Seigel, Marika. *The Rhetoric of Pregnancy.* Chicago: Chicago UP, 2014. Print.

Sarah R. Spangler

Like many women, upon finding out I was expecting, I promptly purchased several best-selling books on prenatal care. Early on this process, I was fortunate enough to have been guided toward texts aimed at empowering pregnant women rather than simply addressing the risks and concerns of pregnancy. This same goal of empowering women during pregnancy and childbirth permeates Marika Seigel's *The Rhetoric of Pregnancy*. In 183 pages, Seigel deconstructs some of the most influential pregnancy manuals of the twentieth century, beginning with early manuals such as *Expectant Motherhood: Its Supervision and Hygiene* (Ballantyne 1914) and *Prenatal Care* (West 1913), progressing to popular and still circulating late twentieth-century manuals and websites such as *What to Expect When You're Expecting* (Murkoff 1984)*, Pregnancy for Dummies* (Eddleman, Murray, and Stone 1999), and BabyCenter.com (1996), and concluding with a forward-looking examination of empowering manuals such as *Ina May's Guide to Childbirth* (Gaskin 2003). Seigel seeks to uncover dominant constructions of pregnancy and the pregnant body during this century by tracing how documentation on pregnancy has often dismissed women's experiential knowledge about their bodies. It has established a rhetoric that suggests pregnant bodies are unreliable, incapable, and risky and, therefore, need to be disciplined and supervised by medical institutions and technologies. To challenge this rhetoric and disrupt culturally engrained ideas about pregnancy, Seigel argues that users need "critical" access to the technologies of prenatal care in order "to cunningly negotiate, critique, or transform" those technologies (19).

The Rhetoric of Pregnancy is comprised of eight chapters and a conclusion. In the first two chapters, Seigel situates her work broadly within rhetorics of health care and explains her objective of examining pregnancy texts as instructional manuals that position pregnant women as novice users of prenatal systems and technologies. To do so, Seigel draws from feminist critiques of women's prenatal health care and medical intervention; rhetorical-cultural analysis, which analyzes the "possible rhetorical and material effects" of a text (22); and disciplinary rhetorics that emphasize the transformative power of certain discourses to shape, or discipline, embodied and material practices. Seigel combines these approaches with technical communication theory, more specifically, Stuart Hall's "articulation theory." This emphasizes how relationships between disparate entities can be established through a particular

link under certain and specific conditions, where, under differing circumstances, should the link be broken, those entities remain intact despite the absence of a relationship. Seigel joins Hall's articulation theory to Kenneth Burke's theory of piety, which asserts "piety as an organizing principle--a form of power" that is culturally and socially situated and systematized as "orientations that determine what people can or cannot say or do" (25). Articulation theory and the concept of piety form the framework for Seigel's analysis of how prenatal documentation has linked, or *articulated*, cultural pieties with the identity of pregnancy and has, in turn, shaped user needs, instructed women to discipline their bodies and conform to larger social systems, and encouraged risk management during pregnancy to ensure women produce "normal" babies.

In the body of the text, Seigel presents a series of case studies mostly focused on pregnancy manuals, but also comprised of letters, reports, papers, pamphlets, feminist and academic texts, magazines, and websites published between 1901 and the early 2000s. She charts how pregnancy documentation shifted from primarily system-centered, text/print-based instruction to user-centered, digital, and visually-driven information often suffused with commercial advertising. In Chapter Three, Seigel focuses primarily on *Expectant Motherhood: Its Supervision and Hygiene* (1914), which established several pieties still strongly associated with the identity of pregnancy including the fetus as central patient; the necessity of medically supervised prenatal care to ensure "normal" babies; and the notion that medically supervised births help manage "social, political, and environmental threats" (36). Seigel notes the preoccupation with normalcy in *Expectant Motherhood* and relates it to an underlying discourse of eugenics sustained in later pregnancy manuals. The systems of prenatal care outlined in this early manual were, Seigel explains, system-centered rather than user-centered, as the systems did not seek to accommodate the user (the pregnant woman); rather, they were designed to ensure national welfare and health and to provide information about the mechanisms of pregnancy to the systems' designers (doctors). Seigel describes *Expectant Motherhood* as an example of "system-constitutive" documentation, which must persuade users of the need for "the future establishment of a technological system, or adoption of a technology, as a solution to an ideological, political, or social problem" (41). In other words, before outlining instruction, *Expectant Motherhood* had to convince the reader of her non-expert status, the risks of pregnancy, and the corresponding need for expert medical advice and supervision.

In Chapter Four, Seigel first discusses the American "mothers of prenatal care" (51), Elizabeth Putnam and members of the Instructive District Nursing Association who sought to establish more user-centered systems of prenatal care that incorporated the piety that "pregnancy and childbirth were the

province of women and that they took place in domestic spaces" (52) and that recognized women possessed knowledge about their bodies, pregnancy, and childbirth. Seigel then examines *Prenatal Care* (1913), a system-constitutive document whose rhetoric shifted away from a user-centered approach to a rhetoric that reinforced the piety that pregnant bodies were "pathological" and "risky" (63), as evidenced by the text's emphasis on the fetus as central patient as well as an increased concern for producing normal babies and reducing infant mortality rates alongside a *decreased* concern for the health of mothers.

Chapter Five explores the increase in pregnancy manuals correlating with the baby boom era of post-World War II to the 1970s. These manuals, Seigel explains, moved from system-constitutive documentation to what Seigel calls system-maintaining documentation that works "to keep users engaged with a particular technology or system rather than to critique or change that system" (71). Seigel examines the system-maintaining manual A Doctor Discusses Pregnancy (Birch 1966), pointing out the manual's description of pregnancy as the pinnacle of womanhood and its assumption that users had accepted the cultural piety of medically managed prenatal care. Seigel also discusses system-disrupting documentation that provides users critical access to information by facilitating possibilities for transforming and critically engaging a system. Such system-disrupting documentation is illustrated in texts of the 1970s that join pregnancy to feminist discourses aimed at transforming rather than maintaining current systems of prenatal care. For example, in Women and Their Bodies: A Course (1970), Jane Pincus and Ruth Bell authored a chapter on pregnancy that disrupted cultural pieties of pregnancy by emphasizing the embodied experience of pregnancy and challenging the notion that pregnant bodies are "invisible," that expert knowledge derives only from doctors, and that "prenatal care can solve political and social problems" (75).

Despite such forward strides made in *Women and Their Bodies*, Seigel argues in Chapter Six that by the 1980s, the pregnant body had been firmly declared unreliable and had been defined in relation to environmental risks. Seigel focuses primarily on the best-selling What to Expect When You're Expecting (Murkoff 1984) as a seminal system-maintaining manual contextualized by a rhetoric of risk-management and organized around addressing the worries and anxieties women have about having normal babies. The 1980s, Seigel notes, is also a time where the rhetoric of fetal rights prevails, and pregnant bodies become even more politicized and scrutinized as sites of risk, as a new heightened awareness of "crack babies" and welfare dependence reveals pregnant bodies as "gendered, racialized, and class-marked" (96). Importantly, Seigel discusses the adverse effects on women resulting from the Reagan administration's privileging of industry and acceptance of industry-related environmental risks, which framed a message that individuals can minimize risk

to themselves through their own individual lifestyle choices. As such, risks stemming from larger social and global concerns were construed as individual issues, which shifted the responsibility of risk management away from institutions and onto pregnant women whose bodies were viewed as sites of risk that could be managed by women controlling their individual lifestyle choices. What to Expect, Seigel argues, reflects this notion of individual responsibility for risk management through documentation that essentially held the pregnant woman responsible for managing her body as a site of risk to ensure the development of a normal fetus.

The remaining two body chapters examine the shift toward user-friendly documentation characterized by "task orientation and a focus on readability" (107) as well as consumer-centered documentation that correlates pregnancy with consumption. In Chapter Seven, Seigel discusses Pregnancy for Dummies (1999), which, while an ostensibly user-friendly text, reasserts pregnant women as novice users in need of "dumbed down" expert knowledge about prenatal systems, placing pregnant women "in the awkward position of being both the system documented and the user of that system" (113) and suggesting they be mindful risk managers who "troubleshoot" their bodies (119). As Seigel argues, the *Pregnancy for Dummies* manual perpetuates cultural pieties that assume users, or pregnant women, accept their position as non-experts who must engage prenatal technologies to minimize risk during pregnancy. In *Pregnancy for Dummies,* risk management and troubleshooting are presented, in part, through descriptions of tests and procedures that are presented as "decontextualized system tasks that all users carry out in order to be pregnant" (117).

In Chapter Eight, Seigel discusses prenatal documentation that correlates pregnancy to consumption and commodifies the fetus and the pregnant experience through instruction and advice "saturated with advertising" (122). Seigel first discusses *Every Child Has the Right to Be Well Born*, a pregnancy manual published in 1927 that included instructions and information for pregnant women as well as advertisements related to pregnancy, child birthing, and child rearing. She then shifts to examining the website BabyCenter.com (1996), which, Seigel points out, functions as a resource for pregnant women but also targets advertisers in search of an audience to whom they can market products and from whom they can mine data. Seigel argues that BabyCenter.com reflects system-simulating documentation that emphasizes engagement with documentation and "encourages its users to consume virtual representations of pregnancy" that "in some ways displaces, or perhaps simulates, an embodied experience of pregnancy" (129). She notes, however, that the site provides at least some critical access marked by user debates and peripheral user communities founded on system-disrupting values and that exist separately

from the site's main spaces where expert advice appears. Seigel contends that while earlier analogue manuals such as *Every Child* featured advertisements by Johnson and Johnson, users were still managed by the medical institutions represented in the text but that, conversely, BabyCenter.com users are managed by "corporate supervision" to not just produce normal babies but more importantly to "produce fit consumers" (128).

In her conclusion, Seigel analyzes Ina May Gaskin's 2003 Ina May's Guide to Childbirth by employing Burke's concept of "perspective by incongruity" (145), which involves creating new pieties by locating impious associations within existing pieties "in order to affect a reorientation of sense and meaning" (145). Incongruity of perspective, says Seigel, allows Gaskin, a pioneering midwife and proponent of home/natural birth, to disrupt established pieties of pregnancy through documentation that provides users with critical access to a system of care that empowers women during their entire childbirth experience instead of stressing risk management during pregnancy. Seigel argues that Gaskin creates new pieties that view pregnant bodies as capable, reveal the risks of medical technologies, and value women's experiential knowledge about their bodies and childbirth. She accomplishes this by offering documentation on an alternative model of care that "disarticulate[s] pregnancy and the pregnant women from what Gaskin calls the 'techno-medical' model of care" (151), which insists women regularly engage medical technologies and risk management measures to produce normal babies. In effect, Gaskin rejoins pregnancy to "a woman-centered, humanistic, midwifery model of care" (151), one that empowers pregnant women by providing critical access to a system of care reflective of "feminist, woman-centered ideologies" (151). In closing, Seigel suggests methods for changing usability research, asserting that "in order to provide users with critical and transformative access to technological systems, documentation must make the articulations of those systems visible to users so that users can rearticulate systems rather than simply functionally to engage with them" (152).

In this work, Seigel makes several significant contributions to feminist and women's rhetorical studies. By tracing and deconstructing the rhetoric of women's prenatal health care, Seigel exposes how social and political institutions and technological systems have defined negative and faulty cultural perceptions of pregnant bodies as sites of social and political risk in need of surveillance. By examining how pregnancy manuals function rhetorically, Seigel exposes how this aspect of women's health care has been defined by social and political institutions and corporate entities that perpetuate a false message that women's bodies are incapable and that women's ways of knowing are inferior. And, by reading pregnancy manuals as culturally gendered texts, Seigel reveals how these manuals have functioned as part of a larger

technological system that has controlled and limited women's agency during pregnancy and dismissed women's experiential knowledge about themselves. However, despite the plethora of manuals that would have women believe these things about themselves, Seigel makes an important feminist move by calling attention to the existence of and possibility for future documentation that creates—or *recovers*— pieties that empower women through critical and transformative access to socially, politically, and technologically driven systems of prenatal care.

About the Author

Sarah R. Spangler is a doctoral student in the English Department at Old Dominion University. She researches how women and mother-academics perform gender online and the rhetorical processes associated with online self-presentation. She is also interested in community building in digital spaces as well as the pedagogical uses and implications of digital tools in the composition classroom. She has published chapters in *Emerging Pedagogies in the Networked Knowledge Society: Practices Integrating Social Media and Globalization* and in *Identity and Leadership in Virtual Communities: Establishing Credibility and Influence*. Her writing also appears in MediaCommons.