

Browne, Victoria. *Pregnancy Without Birth: A Feminist Philosophy of Miscarriage*. Bloomsbury Publishing 2022. 232 pp. \$125.00 USD (Hardcover 9781350279681); \$37.50 USD (Paperback 9781350279698).

The recent Supreme Court ruling overturning *Roe v. Wade* emphasized the ever-present codification of women's bodies in both domestic and political spheres. Abortion has been a central focus of women's rights movements and feminist critiques on the state and reproductive rights. While the space abortion holds in the conversation is essential, other aspects of pregnancy are often ignored, creating silences where otherwise salient voices are present. This is unfortunate as pregnancy is a complicated and multifaceted process that should be widely explored to incorporate and represent diverse experiences. Reflecting on the myriad of ventures and experiences liberates us from socially sanctioned and harmful binaries. Victoria Browne offers a well-researched and persuasive philosophical argument concerning the need to extend the conversation of pregnancy, motherhood, and choice to include the act and process of a miscarriage. Browne draws from personal testimony, feminist philosophy of pregnancy, and legal studies to explore how miscarriage disrupts normative reproductive temporalities and opens a pathway towards alternative ways of being.

Pregnancy Without Birth: A Feminist Philosophy of Miscarriage is a timely intervention in feminist studies and the feminist philosophy of pregnancy. Browne immediately notes a foundational misunderstanding in pregnancy studies, which assumes that the birth of a non-disabled child is each pregnancy's ultimate and desired goal. This presumption often leads to the narrow framing of other pregnancy experiences that do not lead to birth or do not occur within sociopolitical norms, causing psychological and social tension. Two main concepts introduced early in the book lay the groundwork for the type of experiences Browne utilizes when thinking and theorizing about miscarriage. The first is the idea of stratified reproduction, which 'is a concept widely used within feminist theory to describe the 'power relations by which some categories of people are empowered to nurture and reproduce, while others are disempowered'(7). This concept underlies the alternative ways that pregnancy is received based on the status of the pregnant woman. Numerous studies have illustrated the adverse incidents that non-white, non-abled-bodied women face when pregnant, reflecting racist and ableist myths concerning their bodies and intentions. Stratified reproduction also influences the lens through which miscarriages are interpreted.

The second concept key to this work is Lauren Berlant's term 'fetal motherhood,' which refers to 'the way that the fetus is presented in advance as a separate individual, and the pregnant person as 'already a mother embarked on a life trajectory of mothering' (1994:148). According to this logic, the pregnant person is expected to 'act like a mother' to the fetus, but at the same time is effectively made a 'child to the fetus,' through the de-legitimation of their agency and identity as they become 'more minor and less politically represented than the fetus' (6). The idea of fetal motherhood is also intricately tied to stratified reproduction and reactions to miscarriage. Women who are socially marked as deviant are more likely to be policed on how much they can 'act like a mother' and their ability to cater entirely to their fetus. These ideas impact the framing and lessons from each chapter.



The first chapter navigates the theme of failure, and how those experiencing miscarriages are left in turmoil, battling feelings of bodily failure and the inability to meet sociopolitical expectations of pregnancy. Those who experience miscarriages may often wonder if their bodies are biologically sound. This feeling of failure can also become institutionally dangerous, intersecting with racist, sexist, and classist ideals that seek to blame women or monitor their actions and bodies as being contrary to the fetus' wellbeing. Medical terminology surrounding miscarriage is also wrapped in a language of inadequacy and failure, using terminology like abnormality or incompetence to describe the body. Therefore, a miscarriage can feel like a failure on multiple levels, causing unnecessary distress and bodily blame.

The second chapter investigates the notion of control. How do miscarriages disrupt the idea of control over pregnancy and a chronological timeline? Some may think that their body made the correct executive decision to protect itself, while others may feel at odds with their body, creating new conversations surrounding agency. Can the pregnant subject inhabit a space of agency and restriction in a way that does not reflect patriarchal ideologies? How we interpret the unexpected but natural biological event of miscarriage reflects the institutional forms of sociopolitical control paramount in pregnancy. This chapter on control builds on the previous chapter concerning failure, as the pregnant person is supposed to be both in control and controlled to have a successful pregnancy. Therefore, when a miscarriage occurs, the pregnant woman may receive blame for not being in control of their behavior or urges, causing the miscarriage and becoming an adversary to the process.

The third chapter explores ambiguity. Conversations surrounding miscarriage are often awkward. Social scripts demand that one extend words of comfort and reassurance, imbuing expectations for another attempt with more successful results. However, Browne seeks to challenge us to use this ambiguous space 'as a generative pause: an opening in which to work through and sit with the complex realities of pregnant embodiment that pregnant/miscarrying/unpregnant people themselves inhabit and negotiate as a matter of everyday existence' (79). Often, to be more caring to women who have miscarried, specific phrases and acts of care lean on anti-abortion ideologies that label and personify fetuses as babies or that label miscarriages as entirely negative. This does not mean that those who miscarry should not identify a fetus as their child or baby, but simply that experience and reaction is not felt across all women, nor is it comforting. Pregnant women must be given the space within that ambiguity to reflect their experiences and feelings.

The fourth chapter examines pregnancy time and the feeling of suspension. Pregnancy's physical and social prescriptions suspend one in the time and space of 'not-mother.' In this space, the woman is becoming a mother and, therefore, physically changing and socially being transformed to inhabit the position of motherhood but still not yet a mother. Normative depictions of pregnancy view pregnancy time linearly with the expected result that one fully transitions into becoming an overjoyed mother and giving birth to a non-disabled baby. Therefore, miscarriage in pregnancy time is viewed as an abrupt and violent end to a natural and expected progression. To combat this, Browne suggests we suspend the future to experience pregnancy in the present, eliminating the assumption that birth is certain and the sole result of partaking in pregnancy. This radical manner of engaging with

pregnancy can also challenge the ableist tendencies that arise in different stages of pregnancy and pregnancy evaluations.

The book's last chapter focuses on solidarity and is truly the foundational plea of the book. Solidarity in the massiveness of pregnancy is needed. Without it, too many narratives and experiences are silenced and subjected to additional tension and turmoil. Pregnancy is a vast and complicated phenomenon, yielding different reactions and emotions through its participants, and ought not to be reduced to linear models and binary results. The need for solidarity becomes magnified when contemplating the elements of racism, sexism, and classism that influence women's pregnancies and seek to regulate the body into a prescribed mode of being.

The Supreme Court ruling overturning *Roe v. Wade* has brought abortion discourse to the national forefront. Still, even before the verdict, conversations about abortion rights and access took up room in feminist literature and spaces concerned with women's reproductive rights. While this is understandable and needed, Browne makes a convincing argument for why miscarriage should be included in the conversation to a greater degree and how including miscarriage can reform our understanding of pregnancy. This argument is salient because it is accurate that pregnancy has been defined in quite binary and linear terms rooted in ableism. However, strictness and control go against the very experience of pregnancy, which is expansive and unpredictable. To be held down by the ableist notion that each pregnancy must conclude in the birth of a non-disabled baby rejects and, at times, criminalizes a substantial part of pregnancy results found across women.

Rethinking miscarriage and pregnancy is a practice needed to enable our reimagining of other social structures and events limited by repressive expectations. By investigating the diversity within miscarriage, Browne provides tools to combat assumptions concerning pregnancy, promoting greater solidarity across individuals and challenging other unhelpful norms. Although infused with complex theoretical ideas and extensively referenced, this text is still suitable for most readers. In the text, Browne includes personal accounts that help to embody those theoretical concepts within individual experiences. Browne challenges readers to consider the alternative experiences of pregnant women in ways that fall outside the socialized norm to transform the sociopolitical framing of miscarriage and pregnancy.

Ruth Okonkwo, University of Cambridge