

**John D. Lantos and Diane S. Lauderdale. *Preterm Babies, Fetal Patients, and Childbearing Choices*. Cambridge, USA: MIT Press, 2015. ISBN: 978-0-262-02959-9.**

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In *Preterm Babies, Fetal Patients, and Childbearing Choices*, John D. Lantos and Diane S. Lauderdale describe two conflicting narratives about pregnancy and premature birth in the twentieth century. The first focuses on the history of women's reproductive liberty, beginning with the establishment of laws protecting women's rights to contraceptives and the legalisation of abortion in the U.S.A., and following through to patient-centred birth plans and the suite of assisted reproductive technologies now available to women. The combination of these factors has led to pregnancy and childbirth being safer for women than ever before, with infant mortality also declining apace. In this version of the story, modern obstetrics has empowered women and improved premature birth outcomes. The counter-narrative these authors present relates to modern obstetrics as a potentially hostile institution, where pregnancy is considered an "illness" and "childbirth has been transformed into a disempowering experience in which unnecessary medical interventions are provided" (8). They claim tellers of the first narrative focus on reductions in delivery complications and pregnancy-related mortality, while tellers of the second narrative point to the fact maternal mortality rates in the U.S.A. have levelled off and are higher than many other developed countries, with racial disparities also present regard-

ing maternal and infant outcomes.

Lantos and Lauderdale note that premature birth rates have been unusually high in the U.S.A. over the last few decades, compared with other developed countries, despite increased access to prenatal care and advances in obstetrics and paediatrics. They go on to claim that prematurity “may not mean what it meant a few decades ago,” as it is no longer so tightly correlated with infant mortality (3). As a result of scientific advancements in neonatal care, the authors claim that women experiencing premature birth may feel “fear, guilt, gratitude, anxiety, hope, and confusion,” in part due to the way in which complex medical information is communicated to them either sensitively or “with condescension” (2). It is clear from their analysis that storytelling is an important element of a modern pregnancy, with various references made to pregnancy blogs, family tales, and doctor-patient conversations. The second chapter of *Preterm Babies* engages a second person narrative—“Imagine this: You are a 34-year-old woman, pregnant for the first time”—an effective method for exploring the complexity of the issues facing pregnant women in a time when the known list of risk factors for premature delivery is ever increasing.

*Preterm Babies* considers various stakeholders’ perspectives regarding modern obstetric care, including women, babies, doctors, insurers and public health officials. It includes a feminist analysis of current medical practices surrounding pregnancy and childbirth, and considers the rise of caesarean sections, the expansion of fetal rights, the impacts of delayed childbearing, the changing demographics of pregnancy, and the state of prenatal care in the U.S.A. The authors conclude that the increased rate of premature birth observed in their country is the result of increased medical interventions into childbirth, such as preterm induction of labour. However, they urge readers to abandon some of the common narratives and accepted wisdom of decades past, which considered more interventionist care as inferior to natural birth, without reference to a series of other important measures. These include whether women achieved their reproductive goals at a time they found appropriate, and whether their health and that of their offspring was promoted effectively. The authors suggest that if these measures were used to evaluate modern obstetrics that the result would be a more balanced account of the strengths and weaknesses of the current system, highlighting where improvements can be made to support the welfare of mothers and infants.

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