants an alternative discursive position that would normally have been expected in its place; often realized through lexical markers such as although, however, but, yet, nonetheless, even, only, etc.), and entertaining (to indicate that a given discursive position is presented as one possibility among alternative discursive positions).

In its idealized form, discursive interplay sometimes forms discursive hybrids or aesthetic moments. According to Baxter (2011), hybrids are moments when two or more competing discourses are mixed in a way resembling a salad dressing, where oil and vinegar are mixed, i.e., the original components can still be identified, but the hybrid constructs a new meaning, a discursive salad dressing. An aesthetic moment is a mixture where the original components are no

longer identifiable, as in a chemical reaction where the original ingredients mix and create a new substance.

Data Trustworthiness

The researchers paid specific attention to ensuring credibility, transferability, dependability, and confirmability of the study (Lincoln & Guba, 1985). Credibility of the findings was ensured by analyzing a large number of answers and engaging in several confirmatory techniques in the research process. The researchers combined extensive knowledge from different areas of expertise relevant to the study, thus ensuring prolonged engagement. Several rounds of analysis were performed aimed at differentiating the most relevant content of data (persistent observation). The data was also analyzed in two parts, first creating themes from the first half and then checking the applicability of the themes against the second half of the data. We have tried to ensure transferability by creating sufficiently broad descriptions of the research process and the findings, including descriptions of the thematic structure. These descriptions will be helpful in ensuring the relevance of findings in other studies, as they help other researchers understand what was done in the present study and compare their findings. Finally, to ensure confirmability, an audit trail was kept throughout the research process, and the researchers engaged in several reflexive discussions about analysis and findings throughout the process. Collaborative reflexivity was essential to ensure a critical epistemological stance in data analysis. The first analyst also kept a diary with notes on analytical decisions, reflexive thoughts, and her own reactions during the analysis and writing phases. Aligned with our feminist positioning, we recognize the impact of our embodied situatedness on our discussions and the development of the findings.

Positionality of the Researchers

Contrapuntal analysis is a method with a theoretical underpinning and is critical in nature: it is purposefully used to bring forth silenced discourses and give voice to oppressed groups of people (Baxter, 2011). Through reflexivity, the researcher distinguishes the method from more procedural approaches (see Braun & Clarke, 2022). It is therefore important to reflect on the researcher's positionality and theoretical approach. As researchers in the present study, we shared common ground in feminist values, the belief that the current patriarchal world order is restrictive and damaging to all people, and the general belief that equity, diversity, and inclusion (EDI) should be promoted in all areas of society. Both of us are White cis-women with experience of pregnancy and motherhood, but with somewhat different academic backgrounds and interests. The academic work

of the first author (MR) has focused on reproduction and motherhood and especially feminist research on these topics, and in the present analysis, she subscribes to the belief that every individual has the right to self-determination. She has not engaged in competitive sport and is thus an outsider studying the sporting world. The research interests of the second author (TR) lie at the intersection of sport, critical psychology, and cultural praxis. Her work focuses on the complexities of gendered career paths in sport, with the aim of promoting more equitable and inclusive practices. As a former competitive athlete, she brings an insider's understanding of physical culture to this collaborative effort. Both authors benefited from their different areas of specialization in reproductive issues and sport culture and juxtaposed these in fruitful discussions on the findings. Importantly, while pregnancy and sport both represent areas in society which are often portrayed as purely biological, they are to a great extent socially constructed.

Results

Based on the multiple-choice question ($n=550$) on the compatibility of parenthood and high-performance sport, 97 (18%) of the respondents indicated that these are incompatible for pregnant athletes. The findings of the contrapuntal analysis gave a nuanced picture on what kind of discursive strategies are used to justify differing views on (in)compatibility. The findings are presented here in an interpretive way, connecting them to the literature. This is followed by a general reflective discussion, along with conclusions based on all the findings.

The Three Discourses and Their Thematic Composition

To answer the first research question on the compatibility of pregnancy and sport, three discourses were identified: an equality discourse, a responsibility discourse, and an incompatibility discourse. The discourses were differentiated from one another by the meanings given to the themes identified in the early phases of the analysis (see Table 2): affective evaluation (emotional reactions toward pregnant athletes or their participation in sports), moral evaluation (expressions indicating moral or ethical considerations related to pregnant athletes' participation, i.e. "wrong," "I would accept it", etc.), access to sport (whether sport was argued to belong to everyone or whether pregnant athletes could be left out by default or under certain circumstances, such as in certain types of sport or towards the end of pregnancy), naturalness and familiarity with pregnancy (expressions depicting pregnancy either as a natural state or a disease and either as

Table 2 Thematic structure of the three discourses

Discourse	Alignment With Themes					
	Affective Evaluation	Moral Evaluation	Access to Sport	Naturalness and Familiarity of Pregnancy	Effect of Sport on Pregnancy	Effect of Pregnancy on Sport
Equality	Positive	Acceptable	Yes	Natural, Normal	Positive	Needs of the athlete come first
Responsibility	Mixed	Uncertain: Responsibility for Safety?	Conditional	Contradictory, Medicalized	Uncertain	Modifications or temporary exclusion
Incompatibility	Negative	Wrong	No	Weird, Unfamiliar, Taboo	Negative	Needs of the sporting environment take priority

familiar or strange), effect of sport on pregnancy (whether sport participation was considered beneficial, neutral, or harmful for the course of pregnancy, the mother's health, and the fetus), and effect of pregnancy on sport (whether inclusion of pregnant people in sporting environments was depicted as positive or negative and whether this applied to all sports and all stages of pregnancy or if some accommodation needs in the environments were argued for). These themes formed an overarching theme—the (in)compatibility of pregnancy and sport, that appeared throughout the data. This theme captured all the themes and represented the different approaches to pregnancy and sport found in the data. The survey answers sometimes constructed only one discourse and sometimes several, hence the participants were not classified according to discourses; instead, we aimed at identifying different discourses in their answers and studying the power relations among these discourses. The discursive practices found in the data are summarized in Table 3. Each quote is presented with information on the respondent: biological sex (F = female, M = male), gender (only if the person identifies with a gender minority; otherwise in line with the biological sex), type of sport (individual/team, other relevant information), and associated risk (low/medium/high).

Equality Discourse

The equality discourse presented pregnancy and sport as compatible. Affective responses were positive, “I would be happy for them” (F, individual endurance sport, low risk). Moral expressions conveyed that it was acceptable to engage in sport while pregnant, “I think there is nothing wrong with that, athletes are also entitled to reproduce during their sporting careers” (F, individual endurance sport, low risk). Access to sport was argued as everyone's right, “Sport belongs to everyone” (M, team sport, medium risk), and pregnancy was constructed as natural and normal, “As a woman this feels very natural, and I also have experience [of pregnancy as an athlete]” (F, team sport, medium risk). The effect of sport on pregnancy was portrayed as positive, “There is an over protectiveness that exists toward one being

pregnant, pregnant or not we know that exercise enhances one's own and one's child's health” (F, team sport, high risk). The effect of pregnancy on sport was also argued to be based on the athlete's own needs, thus allowing for possible modifications if these were in line with the athlete's needs, “There have been [pregnant athletes], [their participation] requires special attention, but in a good way” (F, team sport, medium risk).

As part of the equality discourse, some respondents argued for better inclusion of pregnant athletes in sports environments and raised concerns over equity, “Good for them. I might consider competing in pregnancy myself if I felt up to it, even if my performance in my sport would not reach the same level. The symbolic value of the gesture is significant in terms of equality, the status of women and pregnancy discrimination” (F, individual endurance sport). The next excerpt conveyed a similar message, “For me, it would only serve as a great example that you can have children during a sporting career. It would actually just be a really great thing. I think pregnancy and sporting mothers are still something of a taboo in the sporting world” (F, individual power sport, high risk). Within this discourse, some respondents advocated addressing structural injustices in sport based on pregnancy. In fact, the equality discourse was expressed in the language of equality, an issue which is often promoted in Finnish society, in both the domestic (Magnusson, 2005) and public spheres (Nygård & Duvander, 2021). This use of a culturally familiar discourse can be understood as strategic resistance to the dominant discourse that sports and pregnancy are incompatible in sports environments, which has been outlined in previous studies examining mother athlete's experiences (Davenport et al., 2022; McGannon et al., 2022; Ohlendorf et al., 2019). As such, it also represents a challenge to the inherent masculinity of sport (Fink, 2016; Goldman & Gervis, 2021; Hindman & Walker, 2020).

However, some answers were clearly more supportive of equity than others, and some answers within this discourse were vague. For example, some respondents made general claims in favor of including pregnant athletes, “Wouldn't be a problem. I don't think it should limit athletes” (F, team sport, medium risk). These views probably don't represent

Table 3 Discursive practices and strategies found in the data

Type of Practice	Prototypical Example
<i>Discursively Contractive Practices</i>	
Topical avoidance	“It’s something that physicians and experts should decide. I don’t have competence to interfere in such a thing” (M, team sport, medium risk)
Naturalization	“There is no such thing in the men’s leagues.” (M, team sport, medium risk)
Playing the fool	“Doesn’t bother me, this is ok. If she can still attend competitions when she should and if she can still achieve good results” (F, transgender, no specific sport indicated)
Playing the clown	“Doesn’t matter if you weigh 120 kg–50 kg. Or if you are one-handed or one-eyed. Your playing performance is what matters” (M, individual high coordination sport, low risk).
<i>Discursively Expansive Practices</i>	
Negating	“There have been pregnant athletes in our team, and I haven’t noticed it to affect anything. All of them have stopped when they have regarded it best, for example, because of safety reasons or because of their own coping” (F, individual high coordination sport, medium risk).
Countering	“It’s normal to train when pregnant and to practice with the team, but I would question it a little if someone chooses to play during pregnancy, because the sport is very physical and because of that, probably a risk to the fetus” (F, team sport, medium risk).
Entertaining	“I would be afraid that they would suffer from some form of physical harm because of the nature of the game. On the other hand, I would admire them for being able to combine family life and competitive sport (as this is SO RARE!)” (F, team sport, medium risk).
<i>Discursively Transformative Practices</i>	
Hybrids	“They would be very welcome, and the practical solutions will be made to work well. I don’t see any problem in this. I trust the athlete’s own judgement on this” (F, team sport, medium risk).
Aesthetic moments	“[I would feel] nothing special. I hope that they would feel safe and welcome in the sport team and/or league. As the pregnancy progresses, performance will not necessarily stay the same, and I hope they can train/play/compete in a way that is suitable for them” (F, team sport, medium risk).

real challenges to the structural inequalities inherent in sport. It could also be argued that these types of answers represent postfeminist attitudes (Gill, 2017), claiming support for equality while at the same time omitting structural barriers, thereby rendering it the responsibility of each woman herself to aim high and overcome any difficulties. Based on the present analysis, it is impossible to state whether several equality discourses can be differentiated in sport, with some

manifesting postfeminist attitudes and others a nuanced understanding on structural inequities.

Responsibility Discourse

The responsibility discourse presented the compatibility of sport and pregnancy as provisional and dependent on many factors such as the stage of pregnancy, type of sport, health of the mother and the fetus, and expert opinion. Affective responses were often very cautious, expressing worry and uncertainty and pondering responsibility, “I wonder a little bit who takes the responsibility, how to ensure the safety of the fetus, baby, and the mother” (F, team sport, medium risk). Moral expressions reflected the same uncertainty, positing sport as acceptable in some cases and questionable in others, “In contact sports I wouldn’t like it because of the risk of miscarriage. In ping pong I don’t see a problem” (M, high coordination individual sport, low risk). Access to sport was thus presented as conditional, relative to the type of sport, and always questionable because of the nature of constant change in pregnancy, “As long as the safety of the child can be guaranteed, it doesn’t matter. For example, in the beginning of pregnancy one can possibly engage in sport as usual, but later, I don’t believe it would be possible” (F, team sport, medium risk). Pregnancy was also perceived as presenting a potential for complications, thus reflecting a medicalized understanding where illness is always a possibility, “[It] depends on my role in the team. But from a general point of view, of course pregnant women are not in their typical physical condition and carry fragility, both their own and their offspring’s. So, of course in martial arts such as Judo, that naturally implies, for instance, no sparring” (M, individual combat sport, medium risk). The effect of sport on pregnancy was further constructed as uncertain, which was also connected to the tendency to stress expert opinion on the one hand and the personal responsibility of the pregnant athlete on the other hand in determining modifications to or even temporary exclusion from the sport in question, “I’m once again not informed enough about at what stage one should stop training. In cheerleading, it becomes very dangerous very quickly because we are dealing with hits to the body. Should we be talking about running, for example, I see no issue with the athlete continuing for as long as they feel safe and research suggests it is fine” (F, team sport, high risk).

The role of expert knowledge is central in understanding the responsibility discourse. This discourse reflected the medicalization of pregnancy and control of women in the name of expert knowledge (see Ussher, 2006). Health talk, which was ubiquitous in the data, indicated that pregnancy was approached through potential risk (see Laurendeau, 2008). Furthermore, there was a strong expectation that

pregnant athletes have internalized a sense of responsibility and would display “good motherhood” by avoiding any risk (real or imaginary) to the fetus (Heffernan et al., 2011; Lupton, 2012). Medical knowledge and risk constructions were mobilized to support the exclusion and control of pregnant women. Indeed, “prenatal paranoia” (Weaving, 2020) and benevolent sexism, especially paternalistic control (Murphy et al., 2011; Salmen & Dhont, 2021; Sutton et al., 2011), seemed to construct the core of the responsibility discourse.

Incompatibility Discourse

The incompatibility discourse constructed pregnancy and competitive sport as incompatible. Affective responses were negative and the combining of pregnancy and sport was evaluated as morally wrong, hence pregnant athletes should not be involved in competitive sport. One participant simply responded, “Wrong” (F, individual combat sport, medium risk). Sometimes, this incompatibility was constructed through the features of a specific sport, such as “Ice hockey is a dangerous sport so they should come back after the child is born” (M, team sport, medium risk) and sometimes as a feature of high-intensity sport in general, for example, “I reckon it is dangerous to engage in sport while pregnant” (M, coach, no specific sport indicated). Some answers clearly made pseudoscientific claims about the danger of sport during pregnancy, “Having previously coached women, the first months of pregnancy don’t make it impossible to engage in sport, but the risk for miscarriage is tripled by intense physical training, so one should acknowledge the risks and discuss it openly” (M, team sport, medium risk). Contrary to scientific research which has failed to prove increased risk for miscarriage (Davenport et al., 2019; Wowdzia et al., 2021), this respondent is claiming that the risk is hugely increased. This is very worrying, given that when asserted by a coach, such false beliefs may inform pregnant athletes’ decisions to withdraw from training during pregnancy, even in the absence of any known objective risk. Furthermore, a person in power who subscribes to such restrictive beliefs may compromise pregnant athletes’ psychological safety regarding training by overly worrying them, imposing unnecessary constraints on their training, or even ostracizing them. From the point of view of equity, diversity, and inclusion, this is problematic and indicates an urgent need for culture change in the sporting world.

Pregnancy was constructed as weird and unfamiliar in this discourse, especially among the male respondents, as instead of reflecting on the question some of them simply stated that pregnant athletes do not exist in their series, for example, “There is no such thing in the men’s leagues” (M, team sport, medium risk). These answers can be interpreted

as representing binary gender categorization (Hyde et al., 2019) and the construction of pregnancy as something that men do not need to engage in. In this way, pregnancy as “women’s concern” is effectively marginalized from discussions on sport. Such answers showed no reflection on the implications of pregnancy for women’s sport or acknowledgement of trans men athletes who might become pregnant during their careers. These responses attribute the responsibility for challenging inequalities in sport to the very people who suffer from them, excusing men and those in powerful positions from participating in this work. This may reflect the unequal power relations that exist in sport and a general tendency to devalue women (Segrave & McDowell, 1998). Sport is an institution created by men for men (Vertinsky, 1994) and thus unlikely to support the needs of other genders.

Pregnancy as a topic seemed in some responses to be taboo, as it was approached through denial and hostility, “I would take my hat off [to someone] if they can run sprints while knocked up” (F, individual endurance sport, low risk). This shows an expectation that pregnant people do not engage in competitive sport, as indicated by the ironic admiring tone and the conditional “if,” and the implication, conveyed by the pejorative expression “knocked up,” that pregnancy in general is something negative. Responses that featured ugly expressions for pregnancy reflect the hostile sexism which has been identified as a feature of pregnancy advice in general (Murphy et al., 2011).

In the incompatibility discourse, sport was mostly constructed as harmful not only for the pregnant person and their baby, but also for the sporting environment. Some respondents argued that the existence of a pregnant athlete in training and games would put other athletes in an unfair position, as they would then need to take care to avoid hurting that individual:

In contact sports, I think it would be questionable to put your opponent in a position where you can’t play seriously and have to watch out for the pregnant one. On the other hand, I doubt that any pregnant woman would even put herself at such risk (M, team sport, medium risk).

Thus, the needs of the elite sport environment were constructed as more important than the needs of the pregnant individual, presenting them as an antagonistic zero-sum game in which inclusion of pregnant athletes impairs the efficient functioning of the sporting environment.

The most interesting example in this category presented pregnancy as something that does not fit in with conventional practice in the respondent’s sport, “There may have been mildly pregnant [women/people] [N.B. in the beginning of

pregnancy], but when it is externally visible it is not a feature of the sport” (M, individual high coordination sport, low risk). This example shows that the pregnant body may be presented as disturbing in sporting environments, merely because of its external features. Indeed, pregnant bodies can be understood as disrupting the inherent masculinity of competitive sport, which explains why they seem to be so disturbing for some people. This finding that disruptions to the masculine world of sport are exacerbated by pregnancy shows that women continue to occupy a subordinate position in sport.

In sum, comparison of the responses of the differently gendered participants revealed that women mobilized the equality discourse much more frequently than men, whereas men utilized the incompatibility discourse much more frequently than women. Due to their small number, the answers of gender minorities could not be compared to those of the women and men. It seems that in the sporting context, men take a generally more restrictive attitude to pregnancy than women. This may be related to gender and sexist beliefs: it has been previously found that while men are more likely than women to endorse men’s control over women’s reproductive decisions, sexist beliefs are stronger predictors of such attitudes than gender (Pettersson & Sutton, 2018).

Discursive Interplay and Means of Legitimation

The second research question aimed at addressing interactions among the discourses and means of legitimizing their positions. First, we present discursively contractive practices, followed by discursively expansive practices, and end with the transformative practices found in the data (Table 3).

Discursively Contractive Practices

Discursive interplay, which was found in many responses, appeared in general to be discursively contractive rather than expansive. Often, the discursive struggle manifested in the responses narrowed the possibilities for transformative meaning-making. Several discursively contractive practices were used to silence alternative discourses: we identified topical avoidance, naturalization, playing the fool, and playing the clown (Baxter, 2011) as strategies to silence alternative discourses. As part of the responsibility discourse, topical avoidance could be mobilized to avoid taking any clear stance. Some participants rejected the idea of being personally accountable for their attitudes by asserting their lack of or not being in a position to approve or disapprove: “It’s something that physicians and experts should decide. I don’t have competence to interfere in such a thing” (M, team sport, medium risk). This can be understood as a discursively contractive practice which is used to silence

alternatives. This participant, for example, reinforced the power of expert knowledge in determining the limits on sport participation during pregnancy while marginalizing other interpretations (the equality and incompatibility discourses).

Most of the discursively contractive practices supported the incompatibility discourse. Through naturalization some participants claimed that pregnant athletes do not exist in men’s leagues. The following answer mobilizes playing the clown as a discursive apparatus to mock alternative discourses: “Doesn’t matter if you weigh 120 kg or 50 kg. Or if you are one-handed or one-eyed. Your playing performance is what matters” (M, individual high coordination sport, low risk). In this response, by “playing the clown” (Baxter, 2011, p. 170), the respondent refuses to engage in the discussion on the suitability of engagement in competitive sport in pregnancy, by claiming that pregnancy doesn’t matter, which is hardly true in most types of sport and in most sporting environments. This response can be better understood as purposeful distortion of the equality discourse, only to laugh at its absurdity. At the same time, it reinforces a radical version of the performance narrative (see Douglas & Carless, 2009), which is operationalized to marginalize discussions around pregnancy in sport: only sport performance matters, and nothing should be allowed to compromise it. This implies that pregnant people do not belong in competitive sport as they often do not reach the same level of performance as others.

Similarly, “playing the fool” was a strategy used to implicitly exclude pregnant athletes while appearing supportive of them. In these responses, pregnant athletes were required to achieve the same level as usual, which is rarely possible in most types of sport. “Doesn’t bother me, this is ok. If she can still attend competitions when she should and if she can still achieve good results” (F, transgender, no specific sport indicated). Through stressing similar standards and expectations for everyone, this tactic thus effectively marginalizes and supports the exclusion of pregnant athletes, while allowing its proponent to be seen in a socially acceptable light. Baxter argues that the “playing the fool” (Baxter, 2011, p. 170) is a discursively contractive practice with the purpose of unmasking implicit assumptions of the critiqued discourse. In this case, by claiming that pregnant athletes are not excluded because of discrimination but because they do not usually reach the required level, the critique was directed towards the equality discourse, with the effect of making it appear strange that the researchers should even ask such a question.

Discursively Expansive Practices

Discursively expansive practices were also present in the data, through which the discourses were often constructed in opposition through negating and countering. Far rarer events in the data were the entertaining of multiple discourses, discursive hybrids, and aesthetic moments. Negating was a strategy very often used to deny the importance of pregnancy in the sporting context. For example, some respondents declared that pregnancy would not affect how they think of the person, and some claimed that pregnancy does not affect anything (in sport) or does not matter.

There have been pregnant athletes in our team, and I haven't noticed it to affect anything. All of them have stopped when they have regarded it best, for example, because of safety reasons or because of their own coping (F, individual high coordination sport, medium risk).

Pregnancy is constructed here as something that does not affect anything, thereby naturalizing the view that pregnancy does not need to be addressed in sporting environments. In certain sports, it may become physically impossible towards the end of the pregnancy to participate in competitions or engage in certain types of training. However, constructing pregnancy as something that does not need to be addressed is problematic and indicates that sporting environments may be oblivious of the needs of pregnant athletes. Ignorance of structural barriers is likely to legitimize and even reinforce unjust systems in sport. Some participants claimed that it does not feel any different or does not evoke any emotion in them. One participant answered: "Wouldn't move me in any way" (F, endurance sport, low risk). These answers have the same marginalizing function as previously seen in claims that pregnancy has no relevance in men's leagues.

Negating was in some rare cases used to oppose outdated conceptions of pregnancy as a form of "doping," and these participants stated it does not give any unfair advantage, as in the following excerpt, "Doesn't matter. I don't believe pregnancy gives them extra benefit for the performance, at least not when it advances" (F, endurance sport, low risk). This answer is interesting because it opposes outdated notions of pregnancy as doping but at the same time seems to display an indifferent attitude by simply stating that pregnancy does not matter. The participant seems to approach the meaning of pregnancy mainly from the viewpoint of the dominant cultural narratives of elite sport (Douglas & Carless, 2006). One respondent claimed, "Pregnancy is not an illness, so they can come along" (F, team sport, medium risk). This answer opposes the medical understanding of pregnancy as an illness and the related tradition of excluding pregnant women from sport.

Another discursive strategy, countering, commonly occurred in the data. This practice was almost without

exception used to center the responsibility discourse. These participants most often advocated a certain level of inclusion for pregnant athletes but presented ensuring safety and avoiding risks as a moral obligation. These answers thus created the impression that sporting environments should be tolerant and even supportive of pregnant athletes, but that for their own safety, they need to be excluded at some point, as in the extract below:

It's normal to train when pregnant and to practice with the team, but I would question it a little if someone chooses to play during pregnancy, because the sport is very physical and because of that, probably a risk to the fetus (F, team sport, medium risk).

This "questioning" of choices to play during pregnancy downplays the role of the pregnant person's individual judgement. This can be understood as a discursive strategy which argues for protecting women from their own bad reproductive health decisions, ultimately downplaying women's autonomy (Jesudason & Weitz, 2015). It also treats pregnancy as an illness or even a disability, constructing it as a fixed, risky state that excludes women from certain types of sport right from its onset.

Countering was mainly used to reinforce a paternalistic attitude, the responsibility discourse, to pregnant athletes. On rare occasions, other discourses could be centered. For example, the incompatibility discourse is centered in the following response, "It wouldn't bother me as such, as long as they can keep up and play [as fiercely] as the rules allow" (M, team sport, medium risk). As previously argued, the requirement of safeguarding the same level of performance represents the discursively contractive practice of playing the fool in the service of the incompatibility discourse.

Occasionally, the responsibility discourse was second to the equality discourse. In these answers, the study participants appeared to be drawn to the conclusion that the pregnant person has the final authority on the decision, despite any other views on their participation, for example, "I would be afraid for the safety of them and the fetus, but I would leave the decision to the athlete themselves. I know that there are sound and safe ways to train intensively during pregnancy" (F, high coordination team sport, medium risk). While this type of response legitimizes the responsibility discourse, it nevertheless argues for the primacy of the equality discourse. It can thus be interpreted as challenging restrictive views on pregnant athletes' participation.

Finally, responses where the discourses did not appear in counterpoint relation to one another, also existed, although these were few in number. In the practice of entertaining, different discourses are presented as coexistent, that one of

them is truer or better than the other(s), as in the following example:

I would be afraid that they would suffer from some form of physical harm because of the nature of the game. On the other hand, I would admire them for being able to combine family life and competitive sport (as this is SO RARE!) (F, team sport, medium risk).

This answer presents the responsibility discourse and the equality discourse as being equally valid. The participant first expresses concern for the safety of the pregnant person but then proceeds to construct sporting life as difficult to combine with family life and being able to do it as admirable. However, this answer does not challenge structural inequalities but rather constructs it merit-worthy if an individual athlete is able to combine family life and sport. This can be interpreted as tolerance rather than encouragement and support for athletes having children. The contrast between the two parts of the statement may also indicate that the compatibility of simultaneously having a family and a sport career is an issue that solely concerns women athletes (see Kulkarni et al., 2024).

Discursively Transformative Practices

There were rare occasions in the data where the polemic interplay of different discourses was resolved, and a discursive hybrid or aesthetic moment emerged. The following extract exemplifies a discursive hybrid, “They would be very welcome, and the practical solutions will be made to work well. I don’t see any problem in this. I trust the athlete’s own judgement on this” (F, team sport, medium risk). In this answer, ingredients of the equality discourse (emphasizing the welcoming nature of the sporting environment and the athlete’s own judgement) are combined with ingredients of the responsibility discourse (hinting at the practical solutions that may be needed). The original discourses are recognizable but no longer constructed as competing. This answer functions in a transformative way as it underlines how solutions can be found without excluding pregnant athletes.

Next, an example of an aesthetic moment:

[I would feel] nothing special. I hope that they would feel safe and welcome in the sport team and/or league. As the pregnancy progresses, performance will not necessarily stay the same, and I hope they can train/play/compete in a way that is suitable for them (F, team sport, medium risk).

In this answer, ingredients of the original discourses have been transformed and they are no longer recognizable. The participant emphasizes her wish that the athlete would feel safe and welcome, thus presenting safety and acceptance as equally valid positions but approaching them from the viewpoint of the athlete (with safety not as defined by experts, as in the responsibility discourse, and acceptability not as defined by the sporting environment, as in the incompatibility discourse). The participant also acknowledges that pregnancy sometimes affects performance, but this is not presented as an obstacle but rather as something that may require adaptation, and again, approaches this from the athlete’s viewpoint.

Discussion

Finnish sport stakeholders constructed three discourses on pregnancy in a competitive sporting environment. These discourses differed in two ideological ways: first, on whether pregnancy was understood as natural or a disease (see Katz Rothman, 2021; Weaving, 2020), and second, whether sport was understood as inherently male or as belonging to everyone (see Fink, 2016). Hence, the discourses were ideologically layered, one constructing pregnancy as natural and sport as belonging to everyone (equality); one constructing pregnancy as a disease and sport as belonging to everyone (responsibility); and one constructing pregnancy as a disease and sport as inherently male (incompatibility). The conceptualizations of pregnancy and sport were thus linked to wider societal attitudes, informed in varying degrees by feminist and/or patriarchal views. The understanding of women’s bodies as perfectly functional is the necessary requirement for supporting the participation of pregnant people in all aspects of society.

The responses indicated that pregnancy is either excluded or tolerated to a certain extent within the different Finnish sporting communities, reflecting a global tendency to view pregnancy as a dysfunctional medical condition (Weaving, 2020). It seems that while direct opposition (hostile sexism) may not be the dominant strategy behind the exclusion of pregnant athletes from sport, paternalistic attitudes (benevolent sexism) may serve as the driving force for exclusion. Most often, these attitudes rested on the responsibility discourse, which occupied central stage in the responses. It is thus possible that while on the surface level, sporting environments claim to be welcoming to everyone, closer inspection of the different discursive strategies found in this study reveals that many people do not support pregnant athlete’s participation in competitive sport. Rather, the responses mostly functioned in discursively contractive ways, thus limiting the space allowed for culturally marginalized

discourses. These findings are in line with previous studies on pregnant athlete's experiences: for example, Davenport and colleagues (2022) found that pregnant athletes often postponed revealing their pregnancy out of fear of negative reactions from their coaches and sport leaders (see also Pullen et al., 2023).

Our findings clearly reflect the contradictions between the attitudes found in sporting environments and the lived reality of pregnant athletes and the experts working with them. Davenport et al. (2023) found that experts working with pregnant athletes were often frustrated at restrictive attitudes and argued that pregnant athletes can safely train at a higher intensity than most expert advice implies. However, it is unlikely that pregnant athletes themselves or people working with them have enough authority to influence societal constructions on the suitability of sport in pregnancy. It is therefore evident that if medical experts and those in positions of authority in the sporting community are not supportive, it is likely that pregnant athletes will continue to be marginalized.

Limitations and Future Research Directions

Most of the participants in this survey self-identified as women. It is likely that women attribute more importance than men to the topic of the study (equity, diversity, and inclusion) due to their unequal position in sport. The gender distribution probably explains the diversity of views found in this study, as women were more supportive of pregnant athletes' participation than men. Subcultures in different sports may also explain some conflicting findings: for example, several participants stated that equestrian sports are suitable activities in pregnancy, which is a little surprising given that these sports are often considered high-risk. In a female-dominated sporting environment, the participants seemed to be ready to accept this level of risk, unlike in male-dominated sports such as football and team contact sports in general, which were mostly reported as unsuitable. The overrepresentation of women participants in our study suggests that sporting environments may be even less supportive of pregnant athletes than the present participants. This is a cause for concern. Further research is needed to gain a deeper understanding of the views of male stakeholders, especially as men often occupy the most influential positions and are likely to be key figures in defining the general attitudes and support (or lack thereof) toward pregnant athletes. Future studies should explore what kinds of attitudes sport leaders hold toward pregnant athletes' participation, whether there are gender differences in their attitudes and how attitudes can be steered in a more encouraging direction. To map possibilities for advancing reproductive justice (Morison, 2023) in sporting environments, studies should

explore the role of sexist beliefs as obstacles to pregnant athletes' participation.

We recruited a large and diverse sample of respondents for the survey, which is a strength of the study. Nevertheless, as discussed earlier, the possibility of self-selection bias needs to be considered when interpreting the results. A further strength of this study was its ability to map the power relations between the different discourses, thereby enhancing understanding of the possible barriers to the participation of pregnant athletes. While brief answers in surveys are fruitful as a way of mapping respondents' initial gut feelings about a topic, various other methods, such as longer texts, interviews, or focus group interviews are required to capture a more nuanced understanding on cultural ambivalence and differences between sporting environments. Thus, future studies on attitudes toward pregnant athlete's participation in competitive sports should use a diversity of methods. It would also be essential to learn what factors contribute to possible differences in attitudes in different sporting environments. Furthermore, organizational practices contributing to pregnant athletes' participation or exclusion need to be better understood to promote equity, diversity, and the inclusion of all individuals. Research in different cultural contexts is needed to ascertain the present findings are relevant outside of Finland. Finally, transgender athletes' pregnancy experiences would be an important topic for future research.

Practice Implications

To ensure equity, diversity, and inclusion (EDI) of pregnant people in all aspects of society, it is essential to understand and challenge restrictive attitudes to pregnancy. Our findings indicate that sexist beliefs on the fragility of female bodies, along with gendered parenting role beliefs, need to be challenged. We recommend critically reviewing sport and physical activity recommendations to avoid replicating harmful and sexist stereotypes and ensuring that they are based on up-to-date knowledge. All recommendations should avoid a patronizing tone and respect the athlete's right to choose. We also recommend that all physicians and coaches educate themselves specifically on sport in pregnancy, and regularly update their knowledge, as outdated perceptions are likely to lead to overly cautious advice. Moreover, all relevant information should be clearly communicated to athletes themselves. We also suggest including education on gender in the mandatory content of school and higher education, as this is an effective way to reach whole age cohorts and influence broader societal change.

Conclusion

Discourses on pregnancy in sport reveal and underline the ongoing negotiations over women's roles in society, especially in relation to the meaning of pregnancy. The results of the present study suggest that it is because they disrupt the masculinity of sport that pregnant bodies evoke the contradictory reactions found in this study. Our results thus suggest that pregnancy discourses reflect tensions in society regarding women's roles and responsibilities, and that these tensions are likely to be exacerbated in masculine environments such as sport. This study has important implications for the debate on reproductive justice, as patriarchal constructions of female bodies are likely to constrain women's autonomy and social space.

Acknowledgements This study is part of the ongoing research project "Who is excluded from gender equality in elite sport?" (2023–2026) and is funded by the Finnish Ministry of Education and Culture, grant no. OKM/72/626/2023 to Tatiana Ryba. The authors would like to thank Milla Saarinen and Michael McDougall for their substantial role in obtaining the funding. We are grateful to Kaisa Aunola and Elina Joronen for their contribution to the preparation of the proposal. We also thank Aku Nikander for data management and all the members of the Winning in the Long Run research group for their essential contribution to the data collection on which this article is based and for their collegial support.

CRedit Authorship Contribution Statement **Mirjam Raudasoja:** Conceptualization, Methodology, Investigation, Formal analysis, Interpretation of results, Writing - Original draft preparation, Writing - Review & Editing. **Tatiana Ryba:** Conceptualization, Methodology, Investigation, Interpretation of results, Writing - Original draft preparation, Writing - Review & Editing, Supervision, Funding acquisition, Project administration.

Funding This work was supported by a fund from the Finnish Ministry of Education and Culture to Tatiana Ryba, grant number OKM/72/626/2023.

Open Access funding provided by University of Jyväskylä (JYU).

Declarations

Competing Interests We have no known conflict of interest to disclose.

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