Chapter 5

'It Wasn't All a Figment of My Imagination'

Ontological Disruption and Embodiment

In Part I of this book, I described how pregnant women experience events of second trimester pregnancy loss within a biomedical-legal teleological ontology of pregnancy which understands a loss before viability, especially one without a live birth, to be largely inconsequential. Pregnancy loss in the second trimester is broadly not conceptualised as the birth and death of a person, who should properly only emerge alive (and likely to survive) at the end of a full-term pregnancy, at which point their life begins and is registered by the state. In the English NHS, this ontology means that labour and birth in the second trimester which will not have this long-term outcome is often not understood to be a 'real' labour and birth, with outcomes of a 'real' baby and mother, and this has consequences for healthcare practices and legal governance.

I now step back from the intricacy of how the biomedical-legal ontology of pregnancy is enacted through healthcare and governance practices to consider the effects of the wider ontological claims on women experiencing second trimester pregnancy loss. In this chapter, I show that for many women in England, second trimester pregnancy loss can be such a deeply disorientating event that it amounts to ontological disruption, a disruption in their understanding of reality itself. All the women in my research felt their pregnancy losses as fundamentally and enduringly disruptive. This was often part of the reason for them taking part in the research at all, sometimes years after the event. Reproductive loss

is a serious disruption to the expected lifecourse (Becker 1999). Epistemic shock in relation to trust in biomedicine has been described in the context of unexpected outcomes of reproduction (Kelly 2009). However, in second trimester pregnancy loss there can also be a more profound disruption of knowledge of reality itself which amounts to ontological shock and disruption. This is based on confrontation between the biomedical-legal discourses drawing on teleological ontologies of pregnancy enacted in healthcare and bureaucracy, and the embodied experiences of second trimester loss which form the basis of a different knowledge of reality. In this experience and understanding of reality, pregnant women know themselves to have given birth to a baby, to whom they are a mother. This alternative ontology is one derived from embodied experience in pregnancy, labour, birth and encounters with the body of the foetal being. It is knowledge partly based on foetal materiality and one's own corporeal relation to that being. Yet this ontological position is deprioritised and marginalised in experiences of healthcare and bureaucracy which directly contradict and undermine it, as previous chapters demonstrated. In explaining this ontological disruption, I bring together Giddens' concept of ontological security (Giddens 1991), from sociology, and that of reproductive disruption, from medical anthropology, in which expectations of a normative reproductive lifecourse may be altered by fertility events and their biomedical management (Becker 1994) in the context of wider political relations (Inhorn 2009).

Ontological (In)Security and Ontological Disruption

Giddens proposes a model of society in which there is a universal need for humans to have security on a philosophical and existential level as well as a practical one, defined as ontological security (Giddens 1991). Ontological security is provided by having a framework of reality which can offer some consistency to experiences of the world, including existential questions about the nature of existence, the nature of human life, the nature of other persons, and self-identity. It allows society to operate on trust, which is particularly important in high modernity where reflexivity and connectivity between people means there are greater levels of doubt. The competent routine control of one's body is implicated in ontological security because it is essential to the individual agential self in terms of their narrative of self-existence, and because

it is connected to their acceptance by others. Failure in upholding acceptable narratives of self, including bodily competence and control, can result in shame. Because of its scope, lack of ontological security is potentially disruptive to the individual to the extent that the reality of things and persons can come into question (Giddens 1991).

All death has been interpreted as a threat to ontological security (Giddens 1991, Mellor and Shilling 1993) because it cannot be controlled by, or delegated to, institutions or abstract systems. In these circumstances ontological security comes under strain. For Giddens, 'fateful moments' such as death confront individuals with existential questions which are normally smoothed over by 'reflexively ordered abstract systems' and which may challenge their ontological security (Giddens 1991: 203). In the case of second trimester pregnancy loss, the death of the anticipated baby can therefore be a challenge to ontological security. However, there are also further levels of disruption beyond the challenge of apprehending death for women experiencing second trimester pregnancy loss. I have argued already that the 'reflexively ordered abstract systems' which are implicated in pregnancy loss in England, such as the biomedical-legal discourses of pregnancy produced by biomedicine, NHS healthcare, and governance of the foetal body, its personhood and kinship, are unable to accommodate second trimester pregnancy loss. They produce violence towards women, exclusions and marginalisations, and they contain incoherences in classificatory categories. This is disruptive knowledge and experience which is only accessible to those experiencing second trimester losses, because in stillbirth and full-term pregnancy it will never come into view.

In my research, women encountering this knowledge and these systems had their ontological security challenged by death itself, and by the particular isolating and marginalising experiences of second trimester loss in English healthcare and bureaucratic institutions. However, their ontological security could be even more shaken by the confrontation between the teleological and biomedical-legal ontologies which classified their foetal beings as non-babies and non-persons, and their own ontological understandings of what had happened. In most cases of second trimester loss, the biomedical-legal discourse did not even consider that a 'real' death, of a 'real' person, had actually occurred. Those women who understood themselves to have been pregnant with a person, and perhaps to have been a mother to that person even if only during pregnancy,

suddenly found themselves in a world not of their making, in which their entire experience and understanding of pregnancy was abruptly shown to be radically different to the framework of reality held by other people. Who or what is a person, and who can be a mother or a bereaved person was fundamentally challenged by the ontological disruption of second trimester pregnancy loss, in the context of a teleological ontology of pregnancy. This is an example of torque, in which biography is twisted in the framework of a dichotomous classification system (Bowker and Star 2000). In this case, the dichotomies are that a foetal being is either a baby/person, or not a baby/person, and therefore the post-pregnant woman herself is either a mother or not a mother, entitled to grieve or not to grieve. In the context of pregnancy loss, it also intersects with ideas of liminality, whereby incomplete rites of passage produce liminal persons whose social status is ambiguous and uncertain (van Gennep 1960, Turner 1976). This was intensely isolating for many women in my research, as I describe in this chapter. It was also more fundamentally shocking than the concept of reproductive disruption as a rupture in the normative lifecourse (Becker 1994, 1999), because alongside a personal lifecourse disruption, it could produce a rupture with social reality itself.

'Boof, up Against the Wall of Reality': Disrupting the Teleological Ontology of Pregnancy

Shock, disorientation and disruption can be produced by many forms of reproductive loss (Memmi 2011, Inhorn 2009, Becker 1994) and in early pregnancy has been interpreted as a form of Post-Traumatic Stress Disorder (Farren et al. 2018). However, there are aspects of second trimester loss which produce specific forms of disruption. The lack of visibility of second trimester loss compared with other types of pregnancy loss meant that several women in my research were unaware that a pregnancy could be lost at all at this stage, because they had only heard of early miscarriage and stillbirth. The personal shock of the baby's death was therefore magnified by its apparent rarity and strangeness. Silence subsequent to the loss, in close social circles and in the wider world, also threatened women's ontological security in terms of the reality of what had happened. Eva's son was discovered at 17 weeks to have died *in utero* and she welcomed the hospital's written acknowledgement of his birth:

> It recognised that it wasn't just a figment of my imagination, I had a baby. Because after all people don't talk. Well, they find it hard to talk to you anyway about it, don't they? But they even talk about it less, like, months and years on. And you kind of feel like maybe a lot of it was in your imagination.

For Eva, the realness of the death of her son could be called into question in her own mind by the lack of wider social reaction to her loss. The same phrase, 'it wasn't all a figment of my imagination', was used by Kerry when she sought to counter the absence of recognition of her son's personhood by his father and many of her friends after the baby's live birth and death at 20 weeks' gestation. Many of the women used the term 'surreal' when describing what happened to them. Lack of social knowledge and recognition of the events of birth and death, and of the foetal being as a real person, destabilised many women to the point that they sometimes doubted their own reality and felt the need for external verification. For example, Bethany was relieved that her mother and friend saw her labour, because she felt in need of other people's witness to prove that this event was significant and based in reality, rather than some sort of non-event.

As well as being capable of prompting this questioning of reality, the experience of disruption was one which reached into all areas of the self, including the physical, intellectual and emotional. Most women experienced news of a problem with the pregnancy as unexpected and shocking, especially at ultrasound appointments considered to be routine opportunities to 'check' the foetus. As with research in northern Europe on prenatal screening (Heinsen 2018, Risøy and Sirnes 2015), women had limited advance awareness of the possibility of the ultrasound and screening 'checks' giving bad news. The teleological ontology of pregnancy is so embedded in understandings of the process that an alternative outcome is not clearly perceivable even as women consent to antenatal screening.

The shock of receiving bad news was often described as a physical sensation of numbness, falling or violence which expressed the scale of disruption, echoing Becker's findings about metaphor in infertility (Becker 1994). Chloe's daughter was discovered at 18 weeks to have died *in utero*. Hearing this news was a physical sensation for her: 'It was just like being hit by a bus, and winded, and stabbed, and run over.' Tess, given news of her daughter's foetal anomaly at an ultrasound scan, also described the experience in

terms of physical violence, a disruption to reality, and a distortion of the lifecourse:

> We weren't expecting anything and just suddenly . . . consultant came in, and, and said, you know, 'I'm really sorry but the baby's got anencephaly.' And having like that brick wall moment of, like, *boof*, up against the wall of, of reality.
>
> What? *What*? You know, you come in on one path and then suddenly life has batted you in the opposite direction.

The lack of awareness of second trimester loss and the possibilities of non-normative pregnancy outcomes contributed to the disruptive shock when problems with the pregnancy were first diagnosed. This formed the background to ontological disruption produced by the healthcare management of the events after diagnosis alongside the embodied experiences of pregnant women. However, such shock was only the beginning of the possible ontological disruption.

Conflict with Experiences of Embodied Pregnancy

Biomedical technologies, such as foetal Doppler listening and ultrasound scans, produced disruption to pregnancy in second trimester loss which conflicted with women's somatic experience of pregnancy and their intellectual expectation of the outcome of pregnancy, and was thus ontologically disruptive. Modern biomedical surveillance of the foetus means that pregnancy loss can begin before the pregnant body begins to expel the foetus, if foetal anomaly or foetal death is discovered in advance of labour and birth. Women in my research were sometimes experiencing their bodies as being in established pregnancy, whilst being told the foetal being was dead. Sometimes they were feeling the movement of the foetal being inside them, whilst being told that this being was unviable, or that they were in premature labour, and therefore that it would die. Kerry felt her son moving in her uterus as doctors removed the cervical stitch which had failed to stop her premature labour, which she knew would result in his birth and death. Amber had felt a lot of movement from her daughter diagnosed with a genetic anomaly because of the lack of amniotic fluid caused by the condition. She described the dissonance caused by discussing termination during ultrasound appointments where she experienced her daughter as living through the biomedical technology: 'I remember seeing her, her heartbeat. So we're talking about her, and her heart's still beating.'

Pregnancy loss can begin in the second trimester as an intellectual awareness rather than a physical process, and as an intellectual awareness in conflict with other parts of the experience, such as Amber looking at images of her daughter's still beating heart whilst discussing her future death. Though this is possible in earlier pregnancy loss, the fact that in the NHS the first ultrasound scan is usually at 12 weeks' gestation means that first trimester miscarriage, ectopic pregnancy or medical abortion is often first experienced somatically when bleeding starts, rather than experienced intellectually through the mediation of biomedical technologies which may themselves conflict with or heighten somatic experience.

Knowledge of foetal death through technological mediation in advance of labour and birth was very disruptive and echoed findings in Canada in which the experience of unexpected ultrasound findings caused a rupture with expected reality (Mitchell 2004). For women who experienced this because of spontaneous foetal death, such as Helen, Chloe and Eva, there was disruption to the idea of their own bodily integrity, to the 'normal' experience of pregnancy, and to their own somatic experience of their bodies as still pregnant. For other women, the use of feticide in termination for foetal anomaly, routinely a few days before induction of delivery, also produced dissonance in terms of knowledge of foetal death whilst the pregnancy continued. The awareness of being pregnant with a dead foetus mediated through biomedical technologies and processes was similar to those women who had experienced foetal death *in utero*. However, for women who had consented to termination for foetal anomaly there was an additional layer of disruption connected to the necessity of consenting to abortion and the consequent sense of personal responsibility for the death of the wanted baby, which is further discussed below. For both groups of women, the experience of still being physically pregnant whilst knowing intellectually that the foetal being was dead conflicted with the whole idea of pregnancy and its teleological purpose. Fiona, whose first son was discovered during a commercial ultrasound 'gender' scan to have no heartbeat, described the dissonance of knowing herself to be pregnant with a dead baby:

> Thinking he's *inside* me, and *what*? Just, it's just surreal, isn't it? You think, this baby's still inside me, and he's died, he's inside me. And you're just thinking, I remember at first thinking, 'I need him out, get him out!' But then I was kind of calmer about it and thinking 'he's going to come out, but for now it's ok.' I dunno.

Simone, whose fourth child died *in utero* at 17 weeks, felt alienated from her pregnant body once the death had been discovered:

> I just wanted to kind of put my bump over there and just be like, carrying on. It felt horrible. Yeah. Because I still had the sickness, I had the sore boobs, I still felt like I was pregnant. So it wasn't easy just to kind of go around with this bump and think, it's not ok any more.

Biomedical normalised judgement of the foetal body through technology in termination for foetal anomaly produced some similar disruptions in terms of alienation from the pregnancy. Paula, whose foetus was diagnosed with a foetal anomaly at the 20-week ultrasound scan, found the process of termination alienating in relation to her own body and the body of the foetus to which she does not attribute personhood. She was very concerned about the possibility of the foetal being having a monstrous appearance and declined offers to see it. For Paula, what had emerged from her body during induction was a highly disruptive being. She did not consider it a person, but she also resented staff calling it a 'failure', and eleven years after the event she still cried when she talked about the moment of death. During the interview, she veered between referring to 'it' and also 'she' and 'he', and she described an awareness of a missing child in her family of four, imagining the relationships the dead foetus would have had with her other children. Paula was the person in my research who most interpreted her loss in biomedical terms as the loss of a non-viable foetus, but she also struggled to consistently apply this categorisation and her emotional distress about this conflict was difficult for me to witness. I felt responsible for prompting ontological insecurity with my questions. The interview process brought to the fore the inability of the biomedical ontology of the event to completely settle what had happened in Paula's pregnancy loss.

'The Real, Little, Fleshy Person': The Experience of Foetal Materiality

For the many women in my research who did have an experience of witnessing the foetal body after birth, often because they were alone at delivery as described in Chapter 2, there was an ontological conflict between discursive accounts of what they saw that categorised it as 'not a baby' and their own experience of the material foetal being. All of them emphasised the material reality of what

they had seen and held, and many spontaneously described the foetal being as a 'person' as a consequence of this materiality. The need to emphasise the reality of the baby in accounts of pregnancy loss has been noted in the US context, particularly in early miscarriage where there might be some doubt about whether there is a foetal body present or the woman is 'really' pregnant (Layne 2003, 2000). This echoes work with pregnant women which found uncertainty and ambiguity about the reality of the foetal being before birth (Ross 2016, Lupton and Schmied 2013). Biomedical technology such as ultrasound has been found to produce such foetal beings as 'more' real (Mitchell 2001, Schmied and Lupton 2001, Rothman 1993). Viewing of material pregnancy remains is also linked to confirmation of the reality of what has been aborted in abortion care in the USA (Becker and Hann 2021) and in European contexts (Andersson, Christensson and Gemzell-Danielsson 2014, Heinsen 2022).

For women in my study in the second trimester, the material existence of the foetal being during pregnancy was particularly tangible. Many had felt foetal movement, and had witnessed more technologically mediated representations of the foetal being, such as ultrasound or Doppler representations. They often had a sense of an 'other' body in the pregnancy. An encounter with that emerged foetal body was understood as proof of the reality of that body as another, separate being made in the pregnancy, as Phoebe explained in relation to her son who died at 17 weeks' gestation:

> He was part of us, you know. So. I thought, I need to see him, I need to see what he looks like. To know he was real as well, because up to that point, although I was pregnant, until you see the baby you don't think. To just have some validation he was there as well.
>
> *So even though you'd had some scans as well, and you'd had the private scan, that wasn't the same as this witnessing?*
>
> Yeah, it's not the same. The real, little, fleshy person. You know?

Women who witnessed the dead or dying foetal body emphasised how much its morphology was that of a human being, with limbs and facial features. Often the sex could be determined, meaning the baby would become a 'she' or a 'he'. Hayley described her daughter's body:

> Obviously she had no hair, but you could just see where the eyebrows would have been. They have like the crease in the lip there, that we've got there. She had tiny little fingernails. You could just see like the downy sort of stuff on her as well. She just looked perfect. A

> bit pinker, you know, the skin was quite, it's a bit transparent, isn't it? But she was *perfect*, you just could not see that there was anything wrong.

The term 'perfect' was repeatedly used to refer to the formation of the foetal body where there was no visible abnormality, even though in the second trimester it looked different to a full-term baby, being much smaller, thinner and often with skin which was redder or darker than it would have been at term. The staging of the foetal body as a 'baby' by medical staff using clothing and blankets has been described in other contexts as part of the production of a foetal person (Mitchell 2016). In my research, clothing was often removed during an investigation of whole or parts of the naked foetal body. Charlie's second daughter was born prematurely and died during birth. She described how she stripped the baby's blankets off to examine her, and showed me photos of the baby in which she had placed a Coke can to remind her future self of the scale. Women often visually inspected the dead foetal body in this way, for its morphological orthodoxy in relation to a prototype human body. This, I argue, was partly a check on material reality in the context of ontological disruption, a way of anchoring their experiences in a material reality evidenced by their own sensory reaction to the foetal body, rather than, as has been argued in other contexts, simply a naturalised version of the maternal gaze (Mitchell 2016). There is a connection with research into narrations of the foetal body in foetal imaging, where the normative formation of foetal bodies can personify the foetal being (Nishizaka 2014, Lie et al. 2019).

The morphology of the foetal body in the second trimester was repeatedly contrasted to women's other experiences of earlier pregnancy loss. Sixteen of the 31 women I interviewed had experienced first trimester losses as well as second trimester ones. Although these caused sadness, they were consistently defined as a different type of loss, because the foetal body was less formed. For everyone in my research, this meant personhood was less developed. Charlie had been through a stillbirth and IVF and aligned her second trimester loss with the stillbirth rather than the embryos which did not survive thawing during the process which led to the birth of a living daughter. Personhood for her was not intrinsic to conception but was connected to the developed body of the foetal being. Stacey, whose daughter died as a consequence of termination for foetal anomaly, had a subsequent early miscarriage:

> I was out at [local festival], I had stomach pains, felt like I needed to go to the loo, went to the toilet, miscarried, kind of fished it out, looked at it and went 'ok'. Wrapped it up. And put it in the dustbin. I didn't think what I was doing. And then after that, I went back out again, and went 'I've just had a miscarriage.' I was at work two hours later.
>
> *So that one didn't have the same impact at all?*
>
> No. No . . . I don't know why the two are so different, I don't know. I don't even – I don't even consider the other one. As bad as that sounds, I don't even consider that one. I don't remember the date I miscarried, or anything. I don't know why that is.
>
> *Is it because you saw [daughter who died in the second trimester]?*
>
> I think it's because she was more. She was *there*. But this one wasn't a baby. It wasn't formed. It wasn't – I think that's got something to do with it. The fact that I felt her, I saw her, I held her. She was further gone. This one – I was probably 7 weeks when I miscarried? Something like that? There was [*sic*] no distinguishing features, if you like, you couldn't make anything out really. I think might have something to do with it, as horrible as that sounds.

Women's experiences of earlier loss involving undifferentiated foetal bodies were not felt to be such strong experiences of foetal personhood. In research in Catalonia, similar contrasts between personhood in later and earlier foetal losses have been understood as based in kinship resemblance (Marre and Bestard 2009), and this will be discussed in Chapter 6.

For those women whose babies were born alive, the witness of a 'person' in the encounter with the living body was more straightforward, despite differences in appearance and size compared to a full-term birth. Lucy was induced in a termination for foetal anomaly and her son was born alive. She experienced his emerged presence as that of a separate person:

> He was kicking his legs. And I even heard him take a breath in. And I kept saying to [boyfriend], I was like, 'he's moving, he's moving.' . . .
>
> *Did you have a sense of him?*
>
> Yeah. He had a presence. Yeah, he was definitely a person, a being in the room.

A separately living being had a strong claim to personhood through its own material body, and it produced less conflict with biomedical and legal ontologies which also defined it as a 'person'.

For other women, particularly those who had terminations for foetal anomaly where there were obvious differences in morphology, the physical foetal body was sometimes more difficult to

witness if there was visual evidence of abnormality or damage. As described above, the prospect of non-normative morphology was instrumental in Paula's decision not to look at her foetus. However, for other women physical difference did not mean there could be no attribution of personhood. This attribution could be partial or complete. Tess's daughter died during termination for anencephaly:

> I'd prepared myself. To, to see something that wasn't particularly pretty . . . I think they'd made that clear as well, in terms of, you know, 'don't be shocked by what you see. Or, you, you may be shocked by what you see.' Because, you know, especially with not having the top of her head. And so, she was like a little old man really, with just very shiny red skin, as well. Obviously very, very tiny. So didn't look like a baby, really at all.
>
> *Did that shock you then?*
>
> Well. Not really. Because it's kind of like, well, she, she's who she is. And she was who she was. And that's who she was at that time. And – yeah, it didn't mean any less that she didn't look like a baby.

Tess very clearly defined her daughter as a baby and person despite abnormalities in her appearance which made her look different to a full-term and fully developed baby, and which made other people more doubtful of the baby's status. When other people made judgements like this, that the foetal being did not have the appearance of a 'real' baby, these conflicted with the reality experienced by women. Natalie's mum asked to see photos of her son who died *in utero* at some time before 20 weeks' gestation:

> I think she wanted to say the right thing, but really she said the wrong thing. She said, 'aw,' she said, 'at least you know it didn't look like a real baby.' [Laughs] Bless her. She's so amazing, my mum, but sometimes she just says the wrong thing. But she thought she was saying the right thing. She was trying to sort of like, you know, make it *less*. Less emotional for me. But I said, 'but mum, it does! It does look a real baby!' You know, 'and I *want* it to look like a real baby.' She was like 'oh, oh, well yeah.' You know, because he didn't have proper eyes and a face. And I knew what she meant, but I was, like. [Rueful laugh]

Ontological conflict was produced in several such cases where women felt that the foetal being having a broadly human form was part of it being both 'real' and a form of person or baby, but other people actively tried to persuade them otherwise by comparison with the bodies of full-term babies. This is reminiscent of the distinctions made between 'real' relatives and stepfamilies in English

kinship (Edwards 1999). In both cases, someone claiming full kinship may make assertive claims against the norms of relatedness or personhood, in this case about being mothers to persons, which others do not recognise. In my research, ontological conflict was produced by biomedical-legal discursive categorisation of the born being as a non-person. These conflicts were the consequences of different ontological positions on the status of the foetal body. They caused disruption to the women in my study because they clearly illustrated different ontological positions on the personhood of babies. They can also be understood as destabilising in the context of Strathern's findings on English kinship (1992), further discussed in the next chapter, in which the visibility of individual persons, for example through prenatal ultrasound, forms the basis of relatedness, and notions of the individual are based in the body. When the individual foetal body had been encountered by my participants, it therefore formed the basis of personhood and then of kinship, yet all around them other people were dismissive of this reality.

Birthing a Person and a Mother

Phoebe, whose witnessing of the 'little fleshy person' was so important, also emphasised how her own experience of labouring and giving birth to his body was involved in making her son a person:

> People say 'you didn't have a baby', but I *did*. You know, it's not the normal birth story, it's not the normal labour story, but I can tell you*: I had a baby*. Whereas people who have never been through it or know about it, don't associate the fact that I did actually give birth to a person. Yes, he's not here. It's no different to if I did it at 40 weeks. He is a person, I saw him, he's got fingernails, you know? And I don't think – it's really hard for other people to comprehend that he was a person and it did actually happen?

There is a form of relational materiality here derived from the interaction between the pregnant woman's body and the second trimester foetal body which is actively birthed. More than half the women in my research had experience of labours and vaginal births in previous pregnancies and were in a position to notice similarities between full-term, live births, and those of second trimester babies. The emergence of these, even those who were not subsequently looked at or touched, was physically felt moving through the vaginal passage. Holly had a full-term vaginal birth, and then

first trimester miscarriages, before her second daughter died in the second trimester:

> It's still sad having an early stage miscarriage, I don't take that away from any women that have had them. I had a few before I lost [daughter who died in second trimester]. And you know, it was awful, it was dreadful. But. It doesn't come close to having given birth to your dead daughter.

For Holly, the physical experience of second trimester loss was closer to the process of birthing her living daughter than the experience of earlier miscarriage. Similarly, Kerry had had surgical terminations and first trimester miscarriages and she felt very strongly that these were different to the experience she had with her son who died in the second trimester, which she aligned with her full-term births:

> He was a baby. Ok he wasn't a chunky big fat baby that, you know, like when they come out. But he was a baby, because every single part that needed to be there, was there. So to define that as something which is – not. Like when I had the 8 week [miscarriage], looks like, to be fair, lots of clots. They're not even in the same category, so why they are put together is not – I don't think it's fair.
>
> *So the things that you are saying are making a difference are the level of development of the body?*
>
> Yeah.
>
> *And also the experience you went through in giving birth? Because that was different?*
>
> Yeah. Obviously it's different to a normal birth, but roughly the same principle.

There is thus an embodied knowledge produced by the bodies of pregnant women in relation to foetal bodies and the physical processes of labour and birth which cause them to emerge (Walsh 2010). This is mediated by cultural knowledge of pregnancy and birth processes but is also experienced through the body in a very immediate and tangible way. Others have claimed that the birthing body does not have an essential nature despite its materiality (Chadwick 2018), but in this research the material and embodied experience of birth produced knowledge not about the body but about the essential nature of wider reality for the women involved. This knowledge claims that the beings which emerge from a labour and birth are forms of person, in relation to the birthing person. The process by which this knowledge is produced is a reflexive one which draws on previous experience of close relationships (Edwards 1999) and also on embodied experience.

At the same time, the processes of labour and birth, and for some women, lactation,[1] were understood by women in my research to have completed a transformation of themselves into mothers, in relation to the person they bore and birthed, which had begun in pregnancy. This echoes findings in English kinship whereby children create parents as well as vice versa, and there is a particularly connected relationship between a pregnant woman and the baby she gestated (Edwards 1999). Those women whose first labour ended in the second trimester saw the process of birth as a rite of passage which had made them mothers, even if the baby had died, and even though they had no other children. As Bethany explained shortly after the death of her first baby:

> Me and [husband] to each other, would say that we are Mummy and Daddy. But I wouldn't expect other people to see that. I don't think. Because, I think again because there's this whole like, 'miscarriage' thing. I suppose. I don't, but I feel like because I did have this labour and experience, and we met him, and we named him, that, I feel that's why I feel like I'm a mum. But I don't expect other people to understand that because before I wouldn't have? Because I wouldn't have understood what they'd been through?

The experience of labour and birth was significant for both the labouring and foetal bodies involved, and in Bethany's case also for her husband who witnessed her efforts and looked under the sheet to see the little baby boy. This echoes ideas in English kinship in which there is a special connection between pregnant woman and born child beyond any genetic or 'blood' connection (Edwards 1999). In my research, labour and vaginal birth were experienced as producing both mothers and new persons through the 'body-in-labour' (Akrich and Pasveer 2016) in relation to the 'body-being-born' (Lupton and Schmied 2013), whether that body was alive or not on birth. However, it was clear to women in my study that this was not a widely shared ontology of pregnancy, personhood or motherhood in relation to second trimester loss. In an example of socially withheld matrescence, motherhood would not be publicly recognised in the circumstance of second trimester loss, if the foetal being was born dead. Women were thus placed in an ambiguous position in relation to motherhood identity, particularly if they had no other living children to act as the threshold to motherhood, as Louise explained: 'when you lose one child you're like, not a mother, you're a nothing?'.

Pregnancy loss in general has been interpreted as disruptive because of the failure of the project of a child (Memmi 2011), and because of the loss of potential motherhood (Layne 2003). However, in the second trimester the impact is different because the embodied experiences of labour and birth and the possible encounter with a foetal body mean that women experience conflict between their own ontology of what has happened, based on culturally mediated interpretations of material bodily experience, and that of dominant discourses which do not acknowledge these experiences. Women's responses to this conflict will be discussed in Chapter 6.

'I Just Felt Like a Ghost': The Disappearance of the Pregnant Self

Women in my research, having experienced in disruptive and shocking circumstances what they understood to be labour, birth and the encounter with the human-shaped body of another being, then found that their interpretations of these events were unrecognised by other people. This is the point at which ontological disruption became a reality for them. It was clear that they were experiencing the world very differently to other people. A key factor in the reality-disrupting experience of second trimester pregnancy loss was the sudden disappearance of the pregnant self, in terms of both the physical body and the social identity. Pregnancies in the second trimester have usually been publicly announced, and therefore have socially come into existence, often by the sharing of routine ultrasound scan images around 12 weeks. Pregnancies are also often visible to other people, including strangers, through the growing abdomen of the pregnant woman and her pregnant shape. Other people may, towards the end of the second trimester, have felt foetal movement through the pregnant woman's abdomen, seen images of the foetal being and heard Doppler mediated heartbeat sounds. When such a pregnancy ends, the woman is suddenly visibly not pregnant any longer, but there is no baby to show. Women are then repeatedly questioned about what has happened. Heather went back to work as a secondary school teacher after her first second trimester loss and stood in front of her students with her suddenly not pregnant body: 'They were aware [of the pregnancy]. And they did say, "Miss, have you had your baby?" And I had to say, you know, "unfortunately . . ."'. Heather was later criticised by other teachers for telling these students what had happened to her,

with the implication that it would have been better to somehow conceal the loss because it was too shocking for her students to be exposed to.

The need to explain the disappeared pregnancy to relative strangers, and a wider range of people than an earlier loss, came up for many women, including all those with public-facing jobs. Joelle was a retail manager:

> I had a customer at work that knew that I was pregnant. He'd not been in for a while, because he's, like, on a yacht and he goes away for a few months. And he came back, and he was like 'oh, how did everything go with the baby?' And I was like, 'Oh, baby died.' And he was just like, 'oh, shit!' [Small laugh] And then he just didn't know what to say. [Pause]

Social ruptures were repeatedly caused by announcing news of the end of the pregnancy in a public context. The pregnancy had disappeared in a disruptive manner, leaving an important rite of passage incomplete. The soon not to be pregnant woman, or the post-pregnant woman with no baby, was marked as a liminal and disruptive being, who was socially and physically isolated from others, or felt herself to be marked out as transgressive. Fiona and her husband ran a small shop and had excitedly told all their customers about the coming baby. Fiona felt compelled to announce that her son had died while she was still waiting for labour to be induced in order to forestall any difficult questions. However, reactions from other people, including people close to her, were often of horror or embarrassment and resulted in her social exclusion:

> I understand that people don't know what to say. I understand that. But. It was quite difficult when I would go for days without hearing from people that you would expect to hear from. You know. A message to say 'thinking of you.' Anything. Sometimes I, I guess I'd have hoped for more. But then I, at the same time I understand why there wasn't.

Like so many women in my research, Fiona disappeared from normal social life whilst being simultaneously very exposed to the possibility of awkward social encounters and public scrutiny and gossip – 'like being an animal in a zoo', as Georgia said. The incompleteness of their pregnancies in relation to the teleological ontology of what pregnancy is rendered them liminal and socially disruptive to the point where their own personhood could be called into question. Feelings of panic on encountering others during or after the pregnancy loss were common and were linked to a sense

of responsibility for social disruption. Eva felt herself to be highly disruptive to others, to the point where she minimised her experience when she emerged into society suddenly not-pregnant:

> I remember I just felt like a ghost, going back to do the school run again, and then having to face everyone in the school playground. It was horrific. And then, yeah, I just remember people coming up to me and not knowing . . . Having to make them feel that it's fine that they've asked, because you're giving them some bad news, but it wasn't their fault. They didn't know.

Waiting for induction for termination for foetal anomaly, Lucy couldn't decide how to manage the public presentation of her still-pregnant body in a way which would minimise the disruption of what was happening to her when she encountered others:

> I just remember sitting on the end of my bed and looking at my wardrobe thinking, 'I've got no idea what to wear, because I don't want people to see that I'm pregnant. Because I can't have that conversation, I've got to wander around now for two days with my pregnant tummy and people might say 'oh, when's it due?' Like, just floods of tears thinking 'I don't know what to wear, I've got no idea what to wear, I don't know whether to wear maternity stuff.' Just not wanting to go outside, but having to.

This anxiety about exposure, about the right to claim the status of maternity, and the sense of having to hide the ambivalent pregnant self, extended for many women to the hiding of the whole self after second trimester loss. Natalie explained how this public stage of pregnancy affected her:

> Everybody knew. Everyone. So I'd go to Tesco in [town] and I'd see people and I'd literally hide. You know, I'd go into the next aisle. Because I didn't feel right in Tesco explaining to them what had happened. For a long time, actually, I kind of hid away a bit.

Kerry's son was born alive and so she was able to take maternity leave. She described how she spent months in her pyjamas:

> I didn't got out, I didn't go anywhere. I didn't want to speak to anybody, I didn't want to see anybody. I used to pick a time to go in a supermarket and I would literally go in and keep my head down and pray nobody would speak to me. And tried not to make eye contact with anyone. I wouldn't look at anybody on the street. I had to keep me head down and walk. I didn't like going into town. Didn't even see my friends.

The contrast of their situations with still-pregnant women was also very difficult to manage for the women in my research. A few weeks after her daughter's death, Joelle had to attend a family funeral, and when her fiancé's pregnant cousin arrived she ran upstairs to avoid her. When that baby was born, Joelle found the celebratory pictures on social media distressing and blocked the cousin's posts. For a while, she took herself off Instagram and Facebook completely because of the contrast she perceived between her own life and that of the 'perfect lives' of others, effectively removing herself from part of the social world as a result of her second trimester pregnancy loss. Second trimester pregnancy loss produced conflict between embodied knowledge and discursive knowledge, in which the dominant discourses of biomedicine and the law could actually temporarily cause the material body of the pregnant woman to disappear from social worlds.

Disappearing the Baby, Disappearing the Loss

As the pregnant self disappeared, so did the baby, and the disappearance of the baby meant the disappearance of bereavement for the post-pregnant woman. As described in previous chapters, the baby was structurally disappeared by the lack of official personhood and kinship recognition, and by those special arrangements made for the disposal of its body which produced it as a less important type of dead being. It was also disappeared in everyday interactions in which the ambiguity of the event of second trimester loss was emphasised. Holly came out of hospital after her daughter died to find that all the baby things she had prepared had been cleared out of her home by well-meaning friends:

> There wasn't a sign of her stuff. It was all in the loft. Even down to like, I'd bought big things of wet wipes. Everything. It was all gone . . .
>
> *Did you feel like that was stopping you talking about it?*
>
> Yeah. . . . 'It's gone now, you have nothing to . . .' I know they were trying to be nice. But like I said to my partner, we should have been the ones to take the cot down.

Holly and her fiancé were well known in their small town, and many people knew about the death of their daughter, but social recognition of the event was patchy and fraught with anxiety. Everyone in my research struggled with disclosures of their loss.

Amber explained how there was not even language to describe what had happened, because if she said her baby died 'at five months' people would assume this was five months post-birth rather than five months into the pregnancy. Pregnancy could not count as part of the existence of a foetal being, which only came into reality at birth in the prioritised teleological ontology. When, whether and how to talk about what had happened was a constant anxiety. Public descriptions of family size, particularly in relation to the common question 'how many children have you got?', descriptions of birth order, or explanations of large gaps between children became awkward because of the categorical ambivalence of second trimester loss. Esther, whose first son died after premature labour, expressed the problem for many women:

> It can like, stop a conversation, or people can sort of freak out a bit. And not know what to say. And so sometimes it's easier not to. And I found that particularly hard, especially when I was expecting [second son] because people would constantly say, 'is he your first? Is he your first?'. And that would make a dilemma, like, do I say? And if I don't say, then I'm kind of almost like denying [first son] ever existed, but it's just easier not to.

There was deep discomfort about not declaring the existence of the baby who died, but there were also many occasions on which it was too socially disruptive or emotionally exposing to do so. This heightened a sense of having a private reality which conflicted with a public one.

When the loss was made public, sometimes because of the visibility of the pregnancy, experiences of pregnancy loss were routinely minimised by other people. Pressure was put on post-pregnant women to accept what had happened and put it down to fate. Georgia's first son's postnatal death was discounted by many of her acquaintances, and she was encouraged to adopt a fatalism around her loss which she felt diminished it:

> 'Some things aren't meant to be!' . . . Or 'everything happens for a reason.' That's the one, that is the worst one. Because no one would say that about a grandparent that had died, or your auntie or uncle, or your parent that had died. But they can say it about a baby. And I just – I've had so many people say that to me. 'Some things aren't meant to be.' Or like, 'everything happens for a reason.'

Chloe's encounter with a neighbour was illustrative of how foetal beings are understood to be replaceable and their deaths only

minor events. She met her neighbour when she was walking her dog a few weeks after the *in utero* death of her first daughter:

> She knew that I was pregnant and she said 'oh, how are you?' sort of thing, smiling, kind of looking at my belly kind of thing. And I just stuck my head down and I was kind of like, 'no, not good to be honest.' And I said, 'she died.' . . . And she said, [dismissive tone] 'oh I'm so sorry, oh that's awful, oh, but you'll try again soon!'

The socially minimised disappearance of babies such as Chloe's daughter, and the consequent minimisation of the event of bereavement, led some women to minimise their own experience and place it as insignificant in a discursive hierarchy of loss. This hierarchy placed pre-24-week loss alongside earlier miscarriage as less distressing than stillbirth or neonatal death (Middlemiss and Kilshaw 2023). Eva wondered, 'am I making a fuss?' when her son died *in utero*: 'All the time in my head I was like "you shouldn't be grieving, you don't really have the right to grieve this baby, it was tiny."' Women attempted to discipline themselves to accept the loss as insignificant, making comparisons to 'worse' situations such as stillbirth. However, some came to resent this pressure and its consequences. Bethany accepted a group cremation offered by the hospital because she felt excessive in claiming her son's death as a bereavement, even though she would have preferred a separate funeral:

> I felt very, like, worried about what people would think.
>
> *That you were making too much of a fuss?*
>
> Yeah, because I was '*only*' 17 weeks. Which is what I said. That's what I said to everyone for the first month, six weeks, at least. It was 'I was only 17 weeks.'

Most of the women in my research felt at times that they should attempt to conform to social expectations based on a teleological ontology of pregnancy which said that a loss was unimportant before 24 weeks or if the foetal being died *in utero*, but then found that this was difficult to align with their own feelings and experiences. This contrasted with those women who experienced a spontaneous live birth and had the personhood of their baby validated by the biomedical-legal model, who did not report the same internal confusion, though they sometimes still had conflict with other people about the reality of the existence of their baby.

Transgression of the Role of Mother

In the context of all the pregnancies in my research being wanted or accepted, the right to grieve for a person and to claim a status as bereaved mother was also undermined by a sense of failure in the role of pregnant woman. This is connected to the role of the 'good mother' who optimises the development of the foetal being (Longhurst 1999, Lupton 2011). Chloe, whose neighbour was so dismissive of her loss, felt a sense of personal failure: 'I keep thinking to myself, my body is supposed to protect her, grow her, you know, ultimately my body is supposed to be the safest place for her, it's where she's meant to be. And it let her down. That's my mindset.' Women who had spontaneous losses felt responsibility for the loss having occurred at all, and this 'failure' to mother meant they could not easily claim the status of bereaved mother. Other people were also sometimes quick to accuse the pregnant woman of an inability to nurture the baby that died. Simone phoned her mother-in-law when it was discovered that her fourth baby had died *in utero*:

> The first thing she said was, when I said, 'I've lost the baby', she could barely hear me because of the signal, she said to me [contemptuous] 'oh you haven't lost that baby, have you?' [Pause] And I don't get on with her the best anyway, but I was just like, 'oh.' Like, she basically blamed me, I suppose.

Women who had undergone termination for foetal anomaly in wanted pregnancies found it particularly difficult to make sense of what had happened, with consequences for their own ontological security and their place in the social order. Amber tried to explain:

> It was really hard to know how to describe it. Afterwards.
>
> *To other people?*
>
> Well, even in my head. Like, not that I told that many people. But. I didn't 'lose' a baby. I hadn't lost a baby. I'd, I'd killed my baby. But for the right reasons. [This made Amber cry.]
>
> What? There's no other word is there? . . . So it's a hard one. Once it happened, I wanted everyone to know, and no-one to know. I couldn't look people in the eye. I felt really ashamed.

Women felt that the necessity of giving consent to termination framed it as a 'choice' which was highly ambiguous one for them.[2] The dilemmas and anxieties implicated in terminations which are relatively socially sanctioned reflect recent research carried out in

Denmark which found these procedures to be points of moral tension for couples deciding to end a pregnancy (Heinsen 2022). In my research, many women understood the termination as an attempt to avoid suffering, which itself was a form of care of the foetal being, but a form of care which also conflicted with social constructions of the good mother in its taking rather than giving of life. There was a constant anxiety around disclosure and the possibility of moral disapproval based on not knowing the other person's position on abortion. This could be seen during my fieldwork: when I was setting up interviews, or early during the interview women carefully sounded out whether I included termination as 'loss' and whether I was likely to be supportive of their decisions before they disclosed their story. All the women who had had terminations experienced a particular social difficulty in relation to claiming acknowledgement of a termination as a loss. Gemma explained:

> I found it quite hard to talk to people about it as well. Because, because you've, because there's that element of guilt because you've made the decision, as well. So there was that thing of, 'oh, people might just think that I've chosen to do it, so why?' Rather than losing a baby naturally, I don't know. It seemed, it just had a different sort of thing. Because you'd had to decide as well.

This difficulty in relation to being entitled to grieve or claim support for bereavement through termination was starkly illustrated by Alice's experience of terminations either side of viability. The first baby who died, the couple's third child, had been diagnosed with a condition incompatible with life and had died through termination in the third trimester. She was registered as a stillbirth. The second baby had a congenital condition which was not incompatible with life, diagnosed earlier in the second trimester. Alice and her husband felt the decision to terminate was less clear cut and that people might condemn their decision this time. They deliberately minimised the death of the second baby to their wider social circles:

> When it came to it, we didn't tell anyone. We told my parents, and my [siblings] that we were going to have a termination. Everyone else we told that we had a miscarriage. We couldn't handle talking to anyone any more about any of it. And if you just say to someone 'oh, I just had a miscarriage', they're like, 'oh, that's really sad, poor you.' And then they move on. That was the easiest. Because we couldn't handle being sent a million beautiful olive trees and rosebushes and [food] parcels and lovely letters [as they were sent with the first termination]. I don't know if it's just because we couldn't

> cope with that? We didn't want it this time. I don't know why . . . It was like, everyone's being so kind but they don't need to do that again, they've done it. They've shown us how much they love us, and that's fine. And also secondly, I can't bear everyone talking about our decision. I think probably cos I hadn't figured it out, and I still haven't figured it out in my head.

Similarly, Paula struggled to articulate the extent to which her termination and an earlier miscarriage threatened her identity as a successful mother and woman despite having four living children:

> I remember when I had my miscarriage, that's the feeling, there was a feeling of failure. Not *failure*? But. Disappointment, and that you, as a woman, that 'oh I didn't, I didn't manage to have a baby, you know, I got pregnant but didn't manage to make it into a baby, or it didn't work.' That there's actually a bit of, not *shame*, I don't like to use the word shame, but do you know what I mean? There's that. That actually just to put your hand up and say, that you feel that you don't belong, not to *society*, but do you know what I mean? . . . But even like going up to your parents, saying the baby's, I've lost the baby, or the baby's, you know. You feel like 'oh, I've let everyone down.' All I had to do was have a baby.

The reproductive disruption of second trimester loss, spontaneous or induced, was highly threatening to understandings of the self, and of one's ability to adequately fulfil the sexed and gendered roles of 'pregnant woman' and 'mother'. Yet this disruption existed alongside the sense of accomplishment of part of those roles in having made the physical body of a person, having laboured and birthed it, as described above. Women in second trimester loss thus experienced themselves to have been both pregnant women and mothers to babies, and yet simultaneously not having achieved these adequately in the eyes of others. This reinforced the ontological disruption of second trimester pregnancy loss.

'Anything Can Happen': The Endurance of Ontological Disruption

Reproductive disruption endures beyond the immediate event and necessitates the reframing of expectations and relationships on a wide scale (Rapp and Ginsburg 2009). After second trimester loss, women were often left with a level of insecurity about the world which leached into other areas of life and amounted to an enduring

ontological disruption. Fiona felt her son's sudden death *in utero* disrupted her ontological security even more than the sudden death of her father during her childhood:

> It's left me with all this anxiety about what can happen in life. The thing is, I started worrying about [husband] dying, and me dying. And I still do, I've always had those fears, obviously, since my dad died, but something like losing a baby happens and you just realise *anything* can happen.

Fiona spoke to me after the birth of her second son, whom she held in her arms throughout the interview. His was a stressful pregnancy and she described herself as never feeling safe when pregnant with him. For many women, second trimester pregnancy loss destroyed their trust in pregnancy as a process which could have the outcome of a living baby, that a baby could survive at all. For many of the women, the pregnancies of others were experienced as disturbing and unsafe. Kerry explained:

> I feel bitter and twisted. When somebody goes 'I'm having a baby, and I'm so this, and my life's this.' I just think, 'do you know what? I don't want to piss on your parade, but you don't actually know what's going to happen around that corner. You don't know what's going to happen.'

For Kerry, the pregnancy which ended in the death of her third son after premature labour had been her last. When I spoke to her she was about to have a hysterectomy and was facing having no biological children with the father of the son who died, who himself was ambivalent about that son's personhood. She described to me how the disruption to her plans of a new relationship cemented by a child together, and the lack of acknowledgement of her third son by his father and others, was so distressing that it had led her to contemplate suicide. Her difficulty with the pregnancies of others, however, was not unique to her, with many women describing distress at witnessing other pregnancies and a sense of doom around all pregnancy which was at odds with the usual cultural presentation of pregnancy which fits the teleological model as hopeful and positive.

Apart from Kerry, for whom the possibility of being pregnant again was removed, the other women in my research had either been pregnant subsequent to loss, were pregnant when I spoke to them, or hoped to be pregnant again in future. For all these women, the possibility of a positive pregnancy was permanently

shifted by loss, as Rachel, whose first daughter died after premature labour, described:

> I remember when we were going through the pregnancy with [second daughter], it was like, 'oh, to be that ignorant again!' And to not have all this knowledge as to what could go wrong. What can happen. Just to be in that naive bubble again. You would give anything to go back into that bubble.

The impact of the second trimester loss on subsequent pregnancies had different consequences for these women depending on the explanations given for the loss. A lack of biomedical explanation for the second trimester loss was disruptive because it suggested the possibility of unexplained reoccurrence. Eva was given no explanation for her son's death *in utero*, and she believed throughout her subsequent pregnancy that the new baby would die. This invaded her every waking moment and even her sleep, where she dreamt about dead babies. Simone, whose fourth pregnancy and first daughter had ended in foetal death, quickly became pregnant with another girl and had a very stressful pregnancy constantly checking for signs of foetal life: 'I was just absolutely an emotional wreck with her. I had to wait for the kicks before I got up, wait for the kicks when I'd have breakfast, it was just always "wait for the kicks, wait for the movement."'

Spontaneous second trimester loss meant there was never a safe point in pregnancy where women could relax. The similarity to stillbirth in terms of the experience of labour and birth meant that even after 24 weeks many women felt there was no security in pregnancy. Tamsin's twins died *in utero* and she described how much she wanted another child to be a sister to her older daughter, and a living child for her new husband. But she felt she could no longer rely on there being any safe point in pregnancy after an early miscarriage and then the death of the twins and now was worried about stillbirth and neonatal death as well as pregnancy loss.

Women who did have a biomedical explanation faced a different type of disruption. For those women who underwent termination for foetal anomaly, there was the fear of repetition of the condition. Where the condition was genetic and heritable, such as in Amber's family, subsequent pregnancies were stressful because genetic testing was carried out to rule out a repetition, with the knowledge that termination might have to be faced once again. Sometimes a genetic link was not found but there was still a threat to subsequent pregnancies. Gemma's second daughter had a fatal heart condition and

she underwent termination for foetal anomaly, but then her subsequent daughter was discovered *in utero* to have a different, milder, heart condition which she survived. For Gemma, the extreme stress of these two pregnancies meant she ended her reproduction once she had two living children. For other women, serious consideration had to be given to undertaking pregnancy again even when they wanted more children. Lucy's second child died as a result of termination for foetal anomaly, but this loss alongside trauma from her past contributed to serious postnatal depression after the birth of her subsequent child. Reality was so distorted by her experiences that she had postnatal psychosis and was sectioned. She would like another child, but she knows that this could jeopardise her life, so this will be a considerable risk if she does become pregnant again.

Conclusion: The Particularity of Ontological Disruption in Second Trimester Pregnancy Loss

This chapter has shown that the experience of second trimester pregnancy loss managed in the English NHS by labour and birth is an experience which can produce enduring and serious ontological disruption for the women who go through it. Though all pregnancy loss is potentially disruptive to the lifecourse, the experience of second trimester loss has particular characteristics which set it apart. Often knowledge of foetal death or likely death is mediated by biotechnology and conflicts with the embodied experience of established pregnancy, causing ontological confusion. Then the material and somatic experiences of labour and birth, and encounters with the born and formed foetal body, mean that this is not just the loss of a potential child, but an actual specific human to whom most women in my study considered themselves to be a mother. Yet the biomedical-legal ontology of pregnancy described in previous chapters specifically states that most births in the second trimester are not those of babies or persons, and that the pregnant woman cannot be a mother to a non-person. Matrescence is thus socially withheld, threatening the public social life of the post-pregnant woman, who is made liminal and disruptive, even as her baby is actively physically and socially disappeared. She is no longer able to rely on ontological security in relation to her narrative of self, or the nature of existence, or the nature of other persons, when it turns out that what she believed to be a person is not accepted as such by others. The conflict between her reality, experienced through her own and

the foetal body, and the biomedical-legal discourse built on a teleological ontology of pregnancy which discounts this is profoundly destabilising. This can produce a perceived need to withdraw from society, feeling shame and confusion. At the same time, the material reality of pregnancy, which in the second trimester is obvious to others, means that there is recurring need to explain the sudden disappearance of the pregnancy and the baby. For women who have been through termination for foetal anomaly, it is particularly disruptive to try to reconcile the biomedical discourse which frames this as their 'choice' with the discourse which says a good mother protects her foetus during pregnancy. These ontological disruptions take place in conditions of reproductive politics in which there is a lack of control for pregnant women over the definition of their pregnancies, their foetal beings as foetuses or babies, and themselves as non-mothers or mothers. The following chapter will show how in the face of this ontological disruption, women turn to an alternative ontology, that of kinship, to assert their own agency in second trimester pregnancy loss.

Notes

1. Research in Australia with women experiencing lactation after loss found some similar responses in terms of physical processes producing forms of motherhood (Waldby, Noble-Carr and Carroll 2023).
2. Risøy and Sirnes (Risøy and Sirnes 2015) prefer the term 'decision' to the term 'choice' regarding termination, but this does move away from the language of 'pro-choice' in relation to abortion positions. On the other hand, normalising 'decision-making' rather than 'choosing' in reproductive care seems to introduce more agency and might acknowledge that abortion is not always decided on by a neoliberal subject in a structurally neutral social world.