REPRODUCTION, HEALTH, AND MEDICINE

ADVANCES IN MEDICAL SOCIOLOGY

Series Editor: Brea L. Perry

Series Editor for Volumes 5–6: Gary L. Albrecht

Series Editor for Volumes 7–8: Judith A. Levy

Series Editor for Volumes 9–15: Barbara Katz Rothman

Recent Volumes:

Volume 6: Case and Care Management – Edited by Gary L. Albrecht

Volume 7: Emergent Issues in the Field of Drug Abuse – Edited by Judith A. Levy, Richard C. Stephens and Duane C. McBride

Volume 8: Social Networks and Health – Edited by Bernice A. Pescosolido and Judith A. Levy

Volume 9: Bioethical Issues, Sociological Perspectives – Edited by Barbara K. Rothman, Elizabeth M. Armstrong and Rebecca Tiger

Volume 10: Patients, Consumers and Civil Society – Edited by Susan M. Chambré and Melinda Goldner

Volume 11: Understanding Emerging Epidemics: Social and Political Approaches – Edited by Ananya Mukherjea

Volume 12: Sociology of Diagnosis – Edited by PJ McGann and David J. Hutson

Volume 13: Sociological Reflections on the Neurosciences – Edited by Martyn Pickersgill and Ira van Keulen

Volume 14: Critical Perspectives on Addiction – Edited by Julie Netherland

Volume 15: Ecological Health: Society, Ecology and Health – Edited by Maya Gislason

Volume 16: Genetics, Health and Society – Edited by Brea L. Perry

Volume 17: 50 Years After Deinstitutionalization: Mental Illness in Contemporary Communities – Edited by Brea L. Perry

Volume 18: Food Systems and Health – Edited by Sara Shostak

Volume 19: Immigration and Health – Edited by Reanne Frank

EDITORIAL ADVISORY BOARD

ADVANCES IN MEDICAL SOCIOLOGY VOLUME 20

REPRODUCTION, HEALTH, AND MEDICINE

EDITED BY

ELIZABETH MITCHELL ARMSTRONG
Princeton University, USA

SUSAN MARKENS
Lehman College and The Graduate Center, CUNY, USA

MIRANDA R. WAGGONER
Florida State University, USA

emerald
PUBLISHING

United Kingdom – North America – Japan
India – Malaysia – China

Emerald Publishing Limited
Howard House, Wagon Lane, Bingley BD16 1WA, UK

First edition 2020

Reprints and permissions service
Contact: permissions@emeraldinsight.com

British Library Cataloguing in Publication Data
A catalogue record for this book is available from the British Library

ISBN: 978-1-78756-172-4 (Print)
ISBN: 978-1-78756-171-7 (Online)
ISBN: 978-1-78756-173-1 (EPub)

ISSN: 1057-6290 (Series)

ISOQAR
REGISTERED

ISOQAR certified
Management System,
awarded to Emerald
for adherence to
Environmental
standard
ISO 14001:2004.

Certificate Number 1985
ISO 14001

INVESTOR IN PEOPLE

CONTENTS

PART I
MEDICAL TECHNOLOGY AS PERIL OR PROMISE

PART II
KNOWLEDGE AND ITS CONSEQUENCES

PART III
REPRODUCTIVE EXPERIENCES AND DECISION-MAKING

ABOUT THE EDITORS

Elizabeth Mitchell Armstrong is an Associate Professor of Sociology and Public Affairs at Princeton University, where she is also affiliated with the Office of Population Research, the Program in Gender and Sexuality Studies, the Center for Health and Wellbeing, and the Program in the History of Science. Her research interests include the sociology of pregnancy and birth, maternal and child health policy, and medical ethics.

Susan Markens is an Associate Professor of Sociology at Lehman College, CUNY, and Affiliated Faculty in the Sociology Department at The Graduate Center, CUNY. Her research focuses on reproduction, genetics, and health.

Miranda R. Waggoner is an Assistant Professor of Sociology and Greenwall Faculty Scholar in Bioethics at Florida State University, where she is also affiliated with the Center for Demography and Population Health. Her research examines the social, ethical, and cultural dimensions of biomedical knowledge production.

ABOUT THE AUTHORS

Andréa Becker is a National Science Foundation GRFP Fellow and doctoral student at the CUNY Graduate Center. Her work is centered around the intersections of gender and sexuality, sexual violence, medical sociology, and reproduction. She has written papers on cyberstalking, sexual violence among gay and bisexual men, and maternal mortality in states with restrictive abortion laws.

Danielle Bessett is an Associate Professor of Sociology and Affiliate of the Women's, Gender, and Sexuality Studies Department at the University of Cincinnati. She conducts research on and teaches courses in the sociology of medicine, family, and reproduction, focusing on inequality. She co-leads OPEN, the Ohio Policy Evaluation Network.

Cara Delay is a Professor of History and a Member of the Women's Health Research Team (WHRT) at the College of Charleston. Her award-winning body of scholarship examines the history of women and reproduction in Ireland and beyond.

Lauren A. Diamond-Brown is an Assistant Professor of Sociology at SUNY Potsdam. Her research is about the social context of decision-making in childbirth and has focused on the perspectives of childbearing people and obstetrician-gynecologists.

Alexis T. Franzese is an Associate Professor in the Department of Sociology and Anthropology at Elon University. Her main areas of inquiry are self, identity, and well-being. She is especially passionate about her study of authenticity – being one's true self – and authenticity in relation to identities, such as being a parent.

David J. Hutson is an Assistant Professor of Sociology at Penn State University, Abington. His research encompasses gender, health, and embodiment with a focus on body weight, fitness/exercise, and appearance. Recent publications include an investigation of how personal trainers exchange "bodily capital," and an analysis of bodily health in nineteenth-century medical journals.

Katherine M. Johnson is an Associate Professor of Sociology at Tulane University. Her research is on the sociology of reproduction, exploring themes such as stratified reproduction, postmodern family building, motherhood, and reproductive technologies. She is also conducting the Working and Nursing Study, examining women's experiences of breastfeeding after returning to work.

Alexis M. Kenney is a Doctoral Candidate in the Department of Sociology at the University of New Mexico. Her research focuses on cases of contested knowledge in social movements and in public controversies over science.

Ashley F. Kim is a Doctoral Candidate in Sociology at Vanderbilt University. Her research interests include gender, health, qualitative methods, and reproduction.

Sarah Kington is a Sociology Doctoral Student in the City, Culture, and Community PhD program at Tulane University. Her research interests include health inequality, social determinants of health, and the sociology of reproduction.

Jessica L. Liddell is a Doctoral Candidate in the City, Culture, and Community PhD Program at Tulane University. Her work focuses on reproductive justice issues, community-engaged research approaches, and harm reduction models. Her dissertation work explores access to sexual and reproductive healthcare among Native American Tribes in Louisiana.

Katharine McCabe is a Postdoctoral Fellow in Law, Gender, and Health at the University of Michigan, Institute for Research on Women and Gender (IRWG). Her research interests are in medical sociology, reproduction, addiction, and the law. Her current work explores how the opioid crisis is transforming reproductive healthcare practices.

Amy L. McCurdy is a Doctoral Student at the University of North Carolina at Greensboro in the Department of Human Development and Family Studies. Her research interests broadly center around parenting and bidirectionality within parent–child interactions. She also studies child psychosocial well-being, autonomy-relevant parenting practices, and physiological stress reactivity.

Kellie Owens is a Postdoctoral Fellow in the Department of Medical Ethics and Health Policy at the University of Pennsylvania, where she is supported by a T32 Grant from the National Human Genome Research Institute. Her research bridges the sociology of medicine, science and technology studies, and bioethics.

Richard M. Simon is an Assistant Professor of Sociology in the Department of Sociology and Social Work at Mount Saint Joseph University in Cincinnati, Ohio. His current research primarily focuses on how social and cultural constructions of gender shape experiences of, attitudes toward, and evaluations of science, technology, and medicine.

Kaitlin Stober is a Research Specialist with the Institute on Disability and Human Development at the University of Illinois at Chicago. She holds an MSc in Disability Studies from Trinity College Dublin and focuses on research involving people with intellectual disabilities and their families, disability rights, and policy.

Siri Suh is an Assistant Professor in Sociology at Brandeis University. Her research bridges the fields of medical anthropology and sociology, population and development studies, and feminist and post-colonial studies of science and technology. Her current book project explores how post-abortion care statistics from Senegalese hospitals contribute to global reproductive governance.

Beth Sundstrom is an Associate Professor of Communication and Public Health and Director of the Women's Health Research Team (WHRT) at the College of Charleston, South Carolina. She is a Fulbright Scholar and leading expert on health communication, social marketing, and women's reproductive health.

ACKNOWLEDGMENTS

We would like to thank Series Editor Brea Perry for giving us the opportunity to edit this volume. We are also very grateful for the efforts of the *Advances in Medical Sociology* editorial advisory board and to the external reviewers, whose thoughtful suggestions and comments significantly improved this volume and its contributions. We also acknowledge the expert editorial assistance of Katy Mathers and the helpful guidance of Jen McCall at Emerald in facilitating the production of this book.

INTRODUCTION: REPRODUCTION THROUGH THE LENS OF MEDICAL SOCIOLOGY

Susan Markens, Elizabeth Mitchell Armstrong and Miranda R. Waggoner

When megastar Beyoncé announced her most recent pregnancy on Instagram, her post garnered millions of views almost instantly. The highly staged photos of Beyoncé costumed as a kind of fertility goddess, wreathed in flower garlands, were widely liked and shared, and generated memes and parodies that quickly went as viral as the original image. It seems that pregnancy has the power to command our attention, at least when it happens to a celebrity. Indeed, reproduction is highly visible in contemporary society, whether the headlines are covering the latest celebrity birth (and, in the case of Serena Williams, informing the public about post-partum complications, particularly the high morbidity rates of Black women), showcasing companies such as Google and Facebook offering to pay for their female workers to freeze their eggs, reporting on the expansion of transnational surrogacy to countries such as India, alerting us about the public health concerns and consequences of the Zika virus, or, more recently, covering the case of a woman in Alabama who was indicted for manslaughter (with the charges later dropped) because she was shot in the stomach while pregnant.

As these prominent contemporary headlines illustrate, reproduction is laden with cultural meaning and import for individuals and for society as a whole. Indeed, reproduction motivates a wide range of individual behaviors and social practices; it is central to political, economic, and cultural processes and discourses. Moreover, it is imbued with significance, symbolism, and ritual. Reproduction is a powerful lens for viewing a wide range of social phenomena: ideas about reproduction reflect and refract how we think about

Reproduction, Health, and Medicine
Advances in Medical Sociology, Volume 20, 1–15

ISSN: 1057-6290/doi:10.1108/S1057-629020190000020006

what is natural, gender norms, and roles, the place of scientific knowledge and biomedicine, professional expertise, intimate and family relations, ideas about embodiment, risk and responsibility, mechanisms of social control, processes of social stratification and the production of inequality, and notions about race and nation. Analytically, and politically, reproduction also straddles and blurs the line between nature and culture. The individual urge to reproduce and the social regulation of reproduction additionally implicate ideas about structure and agency. Although the public/private dichotomy typically locates individual reproductive experiences on the private side, enduring political controversies around contraception, abortion, and who reproduces under what circumstances demonstrate that reproduction is an intensely politicized and often contentious public matter. The contradictions, tensions, and paradoxes inherent in reproduction make it a powerful topic for sociological analysis. This is so because, as one particularly prescient social theorist noted well over a century ago, "the production of human beings themselves, the propagation of the species" is as central to and as consequential for social organization as the production of material goods for subsistence (Engels, 1884/1972).

Clearly, reproduction is central to human society; yet, except for demographers, historically the broader field of sociology, including medical sociology, has not given the topic much attention. Spurred by women's health movements and reproductive activism of the 1970s, in the last decades of the twentieth century, and accelerating over the last decade, there has been growing sociological attention to various aspects of reproduction. This scholarship has examined the social, cultural, institutional, and political processes related to biological reproduction. Today, the sociology of reproduction covers many substantive areas that pertain to medical sociology (e.g., abortion, pregnancy, childbirth, infertility, reproductive and genetic technologies), focuses on different subjects (e.g., individuals and families, workers and organizations, social movements and state policies), and utilizes a range of methods (ethnographic, archival/historical, content analysis, interviews, surveys, quantitative analysis).

This volume focuses on reproduction through the perspective of medical sociology. Much of the early sociological attention to reproduction had its roots in the sociology of medicine, and medical sociology continues to be the starting point for much of the sociological work on reproduction today. That entanglement between the sociology of reproduction and the sociology of medicine alerts us to the primacy of medicine and the force of medicalization in almost every aspect of reproduction, from classic concepts like Barbara Katz Rothman's (1986) notion of "the tentative pregnancy" to current work on "birth justice" (Oparah & Bonaparte, 2015). Indeed, in contemporary society, medicine dominates in the social organization, cultural understanding, and personal experience of reproduction, making it a fitting and deserving topic for this volume of *Advances in Medical Sociology*.

MEDICAL SOCIOLOGY AND REPRODUCTION

Medical institutions, actors, and definitions shape a wide array of reproductive experiences. At the same time, it is perhaps apt that this volume's call for chapters generated so many manuscripts focusing on abortion and childbirth. At this particular social and political moment, when abortion rights are under siege and maternal mortality is on the rise, these chapters strike a cultural chord. Moreover, these two "main events" have long generated sociological attention and investigation, whether in the form of studies of the consolidation of the American medical profession in the late nineteenth century (Starr, 1982), Luker's (1985) study of the role of gender norms in shaping beliefs about abortion, or Riessman's (1983) classic essay on the medicalization of reproduction that highlighted both physicians' and women's roles in medicalization processes.

The focus on childbirth by medical sociologists should also not come as a surprise since it clearly is a human process that is under medical purview, with 99 percent of births in the United States taking place in a hospital, 92 percent of births attended by a physician, and the vast majority of births subject to medical intervention such as electronic fetal monitoring, labor induction and augmentation, routine IV and catheter insertion, episiotomy, instrumental delivery, and cesarean sections (Declercq, 2015; Declercq, Sakala, Corry, Applebaum, & Herrlich, 2014; MacDorman, Mathews, & Declercq, 2014). Early sociological work on childbirth focused on this historical transition to hospital-based births, the contrast between midwives and physicians, and what this has meant for women's experiences of and control over the birthing experience (De Vries, 1985; Oakley, 1980; Rothman, 1982). Contemporary scholarship continues to interrogate the organizational and professional factors shaping medicalized childbirth (Morris, 2016) and how such medicalized care shapes the care women receive (Morton, Henley, Seacrist, & Roth, 2018).

Meanwhile, with regard to abortion, cultural, professional, and political debates and developments have not subsided since the 1973 *Roe* decision. Since 2010, over 400 laws restricting abortion have been enacted in state legislatures in the United States (Guttmacher, 2018). Not surprisingly, a focus of sociological work on abortion has been on policy-making, social movement activism, and discursive framing and politics (Ferree, Gamson, Rucht, & Gerhards, 2002; Halfmann, 2011; Luker, 1985; Rohlinger, 2014). At the same time, medicine and medical professionals have never been far from such policy and social movement analyses, as abortion's definition as being under medical purview – as a health issue – is often central to cultural and political debates. Additionally, given medical sociology's scholarly tradition of studying medical professionals, medical sociologists researching abortion have looked at how these restrictions, and the politically charged environment in which abortion is practiced, impacts how those on the front-line – abortion providers – have managed their work (Freedman, 2010; Joffe, 1996; Simonds, 1996).

Yet, despite the prominence of abortion and birth in sociological[1] studies of reproduction, the field has always considered a wide range of reproductive events and experiences as it seeks to understand how people, especially women, experience reproduction and how they interpret and make sense of their experiences. For instance, from the beginning of the field, sociological research on family planning and contraception has featured prominently (Joffe, 1986; Luker, 1975), as has prenatal testing (Rothman, 1986) and infertility (Greil, 1991). Sociologists have continued to turn their attention to a wide range of reproductive phenomena, including the ongoing evolution of assisted reproductive technology, particularly the use of IVF (Thompson, 2005) and surrogacy (Jacobson, 2016; Markens, 2007), which is increasingly an international process traversing multiple borders (Rudrappa, 2015; Twine, 2015), to the development of new modes of prenatal testing, including noninvasive prenatal testing (Kelly & Farrimond, 2012; Thomas, Rothman, Strange, & Latimer, 2019).

Medical sociology has been key in studying these processes, as medicalization (Conrad, 2007) – with its focus on how human experiences become defined as medical and are treated by medical institutions and actors – was central to early studies of childbirth, and the framework remains a central concern around childbirth, particularly as cesarean surgery becomes more prevalent throughout the world (Betrán et al., 2016). But beyond childbirth, we can see the expanding purview of medicine and medical definitions of reproductive activities and behaviors before (Waggoner, 2017), during (Armstrong, 2003; Barker, 1998; Markens, Browner, & Preloran, 2010; Rothman, 1986; Thomas, 2017), and after (Blum, 1999; Litt, 2000) pregnancy. At the same time, scholars of reproduction have, like other medical sociologists, noted that medicalization can be desired (Fox & Worts, 1999), and is often embraced and/or resisted, depending on one's social location (Brubaker, 2007). It is therefore not surprising that interrogating the role of medicalization in shaping reproductive experiences and decision-making is prominent throughout many of the chapters in this volume. More recently, biomedicalization theory (Clarke, Shim, Mamo, Fosket, & Fishman, 2003), with its focus on the expanding biotechnological industry, the increasingly commodified markets for health services and technologies with patients as consumers, and the trend toward individual responsibility for managing and surveilling their own health risks, has also been a crucial analytical tool for medical sociologists examining emerging forms of reproductive experiences, from egg freezing and "anticipated fertility" (Martin, 2010) to lesbian's use of ARTs and the "queering" of reproduction (Mamo, 2007). The concept of biomedicalization is also utilized by this volume's authors as they grapple with issues of risk, knowledge, and technology.

As reproduction has become (bio)medicalized, the primacy of biomedical knowledge has been established; indeed, biomedical knowledge is usually granted the status of "authoritative knowledge" in the context of reproduction – from pregnancy symptoms (Bessett, 2010) to childbirth (Armstrong, 2000). Yet, biomedical knowledge, while powerful in shaping how individuals think about and navigate their reproductive experiences, is never uncontested (Holland, 2019; Markens et al., 2010). The chapters in this volume not only consider the role of biomedical knowledge to shape, frame, and constrain reproduction but also look beyond medical knowledge to elucidate other ways of knowing that may act in opposition to or in concert with medical knowledge. Similarly, technology has long shaped reproduction, as both an enabling and constraining force. Additionally, while innovation in medical technology often carries with it the potential to improve healthcare experiences and outcomes, the deployment of new technologies can also have unintended results: technology can be overused or cause iatrogenic health problems; it can mask the need to find other methods of managing medical, health, and healthcare problems; or, it can become entangled with cultural, political, or ethical concerns about best care practices. These, too, are issues for medical sociologists to weigh in on in their studies of reproduction and are particularly pertinent for emerging scholars of assisted reproductive and genetic technologies to consider in future medical sociology projects.

Meanwhile, a key contribution of medical sociology to the study of reproduction has been in highlighting how uses and understandings of medical technology and reproductive practices are deeply embedded in notions of gender, family, and sexuality. Such studies highlight the conceptualizations and expectations of appropriate gendered and sexual behavior and the cultural tropes of "good," selfless, and intensive motherhood that are deployed by a range of social actors. This research covers a wide array of reproductive topics and experiences from preconception care (Waggoner, 2017), contraception (Fennell, 2011; Kimport, 2018; Littlejohn, 2013), prenatal care (Bessett, 2010), prenatal testing (Ettorre, 2002; Markens et al., 2010; Reed, 2009), and childbirth (Martin, 2003) to donated gametes (Almeling, 2011; Hertz, Nelson, & Kramer, 2015), egg freezing (Brown & Patrick, 2018; Martin, 2010; Myers, 2017), teen pregnancy (Brubaker, 2007; Mann, 2013), breast-feeding (Blum, 1999; Wolf, 2010), infant care (Litt, 2000), fetal surgery (Casper, 1998), fetal alcohol syndrome (Armstrong, 2003), environmental hazards (MacKendrick, 2018), and surrogacy (Jacobson, 2016; Markens, 2007). Yet, as central as gender is to understanding pretty much any aspect of reproduction, most of the extant research has been on women; there is only a small body of work that has begun to address the lack of research on and knowledge about men in reproduction (e.g., Almeling & Waggoner, 2013; Barnes, 2014; Bell, 2014). As such, it is a ripe and important area for future medical sociology research on reproduction to investigate and explore. Similarly, while sociologists have begun to observe and document the ways that biomedicine enables lesbian women and gay men to reproduce biologically, and the negotiations such endeavors entail (Holland, 2019; Mamo, 2007), not only is more work in this area needed but an additional focus is also needed in medical sociology on exploring reproductive experiences among the transgender population.

Finally, among the most exciting and important advances in sociological investigations of reproduction are the growing number of studies focused on reproductive stratification and the shift from an emphasis on reproductive rights, which primarily has meant access to abortion, to reproductive justice, a concept that encompasses the right to maintain bodily autonomy, to have children, to not have children, and to parent children in safe and sustainable communities (Gubrium et al., 2016; Luna, 2009: Luna & Luker, 2013; Ross, 2006; Smietana, Thompson, & Twine, 2018). Dorothy Roberts' (1997)

Killing the Black Body: Race, Reproduction and the Meaning of Liberty was a clarion bell to sociologists that both the history and the contemporary politics of abortion and contraception, as well as new assistive and genetic technologies, cannot be disentangled from race and nation and that differently situated women may have different priorities and experiences even when managing similar reproductive events and options. Taking up that call, racialized and stratified reproductive experiences and practices have been highlighted, and made central, in recent scholarship on issues such as infertility (Bell, 2014; Greil, McQuillan, Shreffler, Johnson, & Slauson-Blevins, 2011), abortion (Kimport, Weitz, & Freedman, 2016), family planning (Stevens, 2015), sterilization (Gutiérrez, 2009), and forced interventions on pregnant women (Paltrow & Flavin, 2013). More work by medical sociologists with an intersectional (and international) perspective, and with attention to race and stratification, is indisputably what is needed in future medical sociological investigations on and about reproduction.

REPRODUCTION, HEALTH, AND MEDICINE

Sociologists of health and medicine have created a broad and important body of work on the study of reproduction in the last several decades, from studies of the medicalization of pregnancy and childbirth to analyses of reproductive healthcare providers and their interactions with patients. This volume contributes to such discussions, with an aim to capture the growing diversity of scholarship on reproduction, health, and medicine by offering innovative chapters to advance both our empirical knowledge base and theoretical insights into a key component of human experience and health-care utilization.

Reproduction, Health, and Medicine is divided into three parts, although the themes highlighted in each part appear across the different chapters. In Part I, "Medical Technology as Peril or Promise," the authors grapple with the advantages and disadvantages of medical technologies and medicalization. Each chapter in this part examines the variable uses of – and responses to – medical technology in particular healthcare contexts. In "Post-abortion Care in Senegal: A Promising Terrain for Medical Sociology Research on Global Abortion Politics," Siri Suh launches the volume with a call for medical sociologists to include global perspectives on reproductive care and to improve empirical understandings and analyses of the social life and uses of medical technologies. Drawing on her ethnographic study of post-abortion care in Senegal, where abortion is strongly proscribed, Suh examines the deeply precarious post-abortion care practices that clinicians must navigate. Suh shows how this care technology – which has the "double life" of both terminating pregnancies and treating complications that arise from abortions – gets caught up in the tangle of professional, clinical, political, and cultural contexts, with serious consequences for care. Suh highlights the distinction between relieving women's suffering and simply keeping them alive. In so doing, she analyzes the perspectives not only of gynecologists but also of midwives and nurses, the healthcare providers that often manage the politics of post-abortion care in their everyday practices – including the boundary work of upholding the legitimacy of this crucial component of reproductive care. With this important work, Suh adds to a broader scholarly discussion about the ethics and efficacy of abortion care amid medicalization processes and global reproductive politics. Focusing on the American context in her chapter, "When Less is More: Shifting Risk Management in American Childbirth," Kellie Owens also illustrates providers' complicated relationship with medical technology. American childbirth today is typically characterized by increasingly high rates of medical intervention, and the trend in the biomedicalized environment of American birth is to find out as much information about risk as possible in order to reduce it. Yet, Owens shows that providers are defying such tendencies: as they are concerned about the negative effects (e.g., unnecessary cesarean sections) of the overuse or unreliability of medical technology and the data it produces, many clinicians are intentionally using less technology and gathering less data about their patients. They are doing so by reducing their reliance on, among other things, continuous electronic fetal monitoring – a technology that providers described to Owens as presenting an illusion of control rather than as effectively reducing risk. Owens' findings have significant implications for understanding the role of medical knowledge in the contemporary birthing arena, for analyzing "risk" in the birthing experience, and for theorizing the changing landscape of risk management in American medicine more broadly. In the next chapter, "Bhutanese Refugees, Mothering, and Medicalization," Ashley F. Kim examines how women conceptualize childbirth interventions across cultural and national contexts. Using a unique sample of refugee women who have given birth or raised children in the United States as well as in Nepal or Bhutan, Kim reveals that the women largely embrace medical technologies during birth in the United States because they associate these technologies with increased autonomy and improved medical care, especially as compared to the Nepalese or Bhutanese medical context. Kim also finds that the women associate medical intervention with good mothering practices, suggesting an inextricable connection between the culture of medicalization and the culture of mothering in the United States. These findings add much nuance to scholarship on American childbirth that has focused on how medical technologies such as epidurals have interfaced with women's autonomy in birth, as Kim prompts medical sociologists to rethink assessments of medicalization and medical technologies in cross-cultural settings, especially in terms of how reception of such technologies might differ according to race, class, and nation. The final chapter in this section, "Women's Motivations for 'Choosing' Unassisted Childbirth: A Compromise of Ideals and Structural Barriers," by Lauren A. Diamond-Brown also reveals how women navigate medical intervention and technology when seeking autonomy and optimal care in childbirth. Diamond-Brown interviews women who desire a non-medicalized, or de-medicalized, birth experience and who have given birth unassisted. Birthing unassisted – that is, giving birth at home without the presence of a physician, midwife, or birth attendant – is rare, and the rarity of this case is its strength. By delving into why and how women seek out childbirth without any medical support, Diamond-Brown is able to offer a clear critique of the American healthcare system – a system that presents women with few options to birth how they wish. Given structural limitations in health care, some women find themselves manifestly unable to pursue the kind of birth they desire and thus end up birthing on their own. Diamond-Brown probes how these women make meaning of their birth "choices" and how their reasons and experiences should come to bear on wider conversations in medical sociology about reproductive care and justice.

In Part II, "Knowledge and Its Consequences," the chapters interrogate a central component of medicalization: the role of knowledge. Knowledge plays a central role in the contemporary experience of reproduction. A key tension in these chapters is that around which knowledge – and whose knowledge – counts and is seen as authoritative. In "Reframing and Resisting: How Women Navigate the Medicalization of Pregnancy Weight," David J. Hutson draws on in-depth interviews with pregnant women in the United States to understand how women themselves make sense of and interpret the weight gain that is an inevitable component of pregnancy. As he points out, weight is a particularly fraught matter in the context of the obesity epidemic in America and the moral panic attending weight. Hutson finds that women draw a distinction between the "baby weight" gained during pregnancy and their own "body weight." They do so in part by ignoring the number on the scale. Hutson documents what might be called a kind of calculated or conscious ignorance that is a consequence of women's deliberate rejection of quantified or precise knowledge. What is perhaps surprising is the complicity of medical professionals with this chosen ignorance. Indeed, women's conscious rejection of the knowledge of their own weight gain ironically underscores the primacy of biomedical knowledge. In other words, women "know" that they are doing this – they do so consciously and strategically. It is not that women do not think about their weight at all while pregnant; Hutson shows that they do. Rather, thinking about weight is different from "knowing the numbers." They are conscious of weight gain, but they reject a particular way of knowing through quantification. In her chapter, "Complicating the Generational Disconnect: Pregnant Women, Grandmothers-To-Be, and Medicalization," Danielle Bessett introduces another form of alternative knowledge – that of the mothers of pregnant women. Bessett focuses on the interplay between biomedical knowledge and advice, typically dispensed by doctors, pregnant women's pursuit of knowledge from a wide variety of lay sources including pregnancy advice books, and the knowledge meted out by their own mothers. She finds that this interplay varies by class and race. Women with less than a college education and nonwhite women are more likely to turn to their own mothers, while white, college-educated women are more likely to reject their mothers' knowledge and experience as outdated and irrelevant. Bessett's chapter also alerts to another important dimension of knowledge in pregnancy – the structured silence or invisibility of certain dimensions of women's experiences in the "official" pregnancy literature. As she notes, most of the pregnancy advice literature emphasizes "the generational disconnect" between pregnant women and their own mothers. Yet Bessett's interviews suggest that the generational disconnect may be most relevant only for some women. In universalizing this idea of a generational disconnect, the lay