

Book Review: The Rhetoric of Pregnancy by Marika Seigel

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In *The Rhetoric of Pregnancy*, Marika Seigel uses rhetorical analysis to deconstruct pregnancy manuals while also identifying ways to improve communication about pregnancy and healthcare. Amy Mollett recommends this read to students of sociology and gender studies, and for anyone interested in the construction of the pregnant body.

The Rhetoric of Pregnancy. Marika Seigel. University of Chicago Press. December 2013.

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As parents-to-be strive to do all they can to ensure that little one will come into the world happy, healthy, and worthy of [Instagram-level fashion fame](#), they will often succumb to frenzied consumerism whilst piling the pressure on themselves to be perfect role models. Although the last twenty or so years have seen a rise in more active fathering in heterosexual couples – now being matched with more balanced [paternity and parental leave policies](#) in the workplace for all types of families – the fact remains that as the carrier of the bundle of joy, a woman's pregnant body will be burdened with the focus of this pressure. What she does with it, how she dresses it, and what she chooses to nourish it with all receive attention and critique – often uninvited.

For many parents, pregnancy manuals are a key part of preparation for baby. An Amazon search for 'pregnancy book' returns over 31,000 results: from decades old tried and tested pregnancy bibles to day-by-day diaries for the modern mum, from rough guides to triplets to bumpologies and baby astrology, and from organic pregnancies to naked truths, there seems to be a book to suit every taste and need. These instructive guides, often scouted out months before a planned pregnancy, bill themselves as "Mum's best friend" and have become an acceptable part of pregnant life. The impact that these guides have on the choices women make throughout the course of their pregnancy is the focus of [Marika Seigel's](#) rich and eye-opening *The Rhetoric of Pregnancy*.

Seigel, Associate Professor of Rhetoric and Technical Communication at Michigan Technological University, argues that these books create a narrative of a woman's pregnant body as a risky body, and students of sociology, philosophy, and rhetoric will certainly see the influence of Michel Foucault ([The Archaeology of Knowledge](#)), Ann Oakley ([The Captured Womb: History of the Medical Care of Pregnant Women](#)), and Judy Segal ([Health and the Rhetoric of Medicine](#)), amongst others in Seigel's work.





Through Chapter 1, “Operating Instructions for Pregnancy”, Seigel describes her own experience with pregnancy and pregnancy guides in an engaging and vivid manner, and like the rest of the book this chapter is well referenced and makes use of wonderful accompanying images, including website screenshots, ultrasound scans, and cartoons from pregnancy guides. On her encounter with possibly the most famous of all pregnancy guides, [What to Expect When You’re Expecting](#), the author writes that the manual “emphasized the countless ways that my incompetent, nauseated, bloated, constipated, bleeding body could malfunction. This manual, in effect, told me to see my pregnant body as a risky body and to undertake a program of self-discipline – under the supervision of a qualified medical professional – that would keep those risks in check. I felt disempowered and angry...” (p.2). Seigel provides more examples and statistics on the number of women unhappy with their birth experience, with some shocking findings concerning race and maternal health, and completes this chapter with a discussion on the different types of access to medical technology that parents can have. Following Adam J. Banks ([Race, Rhetoric, and Technology](#)), Seigel points out that parents may well have material and functional access to birth technology, but critical access – to be able to understand the advantages and disadvantages of a procedure your doctor is recommending well enough to critique it – is the type of access that many women do not have. Seigel argues that pregnant women lose too much control over their own choices and decisions, not to mention confidence in their own body and capabilities, ultimately due to pregnancy guides presenting the body as dangerous and risky, coupled with what some see as the over-medicalisation of childbirth, in which the decisions of the doctors are put above those of Mum.

Health care professionals may reply that all decisions are taken to keep Mum and baby happy and alive, and that with the advancement of medical technology it would be foolish to ignore the many interventions and procedures that can be introduced to help things along. These are certainly voices that should not be ignored, but Seigel’s book shows that there is lots of work to be done to ensure that women feel more in control of their birth experiences, and indeed perhaps the UK is better at this than the US.

Through the following chapters, Seigel carefully traces the evolution of the pregnancy manual from early twentieth-century tomes that authoritatively instructed readers to unquestioningly turn their pregnancy management over to doctors, through to those of the women’s health movement that encouraged readers to engage more critically with their care, to today’s online resources, blogs, and message boards that often serve commercial interests as much as the mother’s. Historians, sociologists, and health researchers will all encounter relevant and convincing content – with examples from early guides often appearing quite startling to the reader of today. The rhetorical analysis allows Seigel to generously detail the examples and show her knowledge of the literature, adding depth to her argument and encouraging the reader to engage more critically with medical content. If there is one suggestion for improvement, it would only be to strengthen the rhetorical analysis further with an improved use of quantitative data. Overall though, this is a book not to be missed for readers of gender studies and sociology.

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