

Introduction

ORDINARY PREGNANCY

The joke goes that you cannot be a little bit pregnant—either you are or you are not. Yet, among the women whom I came to know during my fieldwork in the United States, there seemed to be various degrees of acceptance of and attachment to a pregnancy—or at least their willingness to discuss it initially with friends, co-workers, and neighbors or an anthropologist. The women whom I call Bridget and Amanda phoned me not long after they had positive results on their home pregnancy tests.¹ Bridget was six weeks along, she told me, and waiting excitedly for her first prenatal visit with her obstetrician. In contrast, I first met Rebecca and Kerri when they were five months pregnant. Rebecca had shared her news with family members and friends, but remained silent on the topic with her co-workers until the physical changes in her body became obvious. As a first-time mother, her belly did not begin to show until after the fifth month. Kerri, too, was careful about whom she told, not making the news public until she had received the results of the amniocentesis that had been performed at fifteen weeks, then seen the baby at her twenty-week ultrasound scan. At nineteen weeks, Dana had accepted the biological fact of her pregnancy, but left open the question of her emotional attachment to it. “It’s still not like a baby to me yet,” she told me. “It’s a little thing inside, that’s all.” When I asked whether she ever “talked” to her belly, however, Dana became teary-eyed and hesitant with her words. “I think maybe that’s when I imagine it as a baby—a future baby,” she said.

In the United States today, acceptance of and attachment to a pregnancy are regarded as normal, in fact natural and necessary. There is an understanding that to *feel* something about a pregnancy

is to feel something for the child it is expected to produce, and that pregnant women ought to act as expectant mothers who instinctively share special bonds with—in a word, *love*—their expected children. However, scholars remind us that “mothering occurs within specific social contexts that vary in terms of material and cultural resources and constraints” (Glenn 1994: 3), and that the ideas and practices of motherhood and mothering have varied historically and across cultures and societies (DeLoache and Gottlieb 2000; Walks and McPherson 2011). They even have questioned the “nature” of mother love (Scheper-Hughes 1992). In this book, which is based on an anthropological study of pregnancy in the United States, I suggest that acceptance and attachment represent not where women necessarily start in their pregnancies, but a point at which they might arrive—at six weeks, like Bridget, or almost six months, like Rebecca. Acceptance and attachment do not emerge entirely from Mother Nature and maternal instinct, but become made over time and through cultural and social practices. Or as Nancy Scheper-Hughes has asserted, “Mother love is anything *other* than natural and instead represents a matrix of images, meanings, sentiments, and practices that are everywhere socially and culturally produced” (1992: 341).

My aim here is to move beyond the current terms of American discourse on reproduction. Feminist scholars have observed that as the terms used to describe reproduction have become increasingly restricted, the discussion itself becomes especially contentious. Scholarship that explores and expands the terms and concepts of reproduction is not only an academic exercise, but also potentially an important and necessary intervention into the public expectations and private experiences of American women and men. Notably, any ambiguity surrounding the status of a pregnancy or feeling of ambivalence toward it tends to be regarded as problematic or even pathological in the United States today. Women who do not feel appropriately become labeled “bad” mothers and become subject to the social policing of their behavior (and even to legal prosecution). Jane Taylor McDonnell has observed that “the worst mother in twentieth-century psychological literature is quite possibly the mother of the autistic or schizophrenic child. These two conditions, now widely accepted as neurological (autism) or biochemical (schizophrenia) in origin, were once conflated, and both were thought to be psychogenic, caused by bad mothers” who apparently did not have the appropriate feelings for their children (1998: 223). Indeed, psychologists continue to describe being “unwanted” as a risk factor for so-called attachment disorders in children (Wilson 2001: 43) and posit the impact of prenatal attachment on women’s

health-related behaviors during and after pregnancy (Laxton-Kane and Slade 2002).²

“Wantedness” is measured by medical professionals in terms of the *intention status* of a pregnancy, which is a critical concern because unintended pregnancy is associated with inadequate prenatal care, proscribed activities such as smoking and drinking during pregnancy, and low birth weight and poorer health outcomes in children. However, intention status can be difficult to determine because clinicians and researchers and women themselves do not necessarily agree on how to define it. A 1999 study published in the *Journal of Family Practice* found that what distinguishes “intended” and “planned” pregnancies is the social relations surrounding a woman. “Planned” pregnancy entailed “having a secure job or making sure partner has a secure job” and “having a stable relationship, particularly marriage” (Fischer et al. 1999: 117). This confirms that intention status cannot be understood as strictly about whether a woman feels appropriately about a pregnancy. Indeed, the intention status of pregnancy is linked to socioeconomic status in the United States, with higher rates of unintended pregnancy reported among low-income women. The Oklahoma Pregnancy Risk Assessment Monitoring System found that “among low-income women, 44 percent have unintended pregnancies and 13 percent have pregnancies that are unwanted” (Strong 2000: 172).

Yet, health education campaigns about smoking, drinking, and other behaviors concerning pregnancy attend not to the social context and conditions in which women become pregnant, but to the behaviors and bodies of the women themselves (Oaks 2001; Armstrong 2003). “Women who do not demonstrate proper ‘maternal nature,’ or the supposedly innate qualities of nurturance and self-sacrifice, are popularly portrayed as deviant and therefore subject to social control” (Oaks 2001: 2–3). The policing of pregnancy extends now to criminal prosecution. In the decades following the US Supreme Court’s decision to protect access to medical abortion in 1973, laws on alcohol and other drug consumption during pregnancy have been enacted in thirty-three states and the District of Columbia (Oaks 2001). Since 2006, sixty women in Alabama have been charged with the chemical endangerment of a child—including women who had used drugs during their pregnancies, thereby exposing an “unborn child,” which the state appeals court has ruled is covered by the law (Calhoun 2012).

From the perspective of medicine, bad mothers might have pre-existing psychological disorders that then interfere with their ability to develop what is considered appropriate attachment to their

pregnancies (for which they require treatment) or they might be ill-informed about the consequences of their bad feelings and behavior (for which they require education). Or from the perspective of the law, bad mothers pose a danger to society and ought to be prosecuted. In all cases, it is assumed that sentiment should emerge from instinct and protect and promote the health and well-being of an expectant mother and, especially, her expected child.

It is striking that in the United States today, acceptance of and attachment to a pregnancy—and to a child it might or might not produce—are regarded as natural and normal. Pregnancy and its “end” in the birth of a living child are treated as more or less known and given, despite the evidence that American women themselves could present from their own lives. Almost half of all pregnancies in the United States are unintended (and half of these conceived while the women were using contraceptives), and for every four live births, there is one elective abortion and one miscarriage or pregnancy loss (Layne 2003: 11). In fact, most women in my study did not have their first prenatal visits until the twelfth week. Doctors and midwives explained to me that they did not schedule appointments earlier because miscarriages in the first few weeks are not uncommon. While 15 to 20 percent of known or recognized pregnancies end in miscarriage, it is estimated that the overall rate of pregnancy loss might be as high as 75 percent (Petrozza and Berin 2011).

Historically and cross-culturally, ambiguity and ambivalence, not acceptance and attachment, have been normal for pregnancy. For earlier generations of women, the cessation of the monthly period and other changes in the body (such as sensitivity in the breasts) were symptoms that *suggested* pregnancy, but confirmation came only with the birth of a living human child. “Well into the eighteenth century,” historian Barbara Duden tells us, “conception and pregnancy were an ambiguous stage in a woman’s somatic experience” (1999: 14). The first feelings of movement in the abdomen, called quickening, were accorded with special significance as a sign of pregnancy and, according to Christian tradition dating to the Middle Ages, the moment of ensoulment, in which a human spirit comes to animate a human body. Uncertainty has surrounded both the physiological condition of a pregnancy and the contents of a woman’s womb. Duden, inferring from German women’s accounts of childbearing in the eighteenth century, explains that it was possible for a woman to have a “true” pregnancy, which produced a child—or a “false” pregnancy, which did not. The eighteenth-century physician Wilhelm Gottfried von Ploucquet contended, “Not everything that comes

from the birth parts of a woman is a human" (Duden 1999: 13). Anthropologist Roseanne Cecil (1996) observes that at other times and in other places, the loss of a pregnancy—which can include what we commonly call miscarriage in addition to elective abortion—has not necessarily signified the loss of a human child. Lynn Morgan (1997), conducting fieldwork in the Andean highlands of Ecuador during the 1980s, spoke with indigenous women who described not babies or fetuses in their bellies, but *criaturas* or creatures. In the Brazilian shantytown where Scheper-Hughes studied, "a high expectancy of child death is a powerful shaper of maternal thinking and practice as evidenced, in particular, in delayed attachment to infants sometimes thought of as temporary household 'visitors'" (1992: 340).

"When does life begin" has been regarded as a question of philosophy, religion, and sciences, but as Morgan (2006[1990]) demonstrates, it is also a question of cultural and social practice that anthropologists are well positioned to answer. The expectation in the United States today that pregnant women ought to feel acceptance and attachment—that is, love as mothers should—is based on the assumed certainty that they are pregnant with babies or fetuses. Yet, an ethnographic account of pregnancy reveals that the beginning of life—at conception, at birth, or at another point in between—remains a point of contention not only in American discourse on reproduction, but also in the everyday lives of pregnant women themselves. Across cultures and societies, Morgan notes, biological birth has been distinguished from social birth. One, a physiological event, brings human animals into the world. The other, a cultural and social process involving both ritual and the experiences of everyday life, brings human persons into a community. In this book, I suggest that pregnancy, like birth, ought to be recognized as both biological and social. I argue that pregnancy is a period of social gestation during which both babies and mothers become constructed through everyday experiences.

Based on more than fifteen months of ethnographic research, this book is an account of what I will call ordinary pregnancy in America—that is, the medically unremarkable pregnancies that most women in the United States today have and the everyday experiences that mark a significant number of them. In this book, I consider the significance of ordinary practices of pregnancy such as reading advice books, talking to the belly, seeing the "baby" at the twenty week sonogram, provisioning the house and nursery, and receiving and giving gifts at baby showers. I suggest that the importance and meaningfulness of the practices considered here lie

in their ordinariness, both in the sense that they occupy pregnant women's daily lives and that they represent abilities and attributes regarded as fundamental to human persons. The latter is a particular dimension of the "ordinary" that I intend to develop in the chapters ahead. Scholars and artists long have been preoccupied with what it means to be human persons. Philosophers have located personhood in the mind, and more recently, cognitive scientists in the brain. Anthropologists have regarded being a human person as a kind of habit that becomes learned and taught through experiences of everyday life. As a habit cultivated from birth, being a person becomes taken for granted as natural. However, what defines persons is that they are culturally intelligible and socially recognized members of a human community. This is also a kind of habit, and I argue that it becomes formed even before birth through the ordinary practices of pregnancy considered here. For American middle-class women and men, they significantly emphasize language and material culture, and especially literacy and consumption. The practices of ordinary pregnancy—whether reading Dr. Seuss aloud to the belly or opening gifts for the baby at a shower—are meaningful to expectant parents because they make a baby "real" and "present" to them. As I describe and discuss in chapters 1 and 2, this is especially so during the first weeks and months of pregnancy, when an expected child is unavailable to seeing, hearing, touching, and other means of perceiving that make a person real and present to us.

In this introduction, I consider the importance and meaning of the ordinary and especially what its study might contribute to the anthropology of reproduction. I suggest that ordinariness offers a methodological and theoretical framework to reorient studies of reproduction, which have been conceptualized primarily in terms of medicalization, technologization, and disruption, as I discuss below. Yet, I am aware of the problems that the concept of the ordinary also presents. Who—and what—is ordinary? The account that I offer here is about ordinary pregnancy, and more particularly it is about pregnancy as it was experienced among educated, middle-class American women, most of them married and most of them white. While typically cast in popular discourse as "ordinary" Americans, they are arguably not ordinary at all. The birth rate for unmarried women has been rising, accounting for four in ten births in the United States in 2007 (Ventura 2009). More than half of children born in the United States now are identified as racial and ethnic "minorities" (Tavernise 2012). I am myself the US-born daughter of Korean immigrants and the mother of two children who can claim to be both Asian and white.

Offering an account of ordinary pregnancy that is based primarily on the experiences of women who are white, married, and middle class is a problem not only in that the sample might not represent what actually is ordinary, but also in that it runs the risk of reinforcing an ideology of “good” motherhood that excludes black women, unmarried women, lesbian women, and poor women (Mullings 1995; Roberts 1997; Bridges 2011; Moore 2011; Lewin 1993; Solinger 2005). Sociologist Sharon Hays has noted an ideology of intensive mothering that is promulgated in advice literature, urging women in the United States “to expend a tremendous amount of time, energy, and money in raising their children” (Hays 1996: x). The practices of ordinary pregnancy that I discuss in this book—like the ideal-type of parenting that Hays describes—emphasize literacy and consumption, which can both exclude and include who and what is defined as ordinary. As historians Molly Ladd-Taylor and Lauri Umansky (1998) have observed, “throughout the twentieth-century, the label of ‘bad’ mother has been applied to far more women than those whose actions would warrant the name. By virtue of race, class, age, marital status, sexual orientation, and numerous other factors, millions of American mothers have been deemed substandard” (Ladd-Taylor and Umansky 1998: 2). Indeed, ordinary pregnancy must be understood in terms of what Faye Ginsburg and Rayna Rapp called stratified reproduction or “the power relations by which some categories of people are empowered to nurture and reproduce, while others are disempowered” (1995: 3).

In other words, whoever—and whatever—the ordinary is, it is *made* to be ordinary. To call something or someone ordinary is not simply to describe what is. It is also to make a claim about the way things or people are or even ought to be. In this book, I make the claim that although the women in my study are not representative of *all* pregnant women in the United States, they represent *an* experience that is important and necessary to investigate. They represent an ideal-type that informs widely held expectations about what an ordinary pregnancy is and the contexts and conditions in which it becomes lived.

Ordinary Pregnancy

As an ethnographic account of ordinary pregnancy, this book addresses a topic that has been overlooked and understudied for too long. There are many more pregnancies than there are births. More women will become pregnant than give birth. Women spend much

more time in pregnancy than in birth. While human biological gestation runs approximately forty weeks, parturition itself requires only hours or even minutes. Yet, pregnancy in and of itself has received surprisingly little notice in both popular and scholarly discourse on reproduction. In general, there has been more concern with birth and other medical dramas.

Israeli anthropologist Tsipy Ivry observes that anthropology “has been hesitant to take up pregnancy as a meaningful unit of analysis, let alone its focus” (2010: 5). Anthropologists have produced scores of studies on the biological and social drama that is childbirth and even on the spectacle of the *couvade*, in which men participate in rituals associated with women, childbearing, and childbirth.³ In addition, a body of work that draws from medical historians (Leavitt 1986; Wertz and Wertz 1989) is devoted to the impacts of medicine, science, and technology on reproduction, which I discuss further below. When I initiated my research, in 2002, Emily Martin’s *The Woman in the Body* and Robbie Davis-Floyd’s *Birth as an American Rite of Passage* already had been established as “classic” studies in the anthropology of reproduction. In both works, however, scant attention is given to pregnancy. Martin (1992[1987]) examined the use of metaphors and images of production (like machines, factories, and assembly lines) to describe menstruation, menopause, and birth, but not pregnancy. Davis-Floyd, drawing on the ritual analysis of Victor Turner, outlined what she described as a one-year-long pregnancy/childbirth rite of passage that begins with the “very first flutterings of conscious awareness of the possibility of pregnancy” (1992: 22) and then “ends gradually during the newborn’s first few months of life” (41) in the first chapter of her book.

In her work, Ivry discusses the significance of “normal” pregnancy, which she describes as “typically a pregnancy conceived by women in their twenties or thirties via a heterosexual relationship and without medical intervention, and proceeding without any particular indications of health complications for the pregnant woman or the fetus, a pregnancy that many medical practitioners would categorize as ‘low-risk’” (2010: 5). Although “normal” pregnancy is what most women experience, the focus of public and scholarly attention has been on reproductive drama. Miscarriages, gamete donation, and medical miracles that can “save” or create babies become featured in both news reports and the plotlines of television shows. Even popular advice literature, which is intended for “every” woman, seems to include an inordinate amount of information about the possible problems of pregnancy. “Now that you no

longer have to worry about what the result of the pregnancy test will be, you're sure to come up with a whole new set of concerns," write the authors of the pregnancy advice book, *What to Expect When You're Expecting* (Eisenberg et al. 1996[1984]: 18). The book then presents a litany of worries for the reader, starting with topics such as "Your Gynecological History," "Having a Baby after 35," and "Genetic Problems."

Ivry cautions that "technologies of procreation, such as assisted conception and prenatal diagnosis, are becoming the ultimate perspectives from which to theorize the meaning of pregnancy" (2010: 5). Anthropologists have produced incisive accounts of infertility and in vitro fertilization (Inhorn 1994, 2003; Becker 2000) and gestational surrogacy (Ragone 1994; Teman 2010), and of medical experiences *during* pregnancy, such as amniocentesis (Rapp 1999) and fetal ultrasound imaging (Mitchell 2001; Taylor 2008). Recent work also examines the movements for midwifery and home birth in North America that have emerged in response to the intense medicalization and technologization of childbearing and childbirth (MacDonald 2007; Craven 2010; Klassen 2001). Their work contributes to a larger field of feminist scholarship on reproduction that problematizes the nature of motherhood and of biological reproduction, and illuminates the ethical, moral, and practical dilemmas that medical and technological invention does not resolve but instead intensifies and even produces (Thompson 2007; Markens 2007).

Necessary and important as work like this is, the topic of pregnancy itself also requires attention. Philosopher Rebecca Kukla observes that scholars have spent "vastly less theoretical time analyzing the impact of these same rituals and practices on 'normal' pregnancies, in which the fetus appears to be healthy and the mother has already made or simply presumed the decision to bring the pregnancy to term and keep the child" (2005: 110). She contends the focus on what she calls "problematic" or "exceptional" pregnancies both skews our understanding of the social reality of pregnancy and implies that "healthy, accepted, normal pregnancies are somehow immune from the constitutive power of rhetoric, ideology, and politics and unmarked by social practices and meanings, or that they form an innocent or 'natural' terrain where no ethical and rhetorical interrogation is required" (2005: 110).

A fuller treatment of pregnancy seems overdue. In order to counter the popular and scholarly orientation toward the extraordinary in reproduction and to deemphasize the medicalized and technologized meanings attached to "normal" pregnancy, I consider the

significance of *ordinary* pregnancy in this book. Here, I develop an understanding of pregnancy that is ordinary in the sense also that women (and men) make sense and meaning of it through their engagement in everyday, quotidian, and mundane practices. In the United States, the practices of ordinary pregnancy include reading pregnancy advice books, showing ultrasound “baby pictures” to friends and co-workers, and decorating the nursery in anticipation of the new arrival, which I describe and discuss in this book. I argue that these imponderabilia of pregnancy are important and meaningful work in the making of babies and of mothers.

Ordinary Technology

Although my aim here is to move beyond the discussion of medicalization and especially technologization that has dominated recent studies of reproduction, it must be acknowledged that the ordinary practices of pregnancy in the United States now include the uses of reproductive technologies, which feminist scholars during the 1970s and 1980s had foreseen would have profound effects. In this section, I consider the home pregnancy test as an example of the use of technology as a practice of ordinary pregnancy.

Women’s expectations and experiences of reproduction have altered significantly in the last thirty years, but not necessarily as had been predicted. Responding to the emergence of amniocentesis, fetal ultrasound imaging, and other prenatal diagnostic testing, an earlier generation of feminist scholars observed that technologically derived information had begun to supplant the significance of women’s own bodily experience (Oakley 1984; Petchesky 1987). In this context, they feared that pregnancy would become increasingly “tentative.” Sociologist Barbara Katz Rothman described “the specific, heightened anxiety of the waiting period” (for the results of amniocentesis) and “the anxiety generated by the destruction of traditional means of reassurance, the anxiety that comes from not being able to take comfort in the baby’s movements” (1987: 109). Davis-Floyd, drawing on fieldwork that she had conducted during the 1980s, argued that prenatal diagnostic testing disrupted pregnancy as a rite of passage because “women experience separation phases that are considerably longer than usual” (1992: 23).

In fact, the opposite seems to be true for women in the United States in the 2000s. Linda Layne suggests that reproductive technologies, in tandem with other changes in American society, “have

moved up the time and pace with which many American women begin to socially construct the personhood of a wished-for child” (2003: 17). Far from pregnancy becoming more tentative, there appears to be even less tolerance for ambiguity and ambivalence now. Amniocentesis, fetal ultrasound imaging, and other diagnostic tests and technologies have become not only routine practices, as feminist scholars had foreseen, but they also have become ordinary experiences of pregnancy. Women have medical experiences *during* pregnancy, but pregnancy itself, whether it was conceived the old-fashioned way or with new reproductive technologies, is not necessarily a medical experience. I was told at a birthing class that pregnancy is “biological, but not medical.” This is an important distinction to make because it defines ordinary pregnancy for American middle-class women and men in the twenty-first century.

The home pregnancy test illustrates the revised understanding of reproductive technologies as ordinary technologies and of ordinary pregnancy as biological, but not medical. It also illuminates the significance of acceptance, attachment, and certainty as reproductive imperatives in the United States today. Every woman whom I came to know during my fieldwork had a story to tell about taking a pregnancy test, which has become so ordinary a technology that it seems not even to be recognized as a “technology.” The home pregnancy tests available for purchase today are known for their ease of use—not always true of technology—which entails a woman removing the test stick from its package, placing it in her urine stream, then laying the stick on a flat surface. Linguistic anthropologist Uta Papen (2008) reads the use of home pregnancy tests as a “literacy event”—that is, an occasion that is influenced and shaped by the reading and writing of text.⁴ Papen argues that the test itself is a kind of text for which the manufacturers include instructions on how to “read” the results. The First Response test instructs women to understand two pink lines as “pregnant” (or one pink line as “not pregnant”). On the Clearblue test, a blue + sign indicates pregnant (or a blue – sign for not pregnant).

For the women whom I interviewed, the test marked the clear start of their stories even when they had been planning their pregnancies. Any hunch or hope of a pregnancy required confirmation with a test. Amanda, at the time a graduate student, described a dream in which she discovered she was pregnant after feeling a sharp pain in her left side. “The next morning in my Spanish class, I had this sharp pain in my left side, and I remembered the dream,” she said. “So, on the way home from class, I stopped and got a couple of

birth control tests and went home, and it was literally like—the test says, ‘Wait three minutes’—in three minutes, it was there.” While “it” literally refers to the line on the home pregnancy test indicating a positive result, in Amanda’s telling of the story, “it” clearly also referred to the fact of her pregnancy.

The positive results of a home pregnancy test are expected to bring the certainty of a pregnancy to the women who take it. Yet, the certainty of a pregnancy ought to be understood as no less an *invention* than the home pregnancy test itself. Historian Sarah Leavitt (2006) notes that the hormones associated with reproduction were not identified until the 1920s, and pregnancy tests were developed in the decades following. Despite their ordinariness to the women in my study, home pregnancy tests only became available widely in the United States in the late 1970s. Pregnancy tests, based on urine analysis, detect the presence of a hormone, human chorionic gonadotropin (hCG), which is critical especially in the early stages of pregnancy. Its detection is not a guarantee of a pregnancy, much less one that is viable. Home pregnancy tests, advertised as “99 percent accurate” and “reliable,” are not entirely foolproof, and can produce false positive and false negative results. So-called molar pregnancies and cancerous tumors (including in men) also secrete hCG that can be detected in a home pregnancy test (Leavitt 2006).

In a recent article titled “The Home Pregnancy Test: A Feminist Technology?,” Layne (2009) raises the question of whether the tests serve the interests of the women who take them. She describes the results of a pregnancy test as themselves reductionist. “A woman’s becoming pregnant (the implantation of a fertilized egg in her womb) begins a series of complex physiological changes. These changes are multiple and incremental. Home pregnancy tests fragment, isolate, identify, and measure a single element of these changes” (Layne 2009: 66). Layne contends that the home pregnancy test is not only reductionist, but also universalizing. Home pregnancy tests give results that are intended to be read as either positive or as negative—that is, a woman is pregnant or she is not—and “suggest that pregnancy is a single thing. But pregnancies are not equal, even physiologically” (2009: 66). She emphasizes that pregnancy ought to be understood as more than the mere presence of a specific hormone and includes changes in women’s bodies and in women’s lives.

With “early” pregnancy tests available, it is possible now for American women to talk about being pregnant as the first day of a missed period. Women in my study who had been planning much-wanted pregnancies reasoned that the early results allowed them to

be more aware and “take better care” of themselves, foregoing the cup of coffee and not mistaking the fatigue and nausea of early pregnancy as the symptoms of flu. However, Layne questions whether the earlier diagnosis has benefits for women. On the one hand, earlier detection of pregnancy makes possible more and safer options to end an unwanted pregnancy during the first nine to twelve weeks. On the other hand, in the decades since home pregnancy tests went on sale, there has been no evidence of improved prenatal care, especially for black women and poor women in the United States. The Office of Minority Health notes that black women were 2.3 times more likely than white women not to receive prenatal care until their third trimester or not at all.⁵ Nor is it even certain that prenatal care improves maternal and infant outcomes. It has *not* for African Americans. Not only is the overall rate of infant mortality 2.4 times higher for black women than white women, but the rate also was three times higher for African-American mothers with more than thirteen years of education than for white mothers with the same level of educational attainment.⁶ Overall, researchers note that “the evidence for the effectiveness of prenatal care remains equivocal, and health care and public health professionals are not in single accord regarding its primary purpose and effects” (Alexander and Kotelchuck 2001: 307). “Almost one hundred years after its advent, it’s still a mystery as to what actually constitutes prenatal care,” obstetrician Thomas H. Strong contends, “nor do we know which aspects of prenatal care really confer benefit to our mothers” (2000: 6).

Layne also has described the effects on American middle-class women, who now “begin to actively construct the personhood of their wished-for child from the moment they do a home pregnancy test” (2000: 112). Her work suggests that the earlier certainty of a pregnancy and the accelerated acceptance and attachment to it *create* experiences of miscarriage and pregnancy loss. What would have been experienced as a “late” period can be understood now to have been an early miscarriage. Miscarriage and pregnancy loss up-end the certainty that a pregnancy will end in the birth of a (living) child.

A result has been the construction of a new kind of certainty—the “chemical pregnancy.” Researchers have estimated that almost a third of all pregnancies end spontaneously in the first two to four weeks, even before a woman has missed her period or is aware that she might have conceived (Wilcox 1988). During our first conversation over chai at a local coffee shop, Nicole, a woman in my study who held a master’s degree in biology, explained to me that a chemical pregnancy is an artifact of early pregnancy testing. A test ini-

tially detects the presence of hCG, but later tests then give negative results or there are other signs that the pregnancy is not developing, such as bleeding. When I asked Rebecca whether she had previous pregnancies, she told me that she had “only” had a chemical pregnancy. “If I hadn’t known to check, it would have been a late period,” she said. Although she explained that it was “technically a miscarriage,” Rebecca said that she had not experienced it as a loss. “We’d only known that we were pregnant for like a week,” she said. “It wasn’t especially traumatic.” Undoubtedly, the response would have been rather different for a woman who had experienced multiple chemical pregnancies. Layne (2003) has written movingly of the grief that women suffer (including her own), too often unspoken, around miscarriages and pregnancy losses. Multiple chemical pregnancies also could indicate other health problems that affected fertility. Yet, for Rebecca, at age thirty-five, the chemical pregnancy was a positive sign of her ability to become pregnant at all. In fact, I heard similar sentiments from other women who, having taken the pill since their teens or twenties, felt they were testing their fertility for the first time. For them, the chemical pregnancy was a new kind of certainty that offered its own reassurances. In sum, the chemical pregnancy provides another way for women to understand and explain what had happened to (or in) their bodies as neither a late period nor an early miscarriage. Certainty is not the confirmation of a fact that already is, but is a result that the ordinary practice of taking a pregnancy test produces.

Studying the Ordinary

“Ordinary” often is used to describe experiences like the home pregnancy test—and pregnancy itself—that have been unremarked upon because they have been perceived as unremarkable. Indeed, anthropology as a discipline has long been concerned with the ordinary or what Bronislaw Malinowski famously called the minutiae of everyday life. Recently, anthropologist Michael Lambek called for the study of what he calls ordinary ethics or “the actual and circumstantial—specific instances of conduct, insight, action, or dilemma” (2012: 4). In contrast to philosophy, the discipline that largely has defined the discourse on ethics, Lambek suggests that anthropology, grounded in ethnography, can “speak to the urgency and immediacy yet ordinariness of the ethical rather than reverting to hypothetical instances and ultimately to reified abstractions” (2012: 4). A

focus on the ordinary and on practice—rather than on the extraordinary and on idea—is understood here to offer a more complicated and hopefully a more complete understanding of being (and becoming) human.

In addition, what I also intend to develop here is a still more complicated and complete understanding of the ordinary itself. As I discuss in this book, the practices of ordinary pregnancy make babies and mothers, but it ought not to be taken for granted what is “ordinary” in the first place. More broadly, ordinariness itself must be recognized as culturally produced and socially constructed. Or as Karen Sue Taussig, citing the work of Ian Hacking, observes about the concept of the normal, it is characterized both “as ‘an existing average’ (which can be improved upon) and as a ‘figure of perfection to which we may progress’” (2009: 10). Ordinariness, as a description of “the way things are,” is always a *claim* about actual life. It is not always descriptive of the way things are always or for everyone. As a claim that is made about some experiences and about some people, the ordinary carries the power to include and exclude. Individuals experience ordinariness variously—as empowering or disempowering, constrained or constraining, taken for granted or out of one’s reach. Insofar as ordinary pregnancy describes the lived experiences of particular women and men, it must include discussion of the larger contexts and conditions in which they experience their lives.

I undertook ethnographic research in and around Ann Arbor, Michigan, between October 2002 and January 2004. In my fieldwork, I pursued whatever opportunities I could to watch, hear, and record in my notebooks or on my digital recorder what pregnant women, their partners, families, friends, and birth professionals were doing in their everyday lives and saying about their experiences. I spent time in a range of settings—taking notes at prenatal visits; observing at genetic counseling sessions and fetal ultrasound imaging scans; attending four childbirth education programs that met weekly for five to ten weeks, then completing a week-long training for birth doulas (labor assistants). I interviewed pregnant women and their partners, recording conversations with a subset of interviewees whom I describe below. In addition, I interviewed doctors, certified nurse-midwives (CNMs), nurses, sonographers, home birth midwives, doulas, and Bradley and Lamaze instructors.⁷ I collected and analyzed written materials such as pregnancy books and magazines, which women in my study recommended or lent to me. For both pregnant women and birth professionals, pregnancy itself

emerged as both an ordinary and extraordinary moment, as I describe and discuss in this book.

Because anthropology encourages us to ask questions about the differences and commonalities with people's experiences in other places and at other times, it enables us to see ordinary pregnancy in the United States today as culturally specific and historically particular. The method of anthropology also requires that we attend to what people do and say, in their terms, and to the contexts in which they act. Ethnography enables us to explore and examine the significance of the experiences of everyday life. The United States has been significant both as a site in the anthropology of reproduction and as a "field" of study in its own right. The global literature on reproduction responds to studies conducted in the United States and to the body of work that American scholars have produced at home and abroad, explicitly and implicitly drawing on the ideas and practices known to them in the United States. It is important not to treat the United States as merely the context or background, but to foreground the particularity of American culture and society in this ethnographic account of ordinary pregnancy.

During the time that I lived in Ann Arbor, I frequently heard it described in terms of contradictions. Long-time residents and recent transplants alike described it as a small city with small town values, with the advantages and disadvantages of both. It was a diverse and progressive community to some, and a homogeneous Midwestern enclave to others. In terms of the study of reproduction, Ann Arbor was a site of the ordinary and not ordinary. On the one hand, as home to the University of Michigan, it was a center for science, technology, and medicine. In addition to the university medical center, there was a large regional hospital. On the other hand, Ann Arbor also boasted an active "alternative" birth community of independent midwives, doulas, and childbirth educators. I had the privilege of engaging in participant-observation with obstetricians and CNMs affiliated at the two area hospitals and with a practice of independent midwives who attended home births. All of the birth professionals whom I contacted about my study were accustomed to teaching students, but they seemed especially interested in the fact that I approached them as a graduate student in anthropology. I think it both enabled me to ask what must have seemed questions with obvious answers and freed them to offer thoughtful and even self-critical reflections about their work.

Not only were the birth professionals concerned with teaching me about pregnancy, but so also were the pregnant women whom I

encountered at prenatal visits in the hospital and at the home birth practice. It quickly became clear to me that they enjoyed the opportunity to talk with an interested listener about their experiences, which in part they still were making sense of. When I undertook my study, pregnancy had fascinated me, personally and professionally, for the same reasons that my undergraduate students give for their interest in my course on the anthropology of reproduction: Pregnancy is part of how we all arrive here and what many of us expect to happen in our own lives, but it also was an experience about which I knew surprisingly little. The fact that I was a woman in her early thirties with a spouse and no children seemed more than enough reason to explain my interest in the imponderabilia of pregnancy.

Although I interviewed pregnant women in the multiple settings where I engaged in participant-observation, central to my study were the interviews that I recorded with a core group of sixteen pregnant women, all expecting a first child. What this sample lacks in size, I believe is made up in depth. I met with the women every four weeks, usually at their homes or workplaces, and recorded more than eighty hours of interviews. In addition to recording interviews, I accompanied women on their prenatal visits and to their sonograms, went shopping with them for baby clothes, attended their baby showers, and met for lunches or dinners. Although the focus here is on women becoming mothers, I have attempted to consider the experiences of women *and* men who have been assumed to be disinterested in and disengaged from reproduction. Ethnography suggests otherwise (Inhorn et al. 2009). When the opportunities presented themselves, I recorded interviews with women and their partners. Most of the women were married to men. One woman recently had ended a relationship with her expected child's father, to whom she was not married. Another woman, whose previous partners had been women, chose to become a parent on her own, with the aid of donor insemination. Except for one woman, Audra, who identified as African American and lived in Detroit, the interviewees were white and lived in and around Ann Arbor.

The pregnancies themselves were ordinary in the sense that they were medically low risk. This is not to say that the stories of becoming pregnant were not without drama. Kerri had suffered a miscarriage, endured fertility treatments without success, and begun paperwork for adoption when she learned that she was "accidentally" and "miraculously" pregnant. Kerri experienced the early weeks and months of her pregnancy as a series of "hoops" to jump, or tests to pass. Over time, however, she described "enjoying" a happily uncomplicated

pregnancy, even switching her prenatal care from a group practice of obstetricians that had been recommended for their management of high-risk cases to a partnership between two CNMs who attended women with low-risk pregnancies. Significantly, while eight women in my study sought prenatal care with obstetricians, six women in my study were seeing CNMs. In addition, two women were receiving care with independent midwives and planning to have their births at home. To put this in perspective, CNMs attended only about 8 percent of births in the United States in 2003 and 2004 (Martin et al. 2006). Ninety-nine percent of women in the United States have their births in hospitals. All but three of the sixteen interviewees took a birthing class, which is a rate that is also higher than expected. A 2002 survey on American women's childbearing experiences found that about 70 percent of first-time mothers enrolled in childbirth education (Dedlerq et al. 2002). Their participation in birthing classes suggests that as first-time mothers, they were interested in, even anxious about, being prepared for the birth, which I suggest marks ordinary pregnancy in the United States today.

Undoubtedly, it is connected also with the educational and occupational status of the women in my study. All of the interviewees had attended college for at least one year, and many had received postgraduate degrees. In fact, at the time of my fieldwork, three of the women in my study were pursuing master's degrees at the University of Michigan, and Dana, who already held an MD, had begun research on her doctoral dissertation on the history of reproductive technologies in the United States. My research is an example of what Laura Nader (1972) famously called studying up and studying sideways. As a graduate student, I was a peer or near-peer of the women in my study, which likely contributed to the ease and familiarity that developed during our interviews. The interviewees included teachers, a librarian, public health and social workers, a doctor, and graduate students. Almost all of the women were in a position to negotiate, at least informally, some form of accommodation that enabled them to work while pregnant. When I became pregnant during my fieldwork, I managed to continue my daily routine of interviews with pregnant women and observations with doctors and midwives during the day, and birthing classes in the evenings. However, the smell of freshly cut grass could cause my stomach to churn madly; I had no appetite for any food that had been grilled, boiled, or fried; and I not infrequently dozed upright while sitting at my computer transcribing my field notes. I wondered how women with "real" jobs handled themselves well enough not only to con-

tinue working, but also to hide their pregnancies until they chose to share their news.

This account of ordinary pregnancy seems to be about women who are not ordinary at all. Yet, in the United States, there is a long-standing connection between being middle class and being ordinary. While it is widely recognized today that the middle class itself is stratified—Americans identify themselves as “lower,” “upper,” and even “middle” middle class—most Americans claim to be middle class, as evidenced recently in the popularity of the slogan, “We are the 99 percent.” Class typically has been measured in terms of income, occupation, education, wealth, home ownership, and other economic indexes. However, I found that interviewees identified themselves as middle class in terms of “lifestyle.” Even with differences in the measures that typically define class in the United States—most, but not all of the women and men whom I interviewed in my study owned their homes—there were shared ideas concerning education, work, and family, not to mention their faith in mobility, socially and geographically. Most of the women and men whom I interviewed—like myself—had relocated to Ann Arbor from elsewhere to pursue their studies at the University of Michigan or at one of the other colleges and universities in the area or to otherwise advance their careers and the good lives that they hoped for, aspired to, and imagined for themselves.

Coming to Terms

In addition to “ordinary,” there are a number of terms used in this book that cannot be taken for granted. In particular, the use of terms such as “fetus,” “baby,” “unborn baby,” and “expected child”—and “pregnant woman,” “mother,” and “expectant mother”—reflects the tensions and inconsistencies of the discourse on reproduction in the United States today. Just as a concern with the extraordinary has deflected attention from the ordinary, abortion troubles any discussion of pregnancy in the United States. Rightly or wrongly, abortion in the United States is cast as a debate with two sides—the “pro-choice” side is understood to defend the rights of women and the “pro-life” side the rights of the fetus or unborn baby—and there had been little or no room to renegotiate the terms until recently.⁸ In this context, *all* pregnancies have come to be seen in terms of maternal-fetal conflict. This is a characterization that I argue against, calling attention instead to discursive practices that contribute to the mak-

ing *both* of fetuses and babies and of pregnant women and mothers. To emphasize this analytical point, I use the terms “expected” or “imagined” child.

Women in my study, especially in the early weeks of pregnancy, expressed uncertainty about whether or not to call “it” a baby, but they typically agreed that it was *biologically* a fetus. Fetuses are familiar to American women and men today as facts of life. They have become stock images in science journalism, pro-life propaganda, and even consumer advertising (Taylor 1992). They also carry particular importance and meaning “in the private imaginary of women who are or wish to be pregnant” (Michaels and Morgan 1999: 2). Politically, the movement to promote fetuses as human persons has gained momentum with growing recognition of fetuses as human bodies. Personally, for women who have suffered miscarriages, Layne (2003) notes that ultrasound images and other imaginings of the fetus provide evidence that a pregnancy and more importantly a child or baby were “real.”

The fact of a fetus is the ground on which claims for its moral significance as a human person are built. Yet, “embryos” and “fetuses” are not biological facts of human ontology, but historical, cultural, and social constructions of “human” and “person,” as recent scholarship emphasizes. At other times and in other places, human communities have held various understandings about bodies and spirits, the living and the not living. In other words, embryos and fetuses represent particular ideas and practices about human beings and being human. Historically, Duden reminds us, “only recently has pregnancy been technically and socially constructed as a ‘dynamic duality’ with a fetus as the woman’s partner” (1999: 14). Morgan (2009) demonstrates that embryos were artifacts essentially *created by* research scientists of the nineteenth century dedicated to collecting evidence of what they had conceptualized as the stages of human development. Ironically, embryological specimens become deprived of lives when removed from women’s bodies and are in fact dead bodies representing the beginnings of life. Research scientists at laboratories around the world collected “interrupted pregnancy / raw uterine matter” from women and their physicians, chemically treating or “fixing” it to produce an embryological specimen that conformed to the standards and expectations of a field of study, embryology, then asserting its importance and necessity (Morgan 2009: 108).

Feminist scholars have argued that the focus on the fetus comes at the expense of women, who become erased, literally and meta-

phorically, from the picture. They observe that embryos and fetuses typically become depicted apart from the women who gestate them. Yet, it also might be argued that the focus on the fetus in the United States does not so much remove women from view as bring them under ever more intense scrutiny. Historian Sara Dubow traces changes in American public understanding of the “unborn” from the late nineteenth to the early twenty-first century, suggesting that “stories about fetuses express individual and collective beliefs about individuality, motherhood, and American society” (2011: 9). She notes that during the early twentieth century, physicians opposed to abortion, eugenicists promoting the mandatory sterilization of “unfit” individuals, and social reformers advocating for maternal-child health care all employed the same rhetoric, which “began by claiming to protect the ‘right to be well born’ and quickly moved on to debate the meaning of fetal life and define the relationship between the mother and fetus” (Dubow 2011: 37).

A concept of the fetus is also a concept of the woman who gestates it. Ivry (2010) notes the contrast between Israeli discourse on the fetus and Japanese doctors’ talk about babies. Like the United States, both Israel and Japan are industrialized and technologized societies with developed biomedical systems. Ivry tells us that in Israel, pregnant women are treated as “hysterical Jewish mothers.” They are regarded as understandably anxious about their pregnancies, which are conceptualized as risks and gambles over which they have minimal influence. In contrast, in Japan, pregnancy is conceptualized as pregnant mothers’ management of their children’s health and well-being via the care that they take of their own bodies. In my study, I found that US women talked about both fetuses and babies—and described themselves as both pregnant women and expectant mothers. They shared the perception that “fetus” and “pregnant woman” were more clinically precise terms and “baby” and “expectant mother” emotionally charged concepts. Dana—who had told me, “It’s a little thing inside, that’s all”—insisted that at nineteen weeks pregnant, she considered herself “a pregnant woman, not an expectant mother.” Yet, as I described above, Dana became emotional when I asked whether she talked to her belly, highlighting the significance of discursive practices that contribute to the making of fetuses and babies and of pregnant women and mothers.

The difference between talking about a fetus and talking about a baby is not only the feeling or sentiment that becomes attached to one or the other, but the position that the speaker takes in relation to it. In their study of child rearing and language in three societies,

linguistic anthropologists Elinor Ochs and Bambi Schieffelin (1984) observed that *perspective* distinguishes North American mothers from Samoan and Kaluli (Papua New Guinea) caregivers, who were not limited to mothers. Unlike caregivers in a number of other societies—which can include older children in addition to adults other than the recognized parents of a child—North American mothers treat infants as conversational partners. Ochs and Schieffelin suggested that this is consistent with other practices and ideas of North American child rearing, notably the understanding that parenting requires the accommodation, and even adoption, of a child's point of view. In this book, I describe and discuss how the ordinary practices of pregnancy involve a pregnant woman's accommodation and adoption of a child's point of view—an ability that defines good parenting and especially good mothering in the United States today.

Here, it is worth also noting the use of terms such as “parents” and “parenting” versus “father” or “mother.” On the one hand, “parents” and “parenting” are understood to include both men and women. This is an important and necessary acknowledgment that men “contribute not only their gametes to human procreation, but are often heavily involved and invested in most aspects of the reproductive process, from impregnation to parenting” (Inhorn et al. 2009: 3). On the other hand, sociologist Susan Walzer has suggested that “‘doing parenthood’ is a form of doing gender” (1998: 8) and men and women become not parents, but father and mothers. “Parents” and “parenting” implies gender neutrality and even equality that reads less as description and more as prescription. In addition to bringing men into reproduction, “parents” and “parenting” suggest the reevaluation of motherhood and mothering as well as of mothers. Feminist scholar Andrea O'Reilly, following the lead of Adrienne Rich, contrasts “the patriarchal institution of motherhood which is male-defined and controlled, and is deeply oppressive to women” with “women's experiences of mothering which are female-defined and centered, and potentially empowering to women” (2004: 2). Linguistic anthropologist Elinor Ochs has argued that “white middle class social scientists' dispreference for attending to the role of mothering is an outcome of the very language socialization practices” that mothers use with their children (1992: 347). Notably, in activities that involve cooperation, women nevertheless praise their children as though the mothers were uninvolved and the effort belongs entirely to the children. “‘Mother’ is underrated because she does not socialize children to acknowledge her participation in accomplishments” (Ochs 1992: 355).

The use of the terms “fetus” and “baby” also suggest the unspoken assumption that nature always underlies nurture. For educated, middle-class American women in my study, biology is the “real” foundation on which ritual, custom, and habit—in a word, culture—becomes constructed. For them, a fetus is an irreducible and irrefutable biological fact and a baby is “more” than that. Parallel with their ideas about fetuses and babies, the women in my study described themselves as pregnant women and *expectant* mothers, marking their identities as not “real” mothers. As expectant mothers, they believed that on the one hand they possessed maternal instincts, but on the other hand they lacked knowledge and skills that needed to be learned or taught to them in order to become “real” mothers. The distance between fetuses and babies, pregnant women and mothers, maternal instinct and knowledge, and the biological and the cultural and social practices of reproduction becomes closed through the experiences of ordinary pregnancy, which I consider in this book.

The Imponderabilia of Pregnancy

This book is organized into six chapters, each describing and discussing an ordinary practice of pregnancy and roughly following the chronological experience of ordinary pregnancy. Drawing together perspectives on human persons from cultural, medical, and linguistic anthropology, I consider them in terms of the ordinariness of language, embodiment and perception, and material culture. As I discussed above, I am aware of the problems that the concept of the ordinary presents in that it both includes and excludes who and what can be defined as ordinary. For American middle-class women and men, the practices of ordinary pregnancy significantly include literacy and consumption.

Practices of literacy and language become examined with a consideration of reading pregnancy books in chapter 1 and of talking to the belly in chapter 2. Almost as soon as they confirmed their pregnancies, the women in my study sought information and advice in books, magazines, and Web sites to guide them. From their doctors and midwives, they received pregnancy books that included spaces to write notes and to record the questions or concerns they might wish to discuss at their prenatal visits. Baby books were received and given as gifts. With their due dates approaching, pregnant women attended birthing classes, which featured lectures, videos, and written materials illustrated with anatomical drawings and other images of

pregnancy and childbirth. Feminist scholars have commented upon the medical and social policing that advice literature enacts upon women, especially as pregnant women and mothers (Ehrenreich and English 1989; Hays 1996; Oaks 2001). However, drawing from the work of linguistic anthropologists, I suggest another framework for understanding the significance of reading and writing during pregnancy. I argue that pregnancy is itself a literacy event for American middle-class women. Literacy, as linguistic anthropologists now understand it, extends well beyond reading and writing. It is conceived more expansively as “a process of interpretation” that is “part of one’s orientation to a lived reality made meaningful through the interpretation of text, that is, to written and oral descriptions and explanations of events that are endowed with sociohistorical value” (Baquedano-Lopez 2004: 246). The texts of ordinary pregnancy in the United States today include forms that are familiar, such as pregnancy books, and forms that redefine the concept of “text,” such as home pregnancy tests and fertility charts. As a literacy event, pregnancy is not only an occasion that involves the reading and writing of texts, but its importance and meaning become shaped and influenced by literacy practices. Sociologist Elizabeth Long observes that “reading is often presented as part of a whole package of values and behaviors” (2003: 14). In my discussion of pregnancy as a literacy event, I am mindful that literacy is a classed and classing practice, both in terms of who reads and who is represented in the books and other written sources. Indeed, literacy long has been a practice that distinguishes who and what is and is not ordinary. In the past, human societies were regarded as either “primitive” or “literate,” which suggests the significance of literacy as a marker of human personhood. Nonliterate societies were excluded from a reckoning of “real” human societies.

Whether defined narrowly as the ability to speak or more broadly as the capacity to engage in abstract thought and communicate with symbols, language long has been supposed to distinguish humans from other animals. It is also, linguistic anthropologists assert, “the most central and crucial dimension” of the making of human persons (Kulick and Schieffelin 2004: 350). Again, it is a practice that includes and excludes. In order to become a competent and culturally intelligible member of a human community, children and other novices become socialized to use language. They also become socialized in other ideas and practices of their human community through the uses of language. This model of making human persons, called language socialization, brings into focus “the ways in which sub-

jectivities, stances, and positions are negotiated and achieved, not given. So in mother-child interactions, it is not only the child who is being socialized—the child, through its actions and verbalizations, is also actively (if not necessarily consciously) socializing the mother as a mother” (Kulick and Schieffelin 2004: 350). In chapter 2, I consider the significance of interactions between a pregnant woman and the fetus or baby in her belly—what I call “belly talk”—as the language socialization of a mother and a child. Experts prescribe belly talk to promote development in children. Pregnant women describe it as form of “bonding” with a baby. Both claims made for belly talk point to the importance and meaning of language in the making of human persons. In addition, I argue that belly talk is significant as the voicing of a child’s point of view. Not only is an expected child made real and present by attributing to it a perspective and even a personality—as when fetal movements become interpreted as signs of approval or disapproval.

Belly talk entails not only speech, but also touch and the interpretation of fetal movement. Thus, it speaks to the significance both of language as a bodily practice and of embodiment and perception in the experiences of everyday life. The importance and meaning of bodies, senses, and movement is explored further in chapters 3 and 4. Chapter 3 discusses fetal ultrasound imaging or the sonogram and the making of babies as bodies. This topic will be familiar to scholars of reproduction. However, the intended audience of this book also includes readers unfamiliar with both the practice and the literature that examines it. In this chapter, I build upon the previous work of scholars, then argue for a perspective on fetal ultrasound imaging as an ordinary technology. The sonogram, a form of high-frequency sonar or sound waves that is used to produce images, has become used widely in the United States as a prenatal diagnostic screening, in part because it is regarded generally as benign, noninvasive, and convenient.⁹ However, scholarship has revealed the ambiguities and ambivalences that surround this practice. Its medical value has come to be questioned as research shows little or no improvement in maternal and infant health even while its cultural effects and social impacts have been significant, especially for women (Petchesky 1987; Georges 1997; Mitchell 2001; Taylor 2008). Feminist scholars especially have been critical of fetal ultrasound imaging, which literally and metaphorically erases pregnant women from the picture and focuses on fetuses. Especially insidious is the current movement in US state legislatures to impose mandatory ultrasound scans on women seeking abortion services. “Since routine ultrasound is not consid-

ered medically necessary as a component of first-trimester abortion, the requirements appear to be a veiled attempt to personify the fetus and dissuade a woman from obtaining an abortion" (Guttmacher Institute 2012).

Yet, pregnant women themselves regard seeing the baby at the sonogram and taking home its picture as a meaningful form of bonding and a milestone event in their lives. Building on the critique that seeing is itself a cultural activity—one in which objects become not merely perceived, but actively produced—I argue that the sonogram is a literacy event in which pregnant women become taught how to “read” fetal images at their ultrasound scans. As a practice of ordinary pregnancy, the sonogram involves the making of both the body of the fetus or a baby as a biological fact and the social relations of kin and family in which it is embedded. I frame my analysis of fetal ultrasound imaging in terms of the production, distribution, and consumption of sonographic pictures to call attention to the processes involved in seeing the baby as making a person that is available to human perception.

Following the discussion of fetal ultrasound imaging and the bodies of fetuses and babies in chapter 3, I shift the focus to the quotidian and mundane bodily concerns of pregnant women in chapter 4. Here, I examine the cultural and social significance of women’s embodied experience of ordinary pregnancy as the making of babies and, especially, of mothers. Again, my interest here is not so much in the policed body that already has been discussed in other scholarship on reproduction, but in the “ordinary body” that women themselves described to me. This is the body that endures fatigue and nausea, experiences a loss of appetite and inexplicable cravings, “shows” a pregnant belly, and gains weight. It is also a “literate” body in that pregnant women perceive and interpret their bodily sensations through the texts of ordinary pregnancy, which I described above. Although such bodily concerns have been treated typically as inconveniences or side effects, warranting little serious attention, they were not trivial concerns for women themselves, who sought information and advice about managing the physical signs and symptoms of pregnancy and making sense of the changes in their bodies. Throughout their pregnancies, women in my study perceived and interpreted these changes as not only concerning their bodies, but also their *selves*.

Consumption, understood broadly, is a relationship between persons and objects. Whether it involves books as material culture, the baby pictures brought home from a fetal ultrasound scan, or the car

seats and cribs that an expecting couple shops for, consumption is significant in the experience of ordinary pregnancy in the United States, as I describe and discuss throughout the book. In chapter 4, I consider consumption in terms of food and eating during pregnancy, which illustrates how the accommodation and adoption of a child's point of view become a habit of pregnant women's bodies. In chapters 5 and 6, attention turns to what we generally might consider consumer activities. In fact, a number of scholars and pregnant women themselves contend that there is too much importance attached to consumption, with the net effect of redefining reproduction *as* a form of consumption (Taylor et al. 2004). Parenting and, indeed, pregnancy are enterprises that require not only new clothes, but any number of other mass-produced and distributed items. As anthropologist Janelle Taylor observes, "The material trappings of middle-class childhood in contemporary America are legion, indeed, including not only baby carriers and breast pumps and strollers and car sets, but much else besides" (2008: 124). Mindful of the context in which the women and men in my study receive and give things—a market society and a consumer culture in which not all individuals participate equally—I am, as a cultural anthropologist, especially concerned also with how and why the things themselves matter to people. In chapter 5, I consider the preparing and provisioning of houses and homes and the furnishing of nurseries as practices of ordinary pregnancy. In particular, I suggest that the child's needs and wants become anticipated materially in the house and nursery. I continue my discussion of the significance of things to people in chapter 6, which describes the American ritual of the baby shower. Focused on the receiving and giving of things as gifts for the baby, the shower accomplishes important social and cultural work not only in anticipating a child with particular needs and wants, but also recognizing a pregnant woman as a mother.

A brief "postpartum" concludes the book, with reflections from interviewees on their births and thoughts on the contributions that a consideration of ordinary pregnancy might make to our understanding of the lived experience of reproduction in the United States today.

Notes

1. To respect their privacy, no real names of individuals appear in this book. I have used pseudonyms.

2. The identification of attachment disorders is based on the work of psychologist John Bowlby, who suggested the importance of the infant-caregiver relationship in children's social and emotional development (Wilson 2001). Bowlby's "attachment theory" has become the basis of popular advice on childrearing, in particular an approach called "attachment parenting," which encourages practices such as breastfeeding and co-sleeping to maintain physical and emotional closeness (Sears and Sears 2003).
3. The interest in *couvade*, which is evidenced in the work of folklorists in the nineteenth century, might seem surprising, given the scarce attention that generally has been given to men in reproduction. Richard Reed (2005) surveys the literature, noting the various reasons given for *couvade*, such as a psychosocial understanding that frames the practice as "male sympathetic pregnancy."
4. Brian V. Street and Niko Besnier observe that literacy "has been viewed alternatively as a technology and as a social phenomenon" (2009[1994]: 52). Critical of this perspective, they argue that "both aspects are heavily constrained, even probably determined, by culturally constructed ideologies" (52) They note that "many agents of proselytization have legitimized their existence by invoking their literacy-promoting campaigns, in tune with Western middle-class ideology which views literacy, and in particular essayist literacy, as an essential tool for 'progress,' 'happiness,' and integration into the post-modern world" (57).
5. Office of Minority Health. "Infant Morality and African Americans." United States Department of Health and Human Services. <http://minorityhealth.hhs.gov/templates/content.aspx?ID=3021> (accessed 26 June 2012).
6. *Ibid.*
7. In this book, I use the term "midwives" to refer both to the hospital-based certified nurse-midwives or CNMs who attended births at the two medical centers in the area and the independent "traditional" or direct-entry midwives who attended home births.
8. Rickie Solinger (2005) considers the history of the term "reproductive politics" in the United States. Christa Craven (2010) provides particular insights into the adoption of a discourse on "rights," especially as it concerns "choice."
9. However, it ought to be noted that scans performed during the early weeks of pregnancy typically entail what is called a transvaginal ultrasound, in which a transducer is inserted into the vaginal canal. In 2012, concerns about the invasiveness of early ultrasound provoked an outcry against proposed legislation in Virginia requiring that women seeking abortion service undergo a transvaginal scan, which opponents blasted as medical rape.