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Mothering Mobilities and Maternalised Landscapes: Towards Mum-Friendly Cities

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ABSTRACT

This paper argues for the importance of centring mothers in the design and conceptualisation of 'care-full' and compassionate cities and communities. Focusing primarily on the experiences of pregnancy and early motherhood - particularly in relation to babies and toddlers - it reviews and unites literature on motherhood on the move and 'caringscapes', including caring and care-full cities and compassionate communities. While existing literature on compassionate communities has largely focused on the frail, elderly, and those with disabilities or life-limiting conditions, this paper highlights the need to also address the specific needs of mothers. It emphasises maternal physical, emotional, and mental health as key considerations in designing care-full urban environments. The paper advocates for mobility designs that prioritise mothers - whether they are travelling with or without their young children - within the framework of care-full cities and compassionate communities, aiming to create more mother-friendly cities that possess distinct qualities beyond those of child-friendly cities.

1 | Introduction

In this paper, we apply the idea of mothering to 'care-full' cities and compassionate communities. 'Mothering' implies treating someone with kindness and love and protecting them from danger or difficulty (Glenn et al. 2016). In applying the concept of mothering to the built environment, we explore how urban spaces can be conceptualised and designed to demonstrate kindness to mothers and indeed protect them from the dangers of navigating increasingly dense, populous, and hazardous cities - particularly mothers who are pregnant or in the early stages of motherhood, and who are often travelling with babies or toddlers. Recognising the focus in urban planning on child-friendly cities, this paper reviews literature to determine if child- and mum-friendly cities are the same, or if indeed the ideals of these spaces are different for mothers. In this sense, we position mothers as worthy subjects of urban design and planning in their own right, with or without their accompanying children - a

consideration that, to date, has largely been afforded only to the frail and elderly as distinct groups.

The aim of this article is therefore to highlight the importance of considering mothers - particularly those who are pregnant or caring for babies and toddlers - in urban design, and to propose foundational ideas for 'mum-friendly' cities. We seek to achieve this by drawing on literature on 'caringscapes' (Bowlby 2012; Joelsson et al. 2024); caring and care-full cities (March-igiani 2021; Williams 2017, 2020; Canoy 2023); and compassionate communities (Kellehear 2013). We argue that, when focusing on care and compassion, these urban spaces have 'mothering' potential. By integrating the frameworks of caringscapes, care-full cities, and compassionate communities into urban planning, we argue that spaces can unlock their mothering potential by prioritising the care and mobility needs of mothers (with an emphasis on pregnancy, postpartum recovery, lactation, and exposure to gendered risks), creating environments where

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care is central to the urban experience, and where mothers feel supported, valued, and included.

Even though birth rates - particularly in Western societies - are falling, we continue to live in a predominantly pro-natal society; that is to say, having children is socially encouraged, if not expected. Although we acknowledge motherhood as a choice identity (Agarwal 2022), and one which some may wish to reject (Silverio et al. 2021), for this paper we accept the term *motherhood* to encompass all those who assume the maternal parental role for a child, be they gestational, non-gestational parents, biological, adoptive, or foster parents. We wish to make clear at this juncture, however, that this paper focuses on mothers (and birthing people), rather than fathers/partners, non-gestational parents, or parents collectively, for three reasons.

First, from a mobilities design perspective, women have been identified as responsible for the largest share of trips serving the domestic sphere, performing complex trip-chaining such as school runs, errands, and care visits (see Gilow 2020). Despite this, women have been overlooked in urban design and planning (Kalms 2024). Ng and Acker (2018) find that women, more than men, tend to travel shorter distances, make more non-work trips, and travel during off-peak hours, largely due to their multi-tasking roles within households. They also note women's higher reliance on flexible modes of transport and their preference for public transport, taxis, and walking. However, access remains constrained: public transport design often fails to account for practical and safety needs, particularly for mothers with prams or young children. Jensen (2018) complements these findings through a mobilities design lens, showing how pram users experience the urban landscape differently. Pavement textures, kerbs, narrow paths, and stairways shape maternal mobilities in specific and often exclusionary ways. When caregiving responsibilities intersect with material urban constraints, the mobility of mothers - especially those with babies and toddlers - becomes uniquely embodied, emotionally loaded, and context-dependent. At this juncture, we wish to acknowledge the diversity of motherhood, recognising the experiences of single mothers, disabled mothers, adoptive and foster carers, step-mothers, and others whose mothering practices reflect diverse cultural, social, and embodied realities. Regrettably, despite a comprehensive literature review, the true heterogeneity of motherhood cannot be fully captured in this paper.

Writing on transport planning, Akyelken (2020, 687) asks: Who decides what women need? The author considers how women's mobility needs are different from those of men and how transport planners respond to this. The gendered differences highlighted by Gilow (2020) and Akyelken (2020) in spatial everyday mobilities of parents reinforce the importance of adopting a lens focused specifically on mothers in this paper. Second, from a parental labour perspective, we recognise that mothers tend to dominate the labour share of child-rearing and care (Kenny 1979; MacLaughlin and Scarbrough 2020). To make clear then, mothers are the focus of our paper due to the unique spatial and infrastructural needs they encounter including pregnancy, post-partum recovery, lactation, and exposure to gendered risks, that broader caregiver categories can obscure. Further, we recognise that the need for safe, accessible spaces for childcare, proximity to

essential services, and the role of design in supporting both physical and emotional caregiving are especially pronounced during pregnancy and the early years of a child's life. We acknowledge that men face unique spatial and social challenges when navigating the city that are beyond the scope of this paper.

Modern motherhood has been conceptualised as time-bound shifts comprising four parts (Silverio 2025). The First Shift relates to a mother's paid employment for which they may have to travel or, in more recent times, may be confined to working from home. The Second Shift encompasses providing care to any children, as well as their partner or spouse, usually at home, in the form of housekeeping and meal preparation. For some women, this is out of preference and for others necessity. The Third Shift, discussed by Silverio (2025) specifically in the context of the Covid-19 pandemic, is related to managing the family's social responsibilities, ensuring children are socialised, and organising the social calendar of the house - both involving external travel at times, and also inviting people into the home. The most recent theorisation, notes Silverio (2025) has been that of The Fourth Shift - particularly in the aftermath of the Covid 19 pandemic - where providing healthcare to those in familial and social circles may also fall to the mother of the family nucleus.

Finally, from a health perspective, we are concerned with factors including maternal physical, emotional, and mental health. Whilst men can experience mental health problems linked to their transition to parenthood, the incidence of women with pre- and post-natal mental health conditions is higher, both overall, and on accurate reporting (Paulson and Bazemore 2010). In addition, women have postpartum physical needs, for instance, recovering from labour and birth (which may have included surgery for a caesarean section, or relating to episiotomy repairs) or those relating to breastfeeding or expressing. In all, despite the transition to new motherhood being a joyous occasion for many, it can be a fraught time whereby identities and relationships are irreversibly altered and can therefore be marked by psychological anguish or distress (Kruger 2020; Rose 2018). Thus, thinking of compassionate communities and care-full cities with mothers in mind, particularly those navigating pregnancy and the demands of caring for babies and toddlers, appears important, especially when we discuss the paradox of loss some mothers may experience when their baby arrives, for instance, those experiencing post-natal depression (Nicolson 2001). Some mothers may lose their identity as an independent woman, owing to having to transport not only themselves, but for the foreseeable future, also a dependent.

This paper is structured as follows: First, we review the mobilities literature concerned with motherhood on the move, before turning to unpack key arguments related to child-friendly cities. Then, we review the wider literature on caringscapes, before focusing on caring and care-full cities, and compassionate communities more specifically. We conclude this paper by considering the future applications and potentials of caring-scapes and compassionate communities - with a particular focus on pregnancy and early motherhood - into urban planning. Further, we consider the possibilities for future research with mothers to provide policy-relevant insights in moving towards the mum-friendly city.

2 | Motherhood on the Move

We begin with a focus on motherhood on the move, drawing on mobilities literature. Research in this area is crucial in developing mum-friendly cities because it highlights the specific mobility needs of mothers and the challenges they face in public spaces. Understanding these needs is essential for creating urban environments that are inclusive, accessible, and supportive of mothers and their children. At the outset, it is important to acknowledge, following Luthar and Ciciolla (2016), that motherhood is diverse, dynamic, and shaped by children's developmental stages. Building on this understanding of motherhood's complexity, attention has increasingly turned to how mothers navigate everyday urban spaces, where their mobility is shaped not only by infrastructure but also by the relational and affective dimensions of caregiving (Boyer and Spinney 2016). A growing body of literature has examined the mobilities and immobilities of mothers as they move through urban environments with children (e.g., Boyer and Spinney 2016; Clement and Waitt 2018). However, each mode of transport presents distinct material, emotional, and social experiences for caregivers, especially mothers, as we outline herein with a focus on walking; pram-based mobility; baby-wearing; public transport; and car travel respectively.

Walking, though often perceived as the most accessible form of mobility, presents physical and spatial challenges when undertaken with a pram or young children. Jensen (2018) in their ethnographic study, illustrated how urban design features can significantly impede movement. Mothers navigating these barriers report heightened physical strain and stress, particularly when using heavy prams (Boyer and Spinney 2016), or travelling with multiple children (Wilkinson 2024). Building on this, scholars have begun to explore the lived realities of 'mothering on the move' (Clement and Waitt 2018; Waitt and Harada 2016). Platt (2024) poignantly observes that 'walking-with an infant makes mothering worlds legible,' offering a lens into the evolving, relational, and embodied nature of maternal mobility. This literature positions movement as integral to the process of becoming a mother and challenges traditional framings of mobility as an independent, adult activity.

A significant portion of the literature concerned with motherhood and mobility focuses on pram-based mobility. Jensen (2018) introduces the concept of 'urban pram strolling,' using mobilities design thinking to explore how materials, affective atmospheres, and social encounters shape everyday travel. Similarly, Cortés-Morales and Christensen (2014) analyse the use of pushchairs through Actor-Network Theory, arguing that mobility is not an individual capacity but rather a product of technological, social, and emotional entanglements. Everyday objects like pushchairs become extensions of the caregiving self, mediating access and participation in urban life. Yet, despite its prevalence, the experiences of those travelling with prams, especially parents of multiples (Wilkinson 2024), remain largely absent in both academic discourse and policy, with much of the child-friendly city literature focusing instead on older, independently mobile children (Clement and Waitt 2018; Holt and Philo 2023).

Importantly, the literature has begun to move beyond the mother-pram dyad, acknowledging diverse caregiving mobilities. This includes work on babywearing, where slings or carriers enable greater bodily proximity and flexibility. Although research remains limited, Hallenbeck (2018), Whittle (2019), (2022), and Platt (2023) demonstrate how babywearing reshapes family experiences of journey-making, offering embodied insight into how mobility practices adapt to infant needs. These studies enrich our understanding of mobility as dynamic and relational - something negotiated in real time between bodies, objects, and spaces. Together, this scholarship challenges narrow definitions of transport and mobility, offering new ways to conceptualise family travel. It urges urban planners, designers, and policymakers to consider how modes of mobility are entangled with care, embodiment, and relationality, particularly in the early years of family life.

Beyond walking and babywearing, the use of public transport further exposes systemic gaps in supporting maternal mobility. While often promoted as a sustainable and inclusive option, public transport is frequently ill-suited to the needs of caregiving travellers. Ng and Acker (2018) highlight that women are more reliant on public transport than men but also face disproportionate difficulties, including a lack of step-free access, insufficient stroller spaces, and poor real-time service information. Adopting a critical lens, this reliance may be less a matter of preference than of constrained choice, shaped by affordability, safety, and service availability. The emotional and logistical load of managing children, shopping bags, and prams in crowded or poorly designed vehicles can be overwhelming. Financial accessibility remains another issue, particularly for single mothers or those with low incomes (Rogalsky 2010; Rosenbloom 2014), aggravated by the lack of integrated ticketing or family discounts. Safety concerns for women, especially fear of harassment during off-peak hours, remain a significant deterrent (Pain 2001). Risk perception more broadly has been found to shape when and how some mothers travel (Kinnunen 2013).

In contrast, driving offers flexibility and control, making it a preferred option for some mothers, dependent on car ownership and income (see Ng and Acker 2018), for instance those undertaking multi-purpose trips such as dropping off children on the way to work (Dowling 2000). However, car travel introduces unique stresses, particularly around car parking. Beetham et al. (2014) demonstrate that poor car park design and inconvenient parking locations near schools, clinics, and childcare facilities significantly impact parental decision-making.

Despite the growing recognition of these differentiated experiences, policy responses remain limited. Peters (2013) argues that most transport systems continue to reflect a commuter-centric, gender-neutral logic that ignores the embodied realities of caregiving mobility. Gender-disaggregated data are rarely collected or analysed, and caregiving voices are seldom integrated into transport design and decision-making, leading to systemic gaps in accessibility and inclusivity (Quattro and Yao 2025). These transport-specific insights confirm that maternal mobility is shaped not only by physical infrastructure but also by social norms and planning omissions. A transition is needed - from accommodating mothers to actively designing with them in mind. This entails adopting relational, care-oriented design approaches that centre the needs of mothers as foundational to sustainable urban transport planning.

This shift in thinking also necessitates a deeper interrogation of public space as a site of social control. The difficulties mothers experience in urban environments are not just infrastructural but are often a reflection of dominant patriarchal social norms, as feminist geographers have long argued (McDowell 1999; Yeoh and Hunag 2010; Hume and Wilding 2020; Parikh 2024; Akmeel et al. 2025). Specifically, the public/private divide re-inforces the perception that 'good mothering' belongs within the domestic sphere (McDowell 1999; Aitken 2000; Longhurst 2001; Mathews 2018). As Akmeel et al. (2025, 2) observe, 'spatial exclusion for mothers and their children from public spaces represents a form of spatial violence,' underscoring how multiple layers of oppression shape mothers' everyday geographies.

These dynamics are particularly evident in pregnancy and breastfeeding experiences. Longhurst (2001) highlights how pregnant bodies in public challenge social norms, while urban environments often lack facilities that recognise their needs, such as rest areas and accessible toilets (Akmeel et al. 2025). Similarly, breastfeeding mothers face overt and subtle forms of regulation. Public breastfeeding can be framed as disruptive, drawing on what Parikh (2024, 2) calls "patriarchal anxieties," challenging normative constructions of "good mothering" (Mathews 2018, 1271). This framing has historically reinforced the marginalisation of mothering in public spaces. Whilst societal norms differ dramatically between countries, scholarship in the UK pushes back against ideas that breastfeeding requires designated or hidden spaces (e.g., Boyer 2018). Instead, it calls for the normalisation of breastfeeding across public environments. The issue lies not in the visibility of mothers, but in the inadequacy of urban design to support maternal autonomy and cultural variation in caregiving. Yeşildere Sağlam et al. (2024) stress that breastfeeding environments must balance cleanliness, privacy, and ventilation while also supporting psychological comfort and individual choice. For some mothers, privacy may be crucial; for others, public breastfeeding may feel natural; of course, societal forms also feed into the level of comfort women may experience with breastfeeding in public. Urban design must therefore accommodate this diversity, rather than reinforce stigmas.

Taken together, these maternal experiences - whether on transport or in public parks, shopping centres, or civic buildings - underscore the need for equitable and supportive urban environments. Traversing public space during pregnancy or postpartum often becomes a struggle, with inaccessible infrastructure (Bridge 2025), lack of baby-changing facilities (Feng 2021), and an absence of quiet, clean areas to rest or feed a child (Yeşildere Sağlam et al. 2024). These challenges are often compounded by the emotional and mental strain of motherhood itself. As the literature on maternal self-care notes, there is an enduring tension between cultural ideals of maternal selflessness and the need for mothers to care for themselves (Mitchell-Eaton 2021). Lloyd, O'Brien and Riot (2016) argue this is especially pressing in public environments, where opportunities for maternal self-care are routinely neglected.

3 | The Child-Friendly City

Child-friendly cities present the embodiment of the Convention on the Rights of the Child, which means that children's rights are reflected in policies, laws, programs, and budgets. In doing so, they ultimately demonstrate responsive governance, which is in the best interests of the child (Cordero-Vinueza et al. 2023), emphasising children's rights to public space (Malone 2017). Work in this area has often positioned the child-friendly city as an ideal; child-friendly cities are safe, and children are active citizens, with their voices being listened to as they inform design-making processes (Gencer and Karagöz 2017). Further, child-friendly cities have been reported as integral to sustainable human development (Sapsağlam and Eryılmaz 2024), as an entry point for integrated healthy city commitment, policy, and action. At this juncture, it is important to acknowledge the disparity between nations when exploring child-friendly cities, which bring to the fore varying challenges and approaches across different sociocultural and geographical contexts. Andal (2022) has highlighted this in their discussion of 'child-friendly blue urbanism', discussing challenges to conventional urban understandings when considering children's spaces in coastal cities. Further, as Powell and Muddiman (2024) highlight, countries have differing attitudes to children's rights, and may also exhibit different dynamics between the state and civil society.

It has recently been argued that child-friendly cities can reshape local government decision-making processes, allowing for greater opportunities for children's civic participation through increased emphasis on children's interests and voices (Powell 2024). Despite the promise of child-friendly cities, there has, however, been some critique. There are challenges related to uncertain conceptualisations of what makes a city 'child-friendly', complex governance structures, lack of political will from external partners and intergenerational tensions. Further, age-based fragmentation has the potential to further marginalise the interests of children and young people in key policy areas (Powell 2024). Moreover, the child-friendly city designation can be problematised in terms of the extent to which it meaningfully engages the voices of those it seeks to benefit, considering it has become subsumed into marketing and place branding. In this sense, there can be seen to be a tension between the original bottom-up, community-led intentions of the design and development of child-friendly cities, and its current appropriation. For more on this, we refer the reader to Lee and Lee's (2021) comparative study on child rights recognition and child-friendly cities. As is central to this paper, there is also a relative absence of the mother in the child-friendly cities literature, despite mothers frequently occupying city spaces with their children, often as their primary carer. We argue that cities should go beyond the child-centred design to support maternal health, dignity, and autonomy.

4 | Caringscapes: Caring and Care-Full Cities and Compassionate Communities

A growing body of literature (e.g., Milligan and Wiles 2010; Jacobs and Wiens 2024; Osborne, Lowe and Meijering 2025) is concerned with the geographical analysis of care relationships and landscapes of care. The importance of time to social relationships of care has previously been discussed, with existing attempts to integrate time with space in geographical research (Bowlby 2012), and extending the 'caringscapes/carescapes'

framework to research on informal care. More recent work on caringscapes presents the idea of 'mobile caringscapes' (Joelsson et al. 2024), demonstrating how walking is self-care, other-care, and neighbourhood-care. These different facets of 'caringscapes' of walking are further discussed in relation to walking as an enacted and practiced infrastructure of care. The conceptual framework of care in this work captures the different experiential facets of walking and highlights the embodied, interdependent, and relational aspects of walking.

A specific body of literature on caringscapes is concerned with caring cities and what have been termed 'care-full cities'. This has also extended to the growing discussion of more care-fully just cities (Williams 2017, 2020), and an emphasis on mental health in relation to carescapes (Philo and Parr 2020). The physical organisation of urban infrastructures and facilities that provide inhabitants with conditions of autonomous and active mobility (namely, walking, cycling, and public transport) has been discussed (Marchigiani 2021). An inclusive usability of urban spaces plays a fundamental role in increasing the opportunities afforded to individuals to contribute to their wellbeing, according to their different physical, cognitive, and sensorial capabilities. This shift of thought calls for reshaping urban environments as 'caring cities' (Marchigiani 2021), and for the development of new 'caring *with*' models of public welfare based on citizens' involvement in service co-production. Writing on the caring city has also been influential in developing the notion of 'configurations of care', referring to how designers, displaying certain ethical and political intentions, arrange human and nonhuman materials to accomplish caring relations in urban spaces (Bates et al. 2016). Here, particular attention is given to diverse qualities which characterise caring environments, concentrating on *ownership*, *healing* and *openness*; arguing each of these offers insight into the ideas, materials and practices which come together in the making of caring design. Whilst highlighting different aspects of the built environment, these configurations share a view of caring design as characterised by spatial permeability, which allows citizens flexibility in negotiating and sustaining their relationships with their everyday urban surroundings.

Extending literature on the caring city, and moving away from care-void and care-less cities, is literature concerned with 'care-full' cities. These care-full cities (Ergler et al. 2022), have been argued as an alternative vision of the city grounded in feminist ethics of care and justice (Williams 2017, 2020; Canoy 2023). A care-full approach emphasises our collective inter-dependence and responsibility for one another, and reveals silences, injustices, and neglect in a way that provokes action (Williams 2020). Critical commentaries have unpacked the promise of care-full and just cities, with a focus on how men are understood as subjects of urban care (Canoy 2023), and how women can (re)claim space by creating 'feminist cities' in what Kern (2020) argues is an otherwise 'man-made world'. This discussion forwards the situated practices of caring-with men as ordinary politics to fully realise the promise of a city for everyone. It highlights that caring-with involves transversal logics and heterogeneous politics which enrich how care as a cultural value and everyday practice can be embodied, reinforced, or even neglected among certain groups of men (Canoy 2023). One can conclude that caring-with men as ordinary politics is a step towards encouraging situated and

comparative enquiries through consolidating a hybrid praxis of global urban masculinities.

In saying this, we must remember that perinatal women are not only a public health concern (Silverio 2021), but that motherhood is itself a feminist issue (Kinser 2010) whereby women only become mothers on recognising their identity in relation to their offspring - even when not yet born (Hopkins et al. 2014) or when they suffer a pregnancy loss (Kent-Nye et al. 2025). Likewise, when conceptualising women as mothers (Kitzinger 1978), we must also accept that this identity allows for further such discrimination, which is open to exploitation by hegemonic masculinist societies (Silverio et al. 2024).

With this paper, we argue for the need to consider mothers as subjects of urban care in and of themselves. This is important when considering care needs related to, for instance, maternal mental health and postpartum depression, and physical health and postpartum needs. One way in which this can be achieved, we argue, is via compassionate communities. Compassionate communities is a term used to describe communities in which everyday people play a meaningful role in the care of those who most need it. The examples usually provided include those who are frail, elderly people who live alone, people with life-limiting illnesses, and those receiving end of life care (Kellehear 2013). Ultimately, the compassionate communities' movement challenges the notion that illness, death, and dying should be housed within clinical and institutional contexts (Breen et al. 2022). The use of compassionate communities more widely for promoting the health of vulnerable persons has previously been recognised (Pfaff et al. 2021). We call for an extension of the compassionate communities' intervention to mothers, both those travelling to and through communities with and without their children, who may experience issues related to their physical, emotional, or mental health.

Whilst there have been strides towards creating child-friendly cities (Grant-Smith et al. 2017) as discussed earlier in this paper, we question: do mum-friendly cities differ? Uniting literature on caring cities, caringscapes, and compassionate communities next, we consider how these maternalised spaces or landscapes (Philps 2019, 2021, 2023) may provide mothers the kindness, love, safety and protection needed to positively navigate urban and community spaces.

5 | Towards Mum-Friendly Cities

The literature on caring cities, caringscapes, and compassionate communities provides a nuanced framework for reimagining urban spaces that support not just the physical movement of individuals, but also the emotional, mental, and social wellbeing of those who live within them. Translating these concepts into practical urban planning and design to accommodate the needs of mothers, particularly those with young children, can significantly shape more inclusive, supportive, and care-oriented cities (Krishnamurthy 2019; Royal Town Planning Institute 2021). We argue that urban planning that acknowledges caregiving as a central component of daily life can reshape cities into environments that facilitate interdependence and shared responsibility.

A core tenet of mum-friendly urbanism is the integration of placemaking approaches that prioritise accessibility, safety, and wellbeing. Ensuring that mothers have meaningful input in the planning and development of urban spaces through participatory initiatives can lead to more responsive environments (Birmingham City University Property and Planning and Policies Research Group 2025). Community-led interventions, such as localised consultation hubs or mother-led urban gardens, contribute to a heightened sense of ownership and social cohesion (Divine and Bicquelet-Lock 2021). In alignment with the concept of care-full cities, urban spaces should facilitate everyday acts of caregiving by integrating infrastructure that recognises the interdependent nature of mobility, access, and emotional support.

The idea of caring-scapes and care-full cities can be translated into practical urban design principles through the creation of spaces that prioritise accessibility, safety, and wellbeing for mothers and their children. For instance, regarding accessibility and mobility, caringscapes and care-full cities call for urban environments that recognise and support the relational, interdependent nature of care. Designing cities with maternal mobility in mind can prioritise easy access to public transportation, wide pavements, and ramps that accommodate prams and assist in providing safety for mothers on the move with their children (Clement and Waitt 2018). These elements should be integrated to support the needs of mothers navigating the urban landscape - from those with prams or strollers, including double strollers (Wilkinson 2024), to those carrying babies in slings or backpacks (Krishnamurthy et al. 2018). Extending Joelsson et al.'s (2024) acknowledgement of the emotional aspect of walking, we recognise that other forms of mobility (for instance, bus and car travel) are shaped not only by infrastructural elements but also by social and emotional factors. City designs must incorporate rest stops, child-friendly wayfinding signage recognisable for pedestrians and those using transport (acknowledged as important in child-friendly urban design, see Myftari 2024), and pram-friendly paths and crossings to ensure safe navigation. Schindler and Neely (2024) found that providing such safe and inclusive opportunities for postpartum walking can be wellbeing enhancing in new parenthood.

Additionally, urban planning should consider how different modes of transport intersect with caregiving responsibilities, ensuring that bus and train services include features such as step-free access and designated pram/stroller areas (Royal Town Planning Institute 2021). Technology-driven innovations, such as real-time navigation applications, can further support maternal mobility by providing information on accessible routes and family-friendly facilities. A current example of such an initiative is 'miles without stiles', which provides information about 50 'easy and accessible walking routes for wheelchairs', pushchairs and those with limited mobility, across the Lake District National Park, UK, accessible via a webpage (see Lake District National Park, ND). This is just one example of how materials, technologies and spaces interact to support caregiving, mobilities, and wellbeing. This connects with Power and Williams (2019), Neely and Schindler (2025), and Larsen's (2025) work on how infrastructure and more-than-human elements impact the daily experiences of care when navigating urban environments.

While this paper is grounded in examples drawn from high-density, well-connected urban environments, we acknowledge that urban form and transport infrastructure vary significantly across different settings. The decision to focus on these contexts was intentional, aiming to explore design potential within spatial frameworks that prioritise public transport and walkability. However, this inevitably excludes the experiences of many mothers living in lower-density or car-oriented cities, where car and bicycle use are more prevalent modes of family transport. In such contexts, distinct considerations arise. The availability and quality of car parking can greatly impact a parent's access to work, childcare, and community spaces, often undervalued in mainstream urban discourse (Beetham et al. 2014). Similarly, for families seeking to cycle, infrastructure that offers a high degree of separation from traffic is especially important for encouraging participation among women, who tend to be more risk-averse in cycling environments (Garrard et al. 2008). Proximity to essential services, including schools, healthcare, and local shops, remains a critical factor in designing mum-friendly neighbourhoods (Gehl 2011). Future research that explores how care-focused and gender-sensitive design principles can be adapted to suburban and peri-urban areas would be welcomed. Comparative work in these environments would enrich understandings of maternal mobility and help ensure that planning interventions are inclusive of the full range of everyday caregiving geographies.

Further, in alignment with the concept of mothering as a form of kindness and protection, we argue that care-full urban spaces should be designed with safety and protection in mind. This involves well-lit streets, traffic-calmed areas, and safe, visible public spaces that allow mothers to move with confidence, whether they are on foot, with children, or travelling alone. Whilst these factors have long been considered important in designing child and youth-friendly spaces (see Schultz 2010), we argue that centring mothers is important in supporting them to remain connected within communities, to the benefit of both physical and mental health during pregnancy and postpartum. In this sense, spaces should prioritise separation from vehicular traffic to avoid hazards, providing protected routes for walking, cycling, or using prams.

Spaces should also provide comfortable nursing rooms for breastfeeding or bottle feeding, away from uncaring or judgemental behaviours which may impact a mother's confidence or esteem (Grant et al. 2022), changing stations, and other amenities to meet the physical and emotional needs of mothers and caregivers (Divine and Bicquelet-Lock 2021; Akmeel et al. 2025). Beyond this, is the importance of a caring infrastructure; the idea of care-full cities emphasises the importance of shared responsibility in caring for vulnerable groups. Design should foster inclusive spaces where care is not just an individual task but a collective community effort. This might include childcare facilities, parenting support spaces, multifunctional public spaces that allow for socialising and resource-sharing, or areas where mothers can engage with nature and interact, such as community gardens, typically the preserve of older populations (Sokolovsky 2018), and recognised for their role in enhancing community involvement and social inclusion. However, we must acknowledge that while community gardening is sometimes promoted as a means of fostering social connection and

wellbeing, this assumes a level of time and resource availability that is not accessible to many mothers - particularly single parents and those juggling work and care responsibilities. This therefore highlights the need for more inclusive, evidence-based strategies that respond to the diverse and often time-scarce realities of maternal life.

Further, drawing from the idea of caring-with, we argue that urban design can focus on healing environments that allow mothers to recover from the emotional and physical challenges of motherhood. This could include quiet parks, green spaces, or reflective spaces such as sensory gardens that encourage rest and relaxation. These would be particularly valuable in areas of high urban stress, such as shopping centres and those with heavy traffic (Divine and Bicquelet-Lock 2021). Such spaces could include comfortable seating to offer places for mothers to pause when needed and provide time and space for self-care, either alone or with babies and toddlers. It is important to note that this juncture that while access to green space has been associated with general improvements in maternal wellbeing (McEachan et al. 2016), there is currently limited and inconclusive evidence specifically linking green space access to reductions in clinically diagnosed post-partum depression. As such, it is imperative that accessibility to maternal healthcare services and mental health support be embedded within urban infrastructures to ensure that cities serve as places of care, recovery, and empowerment (Krishnamurthy 2019). A city's design could provide safe and welcoming places for mothers to reconnect with their sense of self and mental wellbeing, addressing the often-overlooked emotional needs associated with motherhood.

Creating compassionate communities involves designing urban environments that equip everyday people with the tools to care for one another. Engaging mothers in co-producing and maintaining such compassionate communities can lead to the development of community hubs and care spaces that serve as both recreational areas and support networks. These might include community centres with childcare services, resources for single mothers and parents of multiples, and spaces for sharing parenting experiences and forming connections. Participatory urbanism, which actively involves mothers in the co-production of their environments, can ensure that urban planning aligns with the lived experiences and needs of caregivers (Krishnamurthy et al. 2018). Cities that embed caregiving within their planning processes foster environments where mothers can feel not only accommodated but truly integrated into the urban fabric.

Guidance such as the *Proximity of Care Design Guide* (Arup and Bernard van Leer Foundation 2023) underscores the importance of child and family-friendly design principles within urban planning. By structuring planning processes around stages such as understanding, design, implementation, and advocacy, policymakers can create urban environments that are healthy, protective, stimulating, and inclusive. The social and environmental benefits of incorporating child and caregiver-focused strategies into urban spaces extend beyond individual families, fostering broader economic resilience and societal wellbeing (BCU 2025). Integrating these principles can also have commercial benefits, encouraging businesses and developers to invest in family-friendly urban environments that attract diverse populations.

Embedding placemaking principles into the development of mum-friendly cities offers a transformative opportunity to redefine urban landscapes as inclusive, flexible, and compassionate spaces. Thoughtful urban design and policy interventions can pave the way for cities that genuinely centre caregiving, creating environments that are mothering, equitable, and generative for all.

6 | Conclusion

This paper opened by framing 'mothering' as an ethic of care, kindness, and protection, principles closely aligned with the conceptual foundations of care-full cities and compassionate communities. Through synthesising literature on maternal mobilities, caringscapes, and urban care, the argument was made for a reimagining of city design in which mothers are acknowledged not as passive recipients of urban policy but as critical agents in the shaping of inclusive, just, and supportive environments. While children are often centred in urban discourses, mothers, particularly those in caregiving roles, continue to be marginalised in planning frameworks. Creating genuinely mum-friendly cities, therefore, requires an expanded urban imagination, one that goes beyond child-centric design to address maternal health, dignity, and autonomy.

To move beyond broad calls for participatory planning, this conclusion proposes three strategies for embedding maternal wellbeing into urban and policy infrastructures. First, maternal wellbeing metrics should be integrated into urban policy evaluations. These could include indicators of postpartum mental health, ease of mobility with young children, and access to community-based care infrastructure. Adaptations of existing tools such as the WHOQOL framework (World Health Organization 1998) would offer a systematic means of auditing how city environments support maternal care needs (White et al. 2023; Leahy-Warren et al. 2012).

Second, urban planning initiatives should prioritise co-designed micro-interventions with under-represented maternal populations, such as single mothers, minoritised parents, shift-working caregivers, and parents of multiples. Examples may include community-run parenting hubs, rest zones, or flexible mobility pilots trialled through participatory urban 'living lab' approaches (Divine and Bicquelet-Lock 2021; Krishnamurthy et al. 2018). Third, cities should adopt formalised maternal experience audits to assess and enhance the inclusivity of public spaces. These audits, drawing on qualitative methods such as go-along interviews and participatory mapping, would reveal the infrastructural, sensory, and emotional barriers faced by mothers navigating urban life (Platt 2024; Philps 2023).

Such measures signal a shift towards what Williams (2020) has termed the care-full city: a space shaped not by tokenistic inclusion but by the redistribution of attention, resources, and care. Addressing maternal wellbeing requires intersectional thinking, acknowledging that spatial and emotional experiences are shaped by race, class, disability, and other dimensions of identity. Urban care infrastructures must therefore be designed not merely for the average mother, but for the full spectrum of

maternal lives and needs. In conclusion, building mum-friendly cities is not simply a matter of better participation; it requires structural innovation. Embedding maternal care into the architecture of policy, design, and evaluation offers a path forward, towards cities that are not only child-friendly, but actively mother-supportive, compassionate, and just. While the focus of this paper is on mothers, broader applications and future research could include fathers, co-parents, and other caregiving configurations.

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