

Do you see what I see?

*Katie Dow, October '17*



'...no image dangles in a cultural void, just as no fetus floats in a space capsule' - Rosalind Pollack Petchesky, 'Fetal Images', p.287

I am lying on a hospital bed, fully clothed except that my top is pulled up and some paper towels are tucked into the waistband of my jeans. My belly is covered in gel – a surprising amount of it, it turns out, when I come to wipe it off later and notice that every time I think I've got it all and pat my belly, there's a little of the slimy residue on my hands. At my feet, on the opposite wall, is a screen showing a grainy black and white image.

I've done this three times now. The third time wasn't on the schedule, but was deemed necessary to satisfactorily complete the measurements of the foetus growing inside me. In the UK, in the NHS system, two ultrasound scans are offered, at around 12 weeks and 20 weeks gestation in a 'low risk' pregnancy. Both are described from the medical point of view as diagnostic tools. They are looking for absences and presences, but also for normality and abnormality. The earlier one is largely a 'dating scan'. At this stage in pregnancy, foetuses grow at such a uniform rate that the numbers of days since conception can be gauged to the day by measuring the image on the ultrasound screen. This allows for a more accurate reckoning of the due date, though it is well known that babies are rarely born on the exact day they are due. It is also used to measure the nuchal fold, at the back of the foetus' neck, which is an indicator of any potential abnormalities at this relatively early stage of pregnancy.

I nearly did not have this first scan, as the original date offered was when I was due to be on holiday. When I rang to change it, I was told that they had a particularly high number of women needing scans the week before I left for my holiday (this scan has to be done within a specific timeframe to be most accurate) so it wasn't certain I'd be able to get a different appointment. My mind instantly fast-forwarded to my due date as I wondered if this meant it would also be unusually busy when I eventually gave birth. The administrator suggested that since I would be on holiday in Scotland I could see if I could get an ultrasound there, otherwise I might have to look into going private. She told me they were going to try and open up some more appointments and she would let me know if they managed to make a new appointment on a date I could make. Not having a great deal of faith that they would manage this in the infamously overstretched NHS, once I put the phone down, I started to search the internet first for ultrasound facilities in Glasgow, learning along the way that diagnostic ultrasound was pioneered in the city, and then for private scans. I reflected on my privileged position to be able to afford a private scan if necessary and my discomfort with the idea of going private at the first hurdle, though I also reasoned that if I did so it might free up an appointment for someone who could afford it less easily than me. As it turned out, the dilemma did not mature, as a new appointment at my local hospital was found.

The second scan, usually called an anatomy scan or an anomaly scan, is used to take thorough measurements of the developing foetus, which is now at the halfway stage of gestation, around the same time that many pregnant people experience the 'quickening' and only four weeks off medical viability. At this second scan the sonographer visualises the blood flow, any movements, the position of the placenta in the womb and records the size of the foetus' major organs. Depending on the view, they are also usually able to tell the 'gender' of the foetus.

Like the blood tests I was offered around the same time of the first scan, all these tests are optional, though I wonder what kind of response 'refusers' get from their medical teams. Indeed, so far, one of the main questions I have pondered through my experience of antenatal care is how I might be treated differently were I not a 'good' patient – i.e. 'low risk', informed but compliant, middle-class.

I never questioned that I would have these ultrasound scans and, in truth, I felt that having to have the third one was not a source of worry so much as excitement that I'd managed to wangle a bonus one. Before the second scan, I got impatient, wanting to 'see' my foetus again, but also to know its sex. But it turned out to be a little more elusive than I had expected. It was another one of those lessons about parenthood that crop up during pregnancy, like when the morning sickness kicked in on my birthday and I had to accept that the days of celebrating my own birthday without thought for a small new person in my life were over.

At the second scan, I lay once again on the trolley, the sonographer to my right and my partner sitting on a plastic chair to my left. As well as the screen on the ultrasound machine, which the sonographer viewed, there was a flat-screen television on the wall opposite us, which reproduced what the sonographer saw on her machine. At none of the scans was I asked whether I wanted to see the screen, it was always just on. This time, there was also an auditory accompaniment, as

the sonographer had gospel music playing through the speakers of the computer that was adjacent to the ultrasound machine.

As she started the scan, an image flickered into life on the screen – a neat row of white lines that I guessed to be the foetus' spine. I realised straight away that this was probably not a conducive view for the purposes of the scan and said, 'oh dear, that doesn't look like a very helpful position'. 'Baby's just comfortable', replied the sonographer calmly, though it felt to me, with my burgeoning sense of maternal responsibility, a gentle admonishment not to criticise this future child of mine. As she persevered through the scan, trying the transducer at different angles to get what organs she could into view, she routinely referred to the foetus as 'Baby', at one point remarking, as we saw the silhouette of the foetus' head loom into view and then even caught a brief glimpse of its face, 'Baby's looking at Dad'. Of course, Baby couldn't be looking at Dad, because ultrasound is a one-way view and anyway, a twenty-week foetus doesn't open its eyes. I meanwhile thought to myself that the hint of the face I had seen, especially the mouth, reminded me of my partner's and wondered if this future baby would look like its father, or me, or some combination of us two.

Through about half an hour of scanning, the sonographer managed to get most of the measurements she was looking for, skilfully identifying the stomach and kidneys, looking at the shape of the skull and trying to spot a penis in an attempt to determine the sex. The heart had however proved most elusive, so she asked me to get up and touch my toes ten times in an attempt to persuade the foetus to shift position. I did this, feeling utterly ridiculous, not least because of the gospel soundtrack that was still going strong in the background. When I had finished, as the sonographer continued to type up her notes, she asked me to do some twists. I wasn't entirely sure what she meant by this, but twisted my upper body around from (what was once) my waist, still holding up my top because of the gel on my belly, exchanging looks with my equally bemused partner, until she had finished typing and I got back onto the bed. When she resumed the scan, it turned out that the foetus had moved around, just enough for a slightly better view from my perspective, by which I mean a more comprehensible one, but still not quite enough for the sonographer to properly visualise the heart, though she tried a number of times. Eventually she admitted defeat and said I would need to come back for another go. Knowing that we would like to know the sex, she said, 'I would say it's probably a girl, as I can't see a penis, but the legs were closed, so I'm not sure. I would usually write "female" in my notes, but I'm not sure enough this time.'

The fact that it was the foetus' heart that had proved most elusive had a slight poignancy, since my partner was hospitalised with a (non-hereditary) heart condition less than a year ago, yet, since I had my first scan and the results of the screening blood tests proved negative, I have felt very calm about the prospect of any foetal abnormalities, so I wasn't really worried that there was something 'wrong' with the heart, or indeed the foetus more generally. No doubt this sense was reinforced by the fact that, at my first scan, when I had thought the foetus would still be so tiny and, frankly, blobby, that its organs would be indiscernible, the sonographer had shown me the heart, blood flow (lit up in red and blue on the screen) and even played me the sound of the heartbeat. With hindsight, perhaps it was the surprising clarity of that first scan, which I attended on my own, that made me disappointed that the second one was so indistinct – for myself, and for my partner, whom I had wanted to share in the wonder I had felt at the first one. The impression that I had come away with from that first scan was, 'but it looks like a little human!' I wanted to feel that again, and perhaps even to go up a gear to, 'but s/he looks like a little baby!'

A little baby isn't really what I saw at that second scan, or the third, though that turned out to be much clearer and the third sonographer was able to complete the diagnosis that this foetus has 'no obvious gross fetal abnormalities', as she put it in my notes, and to suggest that she thought it probably was a girl as she couldn't see 'any boy bits'. What I saw was a shifting, mercurial series of black and white images that I understood, because of other similar images I have seen before, to be a foetus, a potential baby. In particular, I find it very difficult to reconcile the size of the ultrasound image on the screen in the clinic room with the size of my still quite modest 'bump' or the likely weight of my foetus at this particular stage, which, according to the apps on my phone, is currently equivalent to a large courgette. Between my second and third scan, we met up with some friends, who revealed they are due to have a baby just a couple of weeks after ours is due. Because of an administrative snafu at their hospital, they missed their 20-week scan and instead went to a private one, which offered 3D imaging, which is not available through the NHS. They

showed us an image from the 3D scan on their phones and I thought, a little impolitely, that although it gave a new sense of dimension compared to the ultrasound images we had had of our foetus, it didn't really look all that much more like a baby. Somehow seeing 'more' didn't equate to seeing a baby – at least, not yet.

Rosalind Petchesky's iconoclastic yet iconic article 'Fetal Images', published in *Feminist Studies* in 1987, is remarkable for the balance it achieves between critically analysing the use to which foetal imagery is put by the 'pro-life' lobby against the reality that we never interpret imagery or technologies outside of a certain context, whether that be individual circumstances, cultural meanings or social norms. Petchesky is under no illusions about the power of ultrasound imagery, as her coruscating analysis of the film *The Silent Screamin* the article makes clear, but she is also careful to question the dogma of some early feminist readings of ultrasound and other reproductive technologies, which, 'portray women as the perennial victims of an omnivorous male plot to take over their reproductive capacities', as she puts it (1987: 279). In fact, she notes, many women – at least those with planned or wanted pregnancies – find ultrasound empowering. In this, she reminds us of one of the important lessons of cultural analysis, that images in themselves have no meaning – meanings can only ever come from those viewing them and what they see will be determined by their relationship to what it being viewed and the context in which they are viewing it. This point has become all the clearer to me now that I have a foetus growing inside me. My reproductive politics haven't changed – as other pro-choice activists have remarked, being pregnant can make you all the more sympathetic to women who want to end their pregnancies, because the thought of being forced to experience the negative symptoms of pregnancy when you don't even want to be pregnant is horrific – but my embodied experience certainly has.

Although focused on the imagery of ultrasound (which is usually presented silently), Petchesky notes the interplay between visual and verbal narratives in *The Silent Scream*. Similarly, I have experienced some uncertainty in my encounters with medical staff about how to refer to the foetus growing inside me. I feel an implicit expectation to call it 'the baby' or 'my baby' when discussing my pregnancy with a midwife or sonographer. But to me, it is not denigrating to call it a foetus (or, for that matter, 'it', while we are still unsure of its sex), nor does it imply a lack of care or concern for this creature that will eventually become my child. Having recently reached the point of medical viability (which coincides, in this country, with the time limit on abortion), I have started to shift towards calling it a baby, though I do so while keeping in mind that it isn't quite that, yet. Still, as time slides me towards the third trimester, it makes an increasing amount of sense to think of this human thing inside me in that way. So, to me, the ultrasound images of the foetus inside me are not quite a baby. Instead, they represent the promise that, in around four months time, I will have one. I am glad that ultrasound exists, that I can have this glimpse of my future child, but it doesn't tell me all that much more than squeezing a wrapped gift would. I don't know whether the child will have blue or brown eyes, at what age it will sleep through the night or what its favourite foods will be. I am lucky – and privileged – that my experience with ultrasound has been one of relative empowerment, especially when I think about the comparison with the women described in Tine Gammeltoft's ethnography of ultrasound as a selective reproductive technology in Vietnam. There, it seems that any slight indication of abnormality is treated as a potential disaster and strong grounds for abortion. Here, by contrast, I occasionally wonder if the medical system is overly blasé about my case just because I tick the 'low risk' boxes.

Rosalind Petchesky was writing at a time when the ultrasound imagery that flowed in public was anonymous (itself a symptom of the problematic abstraction of foetuses from their mothers' wombs that 'pro-life' campaigning often engenders) and private ultrasound images might circulate through hard copies displayed in a physical photo album. Now, we see our friends' and family members' ultrasound pictures pop up in social media timelines. I haven't felt moved to do this myself. As this blog attests, I prefer to share personal information in written rather than visual form. And, I can't help but think that sharing what is, from another point of view, a picture of my uterus, is rather too intimate for public consumption. Having said this, I have shared the pictures with close family and the original is stuck up on the fridge in my home. I think seeing the image regularly, in a routine domestic setting, is good preparation for parenthood. For me, it is simply a visual reminder of the fact that there will, presumably, soon be a baby in this home – nothing more certain than that.

## References

Gammeltoft, T. 2014. *Haunting Images: A Cultural Account of Selective Reproduction in Vietnam*. University of California Press.

Petchesky, R.P. 1987. 'Fetal Images: The Power of Visual Culture in the Politics of Reproduction'. *Feminist Studies* 13(2): 263-292