experienced by those who are unable to conceive as *mandating* reproduction — or as one of her interviewees puts it, ‘The one-child policy is really the you-*must*-have-one-child policy’ (p. 145). This perspective offers a new lens through which to think about the technologies of assisted conception such as IVF, which are increasingly being viewed in the Chinese context (at the local and state levels) as offering a means of achieving ‘high quality’ single children — a perception of the technology that differs greatly from that in the UK context, for example.

This is just one example in what is a very rich edited collection, but it is this dual focus on issues of power and particularity across a range of contexts that feminism can do so well, and which is the strength of this edited collection in a field that moves so rapidly and in which axes of inequality such as gender easily become lost.

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Reading birth and death: a history of obstetric thinking

Jo Murphy-Lawless; Cork University Press, Cork, 1998, ISBN: 1-85918-176-7

The core argument of Jo Murphy-Lawless’ book is a highly convincing one — that any given birth can only be normal in retrospect. Biomedical obstetric discourse, she argues, has rendered birth an event that is always potentially pathological, necessitating prophylactic and ongoing intervention into women’s bodies, while rendering women’s own voices and experiences invisible and irrelevant. Consequently, the work of obstetric medicine becomes the task of managing the risk of maternal, and more recently, foetal death. For Murphy-Lawless, then, one of the key goals of the book is to make a contribution to the regrouping of feminist-oriented forces working in resistance to the resulting objectification of the female body (p. 61).

This book is best conceptualized within the substantial tradition of radical feminist writing on the reproductive technologies. It offers an incisive critique of the dyadic principles through which obstetric theory and practice is organized — mother–foetus, natural–preternatural, normal–abnormal — positing a substantive challenge to the truth and knowledge claims of medicalized birth practices. The analysis of the history of strategies for tackling puerperal fever is particularly effective in highlighting the ways in which theory, or ideology, determine practice, often to harmful effect; the setting out of recurrent patterns of the deployment of female bodily insufficiency and excessive emotionality both as justifications for

intervention and as explanations of treatment failure (and therefore, maternal death) tells a depressingly familiar story of biomedical credit-claiming for positive reproductive outcomes and woman-blaming for bad ones. The chapter on the pairing of risk and death as a disciplinary technique is equally persuasive, highlighting the extent to which normal is rendered not only as the opposite of pathological, but also as the beginning of it – that is, an apparently normal birth is deemed to be constantly at risk of becoming pathological, producing an imperative to engage in ‘active management’ of birth.

However, I would argue that while the book shares the strengths of much of the radical feminist work on the reproductive and genetic technologies in its rigorous and insightful critique, it also shares its flaws. In particular, the book risks reproducing the very woman-blaming dynamic that has been shown to be foundational to obstetrics:

Often we have engaged with obstetric medicine reluctantly, often without thinking, often even wholeheartedly, because we are not skilled in confronting its truth claims or because we are convinced of its ‘shroud-waving’ and therefore fearful or because we cannot see alternatives.

(p. 24)

These explanations of apparent complicity with obstetric medicine constitute a litany of female insufficiencies and failures to resist, placing birthing women in positions of either powerless victimhood or false consciousness. While Murphy-Lawless acknowledges that ‘women going through birth are seeking ways to open out this closed discourse of knowledge creation’ (p. 263), it is through rejection of the obstetric model that politicization is to be achieved, effectively rendering those who do not as passive dupes or victims of that model. This approach ignores the subtle acts of resistance that women exercise in their engagement with biomedicine in general, and obstetrics in particular.

More generally, the recurrent we/us of the text posits a sisterhood of reproductive women that is directly positioned against the ‘they’ of obstetric medicine. This not only serves to smooth over the differences between women and the specificities of their engagement with obstetrics, but also assumes a readership of reproductive women that seems unnecessarily exclusive of those who have chosen not to, or are unable to, become biological parents. Ironically, then, the book risks the representation of women as necessarily reproductive in a way which resonates uncomfortably with the very biomedical assumptions about the female body of which it is critical.

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