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Locating the foetal subject: uncertain entities and foetal viability in accounts of first-time pregnancy

Introduction

This article draws on qualitative research taking place in Scotland, to explore women's accounts of the foetuses within them over the course of pregnancy. Since the 1980s, a flourishing body of work has explored the social meanings attached to foetal entities in Euro-American cultures, and outlined how these beings have come to be conceptualised as 'babies' whilst in utero. In the UK today, these understandings are evident in the opportunities available to pregnant women and their families to form relationships with their babies prenatally, through commercially available bonding scans (Roberts et al., 2015), or through talking, reading and singing to "the bump" as recommended in antenatal health advice (Department of Health, 2009: 23). Some authors argue that depictions of foetuses in terms of a 'precious' child (Lupton, 2012) have been key to the portrayal of the pregnant body as at risk. This positioning is associated with the regular monitoring of women throughout gestation (Lupton, 1999), and advice placing restrictions on women's prenatal behaviours (Lyerly et al., 2009). Societal understandings of foetal entities as autonomous subjects thus have important implications for women, in terms of the regulation of their bodies, behaviours, and reproductive freedoms (Petchesky, 1987, Roberts, 2012a).

In a bid to destabilise visions of a 'foetal subject' imbued with personhood, authors have demonstrated the cultural specificity of this entity, through explorations of pregnancy and pregnancy loss in non-industrialised cultures (Cecil, 1996, Conklin and Morgan, 1996). This work often juxtaposes relational imaginings of personhood,

whereby persons are created and sustained through social processes, with the individualistic orientation of Euro-American culture, where personhood is ascribed based on biological markers of development (Conklin and Morgan, 1996). Historical studies have also troubled contemporary understandings of foetal entities. Morgan's (2009) research demonstrates that embryo modelling and collecting in the mid-twentieth century played a central role in conceptualisation of foetuses as autonomous and precious beings. Entwined with the societal adoption of an embryological view of human development, which sees (physiological) human life as beginning at conception and proceeding in a sequence of predictable steps, embryo collections and their display helped to cement these entities as 'icons' of human life.

Today the embryological view of human development is firmly established as a biological 'fact' (Morgan, 2009: 8). The categorisation of early human development in terms of stages of growth is invoked in law, exemplified by use of the concept of 'viability' to denote a critical stage in pregnancy (Franklin, 1991: 198). In the UK the point of foetal viability, the earliest stage at which the foetus may be able to survive if born prematurely (Cunningham et al., 2009), is reached at 24 weeks gestation (Royal College of Obstetricians and Gynaecologists, 2011). This is drawn upon in abortion legislation, denoting the upper limit for abortion in the UK excluding Northern Ireland[i]. In practice, however, providers of abortion engage variably with this threshold, with some refusing to perform abortions involving 'nearly viable' foetuses (Beynon-Jones, 2012: 63). Viability is also invoked in neonatal care, as the point at which medical intervention may be offered in very premature births. However, an ongoing negotiation of viability has been shown to take place in neonatal wards, through efforts to delay birth to a more 'viable' stage, and re-assessments of

gestational age for neonates born at the threshold of viability (Christoffersen-Deb, 2012). Foetal viability, then, is a contested concept in terms of legislation and medical decision-making. Though presented as a biological capability, in practice this is determined by medical technologies and expertise. Indeed, as these become more sophisticated, it is likely that the concept will become reconfigured in new ways.

Research and critique troubling contemporary conceptualisations of foetal subjects has thus sought to undermine the concepts and categories used to make sense of foetal development, often presented as biological 'facts'. Complicating depictions of foetuses as autonomous, individualised beings has enabled feminist authors in particular to trouble cultural assumptions regarding motherhood and womanhood, which often underlie restrictions placed upon women's reproductive freedoms (Morgan and Michaels, 1999). How this literature has engaged with the emergence and endurance of foetal subjects is explored further below.

The foetal subject

Though work has begun to consider alternative technological means of knowing the foetus, including the foetal heartbeat monitor (Howes-Mischel, 2016), feminist literature has overwhelmingly focused on foetal imagery as key to conceptualisations of foetal entities as persons. Much of this work focuses on obstetric ultrasound scanning (for a detailed review of debates in this area see Roberts, 2012a). This procedure is now a routine feature of pregnancy within the UK, including Scotland, where women are offered two ultrasound scans as part of their routine antenatal care (NHS Health Scotland, 2014, Public Health England, 2014). Petchesky's (1987)

seminal article describes that through foetal imaging, foetal entities are "removed from the pregnant woman's body, as though suspended in space" (1987: 70), offering the viewer a seemingly autonomous foetus, severed from the body on which it depends (see also Rothman, 1988). Images of foetal entities are so powerful, Draper (2002) argues, because of a privileging of visual ways of knowing in European and North American cultures, where imaging techniques are seen to represent neutral and 'objective' ways of knowing, providing "mirror images of the real" (Joyce, 2005: 457, Petchesky, 1987). Beyond the medical domain, authors have explored the configuration of foetuses as persons through foetal photography (Stabile, 1992), and in the use of foetal images for commercial purposes (Taylor, 2000). Morgan (2011) argues that with these representations now (re-)appropriated across a variety of realms, including biomedicine and entertainment, such imagery overwhelms alternative ways of conceptualising foetal bodies.

It is argued that technological means of accessing foetal entities have negative implications for women's experiences of pregnancy. Duden (1992) describes how, in the wake of its medical management, a woman's embodied knowledge of her pregnancy and the entity within has become devalued. Following the introduction of routine obstetric ultrasound, she writes, it is no longer necessary for providers of antenatal care to ask women about their bodily experiences of gestation (1992: 343). Rothman argues that pregnant women themselves have also come to know their own bodies and foetal entities through technologies, with ultrasound images perceived as "more real than the foetus within" (Rothman 1988: 114). These experiences have been amplified with the introduction of 3/4D imaging to private ultrasound clinics in

the UK, which allows for more detailed visualisation of foetal entities, including facial expressions (Roberts, 2012b, Thomas, 2015).

Though authors taking a feminist stance have largely associated technological intervention with the emergence of foetal personhood in contemporary society, some have pointed to the potential for medical practices to *destabilise* the notion of the foetal subject. Casper's (1994) work considers how foetal entities are variously configured within different medical contexts. Taking the example of foetal surgery, she describes how foetuses, through the practices of foetal surgeons, come to be situated as patients, and thus as persons. This contrasts with the positioning of foetal entities in foetal tissue research. In order to carry out physiological research on this tissue, foetal remains are represented as a research tool and therapeutic technology, "devoid of human social attributes" but simultaneously portrayed as biologically human (1994: 317, see also Williams et al., 2001). In highlighting the diverse constructions and heterogeneous means through which foetal entities are configured in medical and scientific practice, and varying extents to which meanings of humanity are operationalised in these two contexts, Casper sees these beings as positioned at the *margins* of humanity, rather than as either human or non-human. She thus calls for analytical frameworks that allow for a "broad range of possible identities" in sociological engagements with foetuses and pregnant women (1994: 318).

This blurring of boundaries between understandings of foetal entities as either human or non-human accords with Morgan's (1996) call two decades ago for feminist discussions of foetal entities to move beyond talk of 'the foetus' in terms of a monolithic entity. This, she argued, risks benefitting those who gain from the

reification of foetal persons (Morgan 1996: 61). Instead, Morgan contended that focus must turn to the social practices and contexts through and within which foetal entities are experienced (1996: 64). As explored above, some of these social practices have been considered, with a large amount of work focusing on women's experiences of obstetric ultrasound. However, for the majority of women, much of the nine months of pregnancy take place away from these forms of technological intervention, with experiences of foetal entities only (directly) accessible to women themselves.

Increasingly, work attending to women's everyday experiences of gestation has pointed not to the presence of a singular being understood as 'a foetus', but to feelings of ambiguity and doubt with regards foetal entities, which may vary over time. For example, Nash has noted the difficulties women may have in coming to terms with the fact that there is a living being within their body, particularly during the early stages of gestation, when physical signs of a pregnancy are largely absent (Nash, 2012). Schmied and Lupton (2001) also point to the ambiguities of pregnancy, highlighting that many of their interviewees were unable to articulate their experiences of foetuses in utero. Participants described a sense of the entity within as being both separate from and a part of their bodies, fluctuating throughout pregnancy.

This article adds to this work, drawing on qualitative interviews with women experiencing pregnancy for the first time. I present women's descriptions of uncertainty with regard to their pregnant status, and of ambiguity surrounding foetal entities. For these interviewees, experiences of the foetal entities within were characterised by fluidity, with a multitude of events and sensations contributing to the presencing of 'a' foetal entity, but which could equally render this as uncertain or

even absent. I explore women's encounters with obstetric technologies and medical framings of pregnancy, and outline how, despite its uneven and contingent position in medical and legal domains, the concept of foetal viability represented an important milestone in participants' accounts. This, however, was in the context of embodied ways of knowing, which remained powerful despite technological intervention.

Methods

This article draws on data from 46 semi-structured longitudinal interviews, conducted in Scotland as part of a study exploring 15 women's experiences of their first full-term pregnancy. Ethical approval for these interviews was granted in November 2012, by the University of Edinburgh Centre for Population Health Sciences Research Ethics Committee.

My research questions initially set out to explore women's accounts of maternal-foetal bonding over time. This concept is used to describe the emotional attachment that a woman develops prenatally to a 'future child' (Lumley, 1990). I anticipated that this would be best explored by gathering women's first-hand reflections on pregnancy. Semi-structured interviews were an appropriate method, allowing me to loosely guide women's accounts in accordance with my research questions, but also allow them space to reflect and expand on interview questions, and introduce unexpected issues to our encounters. I did not supplement these with observations of specific antenatal appointments due to my reluctance to reify particular encounters or technologies as a result of the research process.

To enable discussion of change as shaped by engagement with health professionals and technologies, it was important that I conducted these interviews multiple times over the course of gestation, and that I first conducted interviews in the early stages of pregnancy. I sought to interview women three times, with the first interview taking place before their twelfth week of pregnancy. This would allow me to initially explore women's experiences in the absence of routine contact with medical technologies. For similar reasons, I did not interview women experiencing a second or subsequent pregnancy. However, those who had been pregnant in the past, but not carried to term, were included in the study.

Recruitment

Because research has reported that women may be reluctant to share news of their pregnancy with others until the second trimester (Layne, 2003, Renner et al., 2000, Ross, 2012), I recruited participants online, allowing women to maintain anonymity when gathering information about my research. I used pregnancy themed message boards on websites such as netmums.com and mumsnet.com (with permission from website administrators), and posted details about my research on the homepage of a local pregnancy and parenting charity. Recruitment took place between November 2012 and April 2013. With reference to existing literature regarding sample sizes in qualitative research (Mason, 2010, Ritchie et al., 2003), I settled upon a target of approximately 15 participants to interview within the time-frame of a doctoral project, allowing time for transcription and analysis. Following the recruitment period, 15 women participated in the study. Whilst I had been in contact with two further women to arrange a meeting, these did not come to fruition. For one respondent, the pregnancy was not her first, and for the second, contact did not continue after her

initial email and my response. With one exception, a participant who gave birth before 34 weeks, interviewees attended all three interviews. Four were conducted with my first two participants, to refine the time-points at which subsequent interviews would take place.

All interviewees had male partners, and all were educated to undergraduate degree level or above. Ten women were born in the UK, two were from elsewhere in the European Union, two were from the United States and one was born in Northern Africa. Women ranged from 26-38 years of age. That this sample was not diverse in terms of sexuality, ethnicity and level of education is likely attributable to the use of online methods as a means of recruitment, with online forums and parenting websites mainly used by white, middle-class heterosexual women (Pedersen and Smithson, 2013). This of course shaped the structure of and issues described in interviews. Participants were familiar with what was expected of them within an interview setting, and the majority gave lengthy narratives of their experiences.

Perhaps due to their high levels of literacy (with pregnancy being no exception (see also Han, 2013)), embodied and emotional descriptions were peppered with medical terminology, and physiological explanations of the changes occurring within their bodies. This language may not be heard in encounters with those lacking access to similar resources, whether due to location, income, language or literacy barriers. For this study, diversity as a goal of recruitment was sacrificed in order to first interview women in the early stages of pregnancy, necessitating the use of online methods. Future work could aim to address a wider breadth of experiences. This may include seeking permission to recruit pregnant women from a clinic setting in socioeconomically

diverse areas of Scottish cities, or by forming contacts with women's groups in these regions.

Interviews

First interviews occurred at between 8-12 weeks pregnant. This was to enable discussion of women's experiences in the absence of visual confirmation of their pregnancy. I wanted to explore how women came to 'know' that they were pregnant, and their accounts of the entity within in the absence of visible signs of a pregnancy. Second interviews took place at between 19-20 weeks pregnant, shortly before the second routine scan. This time-point was determined following exploratory interviews with my first two interviewees. At this stage of pregnancy, the experience of the first routine scan remained significant, but women had also begun to experience more tangible bodily signs of pregnancy, such as changes to their weight and hair growth. Importantly, this was also a period at which women are advised that they may first begin to feel foetal movements (at between 17-20 weeks (NHS Health Scotland, 2012)), and interviews conducted at this time were able to capture these (often uncertain) accounts.

Third interviews took place at 34-36 weeks pregnant, to allow for discussion of ways of knowing about the pregnancy beyond the ultrasound scan. This included foetal movement, and the midwife's manual assessment of the foetal position, which takes place at this time (NHS Quality Improvement Scotland, 2009). I was conscious that conducting interviews any later than 36 weeks may result in women departing from the study due to the onset of labour, with 37 weeks gestation denoting a 'full-term' pregnancy (NHS Choices, 2015). Interviews lasted between 45-80 minutes and were

transcribed verbatim. Pseudonyms were assigned immediately after the first interview, and are used below.

The topic guides used in interviews explored contact with medical professionals and technologies, embodied knowledge, sharing experiences of pregnancy with others, and reflection on (future) changes provoked by pregnancy. I altered these to account for different antenatal appointments and bodily transformations over the course of gestation. Terminology was of ethical and methodological concern. As described above, some literature has suggested that women's experiences of foetal entities may be ambiguous or indescribable. I wanted to allow space for these narratives in interviews, and as such did not presume that the biological entity of 'a foetus' pre-existed women's accounts. In interviews, I chose to reflect back the terms women themselves used to describe these experiences, if heard at all. These included 'it', 'embryo', 'baby' and 'he' or 'she', and varied between participants (for example, if women had knowledge of the foetal sex), but also within single interviews. This approach is reflected in this article, where I use the term 'foetal entity'. This encompasses multiple understandings of the biological entity necessarily present within women to provoke a pregnancy, but which women themselves may experience as shifting between reality and the imaginary, presence and absence.

The decision not to introduce discussion of 'a foetus' myself may have contributed to the need to change my research focus following interviews with women before their twelfth week of pregnancy. During this time, the foetus with which women are said to 'bond' in discourses of maternal-foetal bonding was absent from discussions, or experienced as 'abstract' or 'unreal'. I thus moved my research focus away from the

notion of bonding, to the broader research aim of exploring women's conceptualisations of the foetal entities over the course of pregnancy.

Analysis

Following completion of the 46 interviews, I commenced analysis as a distinct stage. A priority was to ensure that women's longitudinal narratives of their pregnancy remained intact, and at the forefront of my analysis. I was wary of dividing women's stories into themes too quickly, and thus adopted an approach inspired by Mauthner and Doucet's (1998) reformulation of the Voice Centred Relational Method (Brown and Gilligan, 1992). This method is rooted in feminist relational theory, which views persons as embedded within a complex web of intimate and wider social relations. The method privileges the voice of the participant, whilst acknowledging the role of the researcher in creating and interpreting research data (Mauthner and Doucet, 1998). Focus on the voice of participants is maintained by conducting several readings of each transcript. My method involved three readings, the first focusing on each woman's story of their pregnancy, the second on their conceptualisations of the entities within, and a third on the contexts in which their pregnancies took place. Different coloured pens were used to mark relevant aspects of the transcripts. During readings, I made timelines to document significant events (according to my interpretation) within each woman's narrative.

Using these resources I developed a case study for each participant, outlining her account of pregnancy, and making comparisons with other interviewees and existing literature to develop key themes. This process led to the data as a whole being conceptualised chronologically. Time was an important aspect of interviewees'

narratives, with ‘milestones’ frequently discussed. Risk, uncertainty, and ambiguity were key themes, which shifted over the course of each woman’s set of interviews. The data reported below draw on some of these themes, with the notion of foetal viability highlighted by many as a key milestone within their pregnancy.

Findings

Uncertain pregnancies and ambiguous entities

Uncertainty was a significant theme arising during the first round of interviews, which took place during the first trimester. Throughout these encounters most participants described doubt as to whether they were (still) pregnant. This was discussed in several ways. Firstly, the majority of women questioned the veracity of their initial positive pregnancy test. All but one participant performed one or more further tests, and/or expected a confirmatory test from their general practitioner (GP). For all but two women, this was not offered. Though having obtained at least one positive pregnancy test, most interviewees articulated that this was not enough to confirm their pregnant status. Eve explained:

> I still feel, like I’ve only ever had one pregnancy test that, like, is that for real? Sometimes I still think ‘is it for real?’. (Eve, 9 weeks pregnant)

Leila thought that this may be resolved by taking an additional test:

> I’m quite tempted to do another one. Just because of this, you’re kind of in this limbo period until the scan, you don’t really know. Like I said, [the pregnancy] is just, maybe psychological. (Leila, 11 weeks pregnant)

For many participants, an absence of familiar bodily signs of gestation at this early stage contributed to their inability to firmly ascertain their pregnant status. Leila anticipated that this would be resolved by visual confirmation of the pregnancy during the first routine ultrasound scan, as discussed in existing literature (Mitchell, 2001, Mitchell and Georges, 1998). At eleven weeks gestation, Beth described her experience of pregnancy as 'not quite real'. She was hesitant to firmly attribute subtle bodily changes such as nausea to a pregnancy, in the absence of palpable and more recognisable signs of pregnancy such as a 'bump'. This feeling was also described by Deborah:

> You just feel like you have like, you're diseased or something. A lot of the time you just feel ill. And because you, like I don't have a bump… my waist is definitely getting bigger. Um, but then I just think I've just been eating so much. (Deborah, 12 weeks pregnant)

Similar findings have been described by Nash (2012), whose work on body image during pregnancy described that for a group of women interviewed in Australia, "looking pregnant was critical for feeling properly pregnant" (2012: 312). During what she characterizes as an 'in-between' phase of pregnancy, Nash notes a disparity between the internal changes undergone by women, information about which they derived from biomedical and technological sources, and their physical or 'external' experiences, which for many were absent or uncertain during early gestation. Despite a positive pregnancy test, and like those in Nash's work, interviewees in this study seemed to occupy an 'in-between' state, between being pregnant and not pregnant.

Participants did not interpret the pregnancy test as providing 'authoritative' knowledge of their pregnancy, as authors critiquing the medicalisation of pregnancy have feared (Davis-Floyd, 1992), but instead demonstrated a complex and dynamic relationship between technological and experiential means of knowing. For women to 'be' pregnant required more than a technological indication of pregnancy (which was itself often prompted by bodily signs of pregnancy such as a late period), but also visible changes to women's corporeality, and expected physical symptoms such as nausea, the presence of which could shift from day-to-day or vary in severity. Whilst the expectation of such symptoms was undoubtedly informed by biomedical discourses surrounding pregnancy, narratives of pregnancy shared by family and friends also played a significant role. It is thus problematic to see medical and experiential knowledge of pregnancy in terms of two distinct and bounded sets of discourses and practices (Markens et al., 2010). Instead, we may view the various indicators of pregnancy described by women as shaping and shaped by each other. In the early stages of a first-time pregnancy, the unfamiliarity of these multi-faceted signs rendered women's experiences of early gestation as ambiguous and uncertain.

Uncertainty also arose from women's perceptions that during the first 12 weeks of pregnancy, they were at particular risk of a pregnancy loss. Many recounted statistics relating to rates of miscarriage in early pregnancy. This understanding had been gained from medical professionals and the reading materials they provided, but also from informal sources such as discussions with friends. Exemplifying this, Gail and Felicity considered that by the time we had met for our first interview, the pregnancy may have failed without her knowledge. This concern was also articulated by Nancy and Andrea, who both referred to such an experience as a 'missed miscarriage' (a pregnancy loss that occurs in the absence of pain or bleeding, often discovered during

an ultrasound scan (Frost et al., 2007)). Having had a scan at 6 weeks gestation (prompted by abdominal pain), Felicity explained:

> I am still aware that it's a risky period between 6 and 12 weeks, and it could have been lost during that time. (Felicity, 10 weeks pregnant)

There were some exceptions to these accounts of uncertainty regarding foetal entities. Sinead and Andrea had received ultrasound scans prior to their twelfth week of pregnancy prompted by light bleeding, and at times alluded to the presence of a foetal entity in our first interviews. Nancy also referenced a foetal presence. She had been listening regularly to the foetal heartbeat since the ninth week of her pregnancy, using an ultrasound Doppler machine purchased online. Nevertheless, all interviewees were mindful that success of the pregnancy was not guaranteed, particularly during the first trimester.

Echoing Rothman's concept of the 'tentative pregnancy', which suggests that in the context of undergoing amniocentesis, women are required to suspend attachments to the foetus within until 'after it is deemed worth keeping' (1988: 114), participants in this study engaged in emotion work (Hochschild, 1979). In Rothman's work, women described feeling stress and anxiety whilst waiting for the outcome of amniocentesis, a procedure which could lead to an abortion should the result indicate a foetal abnormality. In response to this, Rothman describes that her informants felt they must "keep a distance emotionally and pragmatically, from the baby" (1988: 103). Rothman's interviewees described managing their feelings by attempting to delay the acknowledgement of foetal movement, or postponing the announcement of their

pregnancy to others. Carter and Guittar (2014) show that women may also engage in emotion work in later pregnancy. In their work, women managed their emotions to cope with disappointment or a felt lack of control over the onset of labour, and also to cope with pain and discomfort.

In the study reported here, and reflecting their tentative engagement with early pregnancy, the emotion work described by interviewees largely focused on efforts to not get 'too excited' about the pregnancy and prospect of a future baby. Women in this study demonstrated this through their reluctance to purchase baby equipment or clothes, and by trying not to reflect too heavily on their future beyond pregnancy – an attitude described by Gail as 'let's see how it goes'. Further, all participants engaged with the convention of not disclosing the pregnancy to wider family and friends during the first 12 weeks of pregnancy (see Ross, 2015)

These tentative experiences of early pregnancy impacted upon women's conceptualisations of the foetuses within them. For example, during or prior to women's twelfth week of pregnancy, direct references to these entities were rare. Those interviewed found it difficult to describe what was happening within, and did not always do so in terms of a singular, animate being. Participants drew on terms including 'monster', balloon' and 'plant' to describe foetal entities. Julia described her experiences in particularly ambiguous terms:

> I don't feel like uh, I'm sharing my body with a person yet… [It's] something that, makes my tummy grow. Yeah something that… at the moment it's still quite like, embryonic. (Julia, 10 weeks pregnant)

Evident here is Julia's expectation that she perhaps should feel like she is 'sharing her body with a person', or that this will happen at a later stage of pregnancy. Her account demonstrates the assimilation of notions of the foetal subject, or foetal personhood, into women's narratives of pregnancy, even in the absence of such experiences. This was also present in Eve's description of the entity within her, when we met during her ninth week of pregnancy:

> I think when it starts to have, more defined features, I'll think of it more as like, a full person. Whereas, yeah, I guess the thing I think most to describe it is like an egg, where it's just, yeah there is life in there, but it's not like, defined yet. (Eve, 9 weeks pregnant)

Like Eve and Julia, in early discussions of foetal entities, most women described these in terms of their *potential* to become something to which they expected, in the future, to become emotionally attached. Understandings of foetal entities in similarly uncertain ways, including as 'possibilities', have been discussed by women in existing work on early miscarriage (Frost et al., 2007) and abortion (Gerber, 2002). Gerber's interviews with French women experiencing medical abortion found that participants referred to the focus of the procedure as an 'egg' ('l'oeuf'). Gerber interpreted women's use of a term representing unfertilised material, whilst simultaneously acknowledging their pregnant state, as encapsulating the ambiguity of early pregnancy. According to Gerber, her participants' use of the term 'egg' aided recognition that they were ending the pregnancy in its early stages, a time at which the entity within them viewed as distinct from that which would exist at a later stage of gestation. This was salient for the women she interviewed, who felt it preferable to

abort earlier rather than later in pregnancy. Although inhabiting a very different context from in Gerber's work, my participants also used ambiguous terminology in our initial interview. This, I suggest, relates to the emotion work undertaken by women, who were attempting to subdue excitement about a future baby should their pregnancy fail. Should they experience a miscarriage, it would not be a 'baby' that was lost, but as Gail described in her interview at 10 weeks pregnant, 'a failed attempt at conceiving'.

Andrea and Caroline explicitly linked the ambiguity of the foetal entity to their experiences of early pregnancy as tentative, and their hesitancy to take the success of the pregnancy for granted. The risk of a pregnancy loss was particularly salient for Andrea, who had experienced three miscarriages prior to our interview. When we met in her ninth week of pregnancy, she described maintaining an awareness that being pregnant did not guarantee that she would go on to have a baby. A similarly cautious acceptance of pregnancy continued into Caroline's second trimester. She described the difficulties of conceptualising a future baby in terms of 'worry':

> I do feel like it's real. But, I also feel, like I've still got this block that there's actually going to be a baby at the end of this… I don't know if it's connected with worry about, like not wanting to quite have faith that it's all gonna happen yet. (Caroline, 19 weeks pregnant)

Prior to visualising the ultrasound scan, or sensing foetal movements, the conceptualisation of foetal entities in ambiguous terms, or with reference to familiar objects such as an 'egg' or as 'embryonic', is indicative of the difficulties women had

in articulating the presence of a fixed being called ‘a foetus’, and the dislocation of the much described ‘foetal subject’ from these interviewees’ lived experiences. This accords with existing literature describing that women may be unable to reconcile the notion that there is another body within their own (Schmied and Lupton, 2001). We have seen that some of the participants in this study linked these ambiguous understandings to their experience of early pregnancy as uncertain or ‘tentative’. Most participants anticipated that the first routine ultrasound scan, due to take place at 12 weeks gestation, would confirm the pregnancy and provide reassurance of foetal wellbeing. Though as we shall see below, following engagements with ultrasound, uncertainty could remain.

Ultrasound: making it real?

In common with existing studies, interviews suggested that for most participants, viewing an ultrasound image of the entity within rendered the pregnancy a reality. Ingrid, echoing work describing the privileging of visual knowledge of pregnancy, explained ‘only when you see it you start to believe’. Reflecting contemporary ‘sociotechnical scripts’ (Beynon-Jones, 2015) of engagement with ultrasound technology, participants often referred to a ‘baby’ or ‘person’, and purposeful actions including ‘kicking’, ‘leaping’ and ‘stretching’. However, alternative conceptualisations were also present in women’s accounts. These were rooted in the occasional obscurity of images produced by ultrasound technology. Some participants were unable to reconcile what they saw with their expectations of an image resembling a ‘baby’. For Ingrid, this was due to difficulty seeing the image because of

its ‘tiny’ size (Ingrid). Others occasionally told of the ‘ghostly’ (Keira) or ‘alien’ (Nancy) nature of the images:

> The face looked very, a bit strange… everything is not in the exact position it’s supposed to be, it’s a bit alien like… but it’s on the way to becoming a proper human, like you can already see human features. (Julia, 19 weeks pregnant)

Here, Julia describes her first scan at 12 weeks, which took place outside the UK and allowed her to view some of the images in 3D. From her description, the foetal entity within is at first described ambiguously, but also in terms of its potential to become more fully ‘human’. The scan thus enabled an understanding of the foetus as ‘not yet human’, in addition to as a ‘baby’ or ‘child’ described by some participants and reflected in existing literature (Roberts, 2012b, Mitchell, 2001, Han, 2008).

Caroline suggested that the use of ultrasound technology did not unequivocally confirm the presence of a foetal entity *within* her body. Describing an incident where she interrupted the scan in order to visit the bathroom, Caroline explained:

> I had this weird feeling that the baby was still on the screen, like I’d left it, behind… like it’s still in the room, and I’m here, and I’m going to go back to it. (Caroline, 19 weeks pregnant)

Marisa similarly made reference to the potential for ultrasound technology to display a disembodied representation of the entity within, describing her 12 week scan as comparable to ‘watching a television programme’. Rothman notes the contradictions

inherent to the ultrasound procedure, asserting that despite the presentation of the foetus as detached from a woman's body, ultrasound scanning has come to be conceptualised as a moment not of separation, but of 'bonding' (1988: 114). Through ultrasound the opportunity to 'bond' is now extended beyond women, to fathers and other family members. Sandelowski (1994) points to the potentially damaging consequences of this for women's experiences of pregnancy, with now democratised access to the pregnant body challenging women's privileged knowledge of their pregnancies and the entities within. However, other work has shown that women may actively harness the disembodying potential of ultrasound. Teman's (2010) ethnography of surrogacy in Israel describes how the surrogates she interviewed deliberately conceptualised the image as outwith their bodies, to distance themselves from the foetus, and suspend the formation of 'emotional bonds' (2010: 78). Though troubling the social scripts of ultrasound, such debates nevertheless presuppose that women understand the image to signify a fixed and knowable foetus, to which they and their families are assumed to 'bond' (or not). The accounts of interviewees such as Julia and Caroline, in contrast, point to a much more fluid entity, both formed and not formed, and as both separate and connected.

Further indicative of the ebbs and flows experienced by participants over the course of pregnancy is the fact that although ultrasound did serve to confirm a foetal presence for the majority, this confirmation could be experienced as temporary. Uncertainty was vocalised by some in the weeks following the scan. Leila and Deborah described how, with the fading of their symptoms of morning sickness at around 15 weeks gestation, awareness of their pregnant status had begun to recede.

Gail also pointed to the temporary nature of the knowledge generated by ultrasound in her remarks on the presence of a foetal entity in the weeks following the scan:

> I was going to say it didn't really seem like there was a baby in there until [the scan], but it still doesn't seem like there's a baby in there... I'm convinced, they showed me, but that's about all. (Gail, 19 weeks pregnant)

Though existing literature has pointed to the ultrasound scan as reinforcing the reality of pregnancy for women (Georges, 1996), and as prompting an interpretation of the entity within as a baby or person (Mitchell, 2001), the accounts of women interviewed in this research allow for an alternative reading of ultrasound imagery. This technology could *contribute* to the ambiguity of the foetal entity within, by depicting this as a tiny or 'alien'-like being, or as disembodied. Further, the confirmatory power of ultrasound could be experienced as temporary. These findings resonate with those of Beynon-Jones (2015), whose exploration of ultrasound in the context of abortion found that women's accounts contradicted representations of ultrasound as shaping foetal personhood. Beynon-Jones shows that the meanings of ultrasound are socially situated, shaped by women's decisions to continue or discontinue their pregnancy. For some participants in this research, I argue that the inability of the scan to resolve the ambiguity of foetal entities arose from their wider experiences of pregnancy as uncertain.

This section has demonstrated that the women interviewed for this study initially found it difficult to accept the reality of their pregnancy. Due to their understanding that the early stages of pregnancy entailed the highest risk of miscarriage, the majority

were hesitant to take the pregnancy's success for granted. For some, this was connected to uncertain and fluid conceptualisations of the foetal entity. Though for many the ultrasound scan confirmed the presence of 'a foetus', and at times the identification of the foetus as person, it could also add to the ambiguity of foetal entities, and for some the significance of the knowledge generated by ultrasound faded as the pregnancy progressed. The next section describes a point in pregnancy that was unequivocally powerful in solidifying some women's understandings of foetal entities: foetal viability.

Viable foetuses

As described above, the concept of foetal viability is associated with neonatal care, and in legal discourse concerning termination of pregnancy. In this study, eleven participants drew on the concept to denote a 'milestone' within their pregnancies. Their awareness of the concept was gained from pregnancy literature, interactions with others, and observed on online forums or blogs charting experiences of pregnancy (e.g. Crawshaw, 2011). Though described in the literature provided to women by the NHS in Scotland, *Ready Steady Baby* (NHS Health Scotland, 2012: 59), women gave no indication that the concept had been raised in discussions with healthcare professionals including GPs and midwives. For the women interviewed, viability was most often discussed during the third round of interviews (at approximately 35 weeks gestation).

Participants in this study held varying understandings of what the term viability signified, and at which point this occurred. Deborah and Eve described that from 28 weeks their baby was able to 'live' or 'survive' on its own. Keira defined viability as

occurring at 25 weeks, when her baby would have a 'good chance' of survival with medical assistance. Sinead and Julia commented that medical intervention in the case of a premature birth would be given at 24 weeks, which they understood to signify viability. Despite most participants referencing viability, I argue that it was not knowledge of the concept itself that held such significance for the women interviewed, but that this point in pregnancy coincided with particular embodied experiences.

Viability as a milestone

For those who discussed viability in terms of a milestone, it was seen as a time at which the risks posed to the success of their pregnancy were reduced. This was due to participants' perception that on attaining viability, the foetal entities within were significantly less vulnerable to a pregnancy loss. For most, this was connected to their understanding that viability signalled the point at which the foetal entity would be fully developed, in terms of its biological body and functions. Four participants commented that on attaining viability, the entity had reached a stage of 'putting on fat':

> You kind of think it's, it's there now, it's just a bit thin really… all the vital organs are there and fully functioning. (Marisa, 35 weeks pregnant)

> All his organs and stuff like that, that's all done with… it's more about, growing in size and, a bit of fine tuning and a bit of fat. (Sinead, 33 weeks pregnant)

In her final interview Eve described that she had begun to think of the entity within as a ‘child’. She attributed this to discussions with her family about the impending arrival, but also to the entity within as having reached a stage where it would be able to survive independently.

> We do think of him as a baby now… being past, um, all of the scans and things and, and knowing things are looking good. And around that time as well… 28 weeks or so I think that, you know, things are doing better and better, and we can make him survive. (Eve, 35 weeks pregnant)

Here, Eve interprets viability as contributing to increased certainty with regards a positive outcome to the pregnancy. If she were to give birth prematurely, she notes that at 28 weeks medical intervention would be offered to keep the baby alive. Entwined with the potential for the foetus to survive independently, the concept of viability contributed to the recognition of foetal personhood. As described above, existing literature has often attributed the emergence of the foetal subject to visualising technologies, and their depictions of an entity resembling a seemingly autonomous, fully developed ‘baby’. In this research, of the eleven women who discussed foetal viability, four highlighted this as the point at which they reflected on the foetal entity as a ‘person’, or ‘individual’. Keira described the change that reaching a point of viability had prompted, when compared with her experiences of early pregnancy:

> I was still thinking that it was kind of a part of me, rather than as a, a person in its own right. And there was a date, it must have been, sort of like 25 weeks…

> [a mobile phone] app said 'your baby now [has] a good chance of surviving if it was born'... I remember thinking, oh my goodness, it's a proper person. (Keira, 35 weeks pregnant)

Again, Keira had expected that she would or should think of the entity within her as 'a person in its own right' earlier in her pregnancy, in line with depictions of foetal personhood in medical, public and academic domains. For her, this understanding did not occur until she reached a point where the foetal entity was said to be able to survive independently. The ability to conceptualise the foetal entity as a 'baby' was directly linked by Sinead to the reduction in perceived risks to the pregnancy signalled by the point of viability, with viability and (potential) personhood entwined:

> As the risks diminish, and the, and the potential heartache of losing something reduces, it becomes more of a baby. (Sinead**,** 33 weeks pregnant)

We see that for the majority of women interviewed in this research, reaching the medically and legally defined point of 'foetal viability' was a significant milestone in the presencing of a (viable) foetal subject. However, it is important to recognise the multiplicity of processes in this regard, with embodied experiences also articulated as significant.

Embodied experiences of the viable foetus

During our final interviews, participants recounted embodied signs of foetal growth. One such experience was that of their expanding abdomens. This was imperceptible to participants on a day-to-day basis, but was highlighted by having to buy larger

maternity tops and trousers, and occasionally through the comments of others. This sign of foetal growth resonated with participants' interpretations of viability, which they understood as signalling that the foetal entity within had reached a stage of 'putting on fat'. In addition to their changing bodies, participants described that foetal movements had changed from sharp 'kicks' or 'punches', experienced around the mid-point of their pregnancy, to slow 'shifts' or 'stretches':

> Definitely in the last 6 weeks they've felt stronger, like the baby's obviously getting a bit more weight to it and a bit more muscle. (Heather, 35 weeks pregnant)

This embodied knowledge gave way to an understanding of an entity that was, as Heather described, more 'robust', and as Marisa commented, 'a lot less likely' to be 'damaged'. Foetal movements could also indicate the presence of not only a viable foetus, but of foetal personhood. This was discussed most often with regards *patterns* of movement. Julia, after having described the foetal entity during our interview in her nineteenth week of pregnancy as a 'developing baby', explained in our final interview that:

> He is a proper baby now… mainly because he has like a rhythm, during the day, like a baby rhythm, so I expect him to kick at certain times of the day. (Julia, 35 weeks pregnant)

The expected movements described by Julia, however, could be countered by experiences of not being able to control when such movement occurred. Later in the

interview, Julia pointed to the fact that the foetal entity 'has his own mind', about whether he does or does not kick. Deborah also pointed to experiences of rhythms of movement, and compared these with the personalities of her and her husband:

> The baby has a bit more of a schedule. And so like, yeah, after dinner from like 6 'til 10[pm] all last week it was just like 'woooo'… it's definitely like, more of a night owl like my husband. (Deborah, 35 weeks pregnant)

Character traits could also be invoked through interaction with the foetal entity within, the same example described by three participants, Deborah, Julia and Leila:

> I do feel like it's got a little personality as well cos it's really mischievous. Like it'll kick away, and then if somebody is with me who I want to feel the kicks… as soon as they put their hand on it'll stop. (Leila, 35 weeks pregnant)

Such occurrences led these participants to invoke descriptions of the foetal entity within as being 'cheeky', and 'shy', narratives commonly heard in women's descriptors of ultrasound (Mitchell, 2001, Roberts, 2012b). We see then that embodied experiences could provoke vivid imaginings of the foetal entity, and reduce ambiguity surrounding the status of the entity within. More than this, these sensations could contribute to the attribution of foetal personhood, as participants interpreted movements in terms of personality traits. These were described as equally powerful as visual ways of knowing the foetus. As observed above, where in some cases ultrasound could further the ambiguity of pregnancy, or provoke a disembodied experience of the entity within, embodied sensations of foetal movement left no room

for doubt with regards the presence of foetal entity. As Heather explained, such sensations represent

> …movement that you don't get in any other way. You don't get from anything else, it's just from a baby. (Heather, 35 weeks pregnant)

The viable foetus, for some now a 'baby' with a personality, was thus a product of not only medically derived discourses of biological foetal development, but entwined with women's *embodied* experiences of foetal development and growth.

An experience that has lost its status?

The accounts of women presented above suggest that embodied experiences of pregnancy were in some cases privileged over technological means of knowing the entity within. For some, this was due to the ongoing availability of embodied knowledge, contrasting with their infrequent and discrete interactions with medical technologies. Though in early pregnancy technological ways of knowing had been sought out and appreciated, engagement with these shifted as the pregnancy progressed. For example, Gail signalled her indifference to the foetal heartbeat Doppler during our final interview:

> If he's still kicking me in the ribs, then I'm quite sure his heart's still beating. (Gail, 35 weeks pregnant)

Heather similarly indicated that the significance of technological interventions had changed over the course of pregnancy. Having described her first ultrasound scan at

12 weeks pregnant as ‘amazing’ and ‘brilliant’, when we met for our final interview Heather had been offered two additional scans at 28 and 32 weeks, due to her midwife’s concern about foetal growth. Heather declined the 32 week scan, connecting this to her embodied experiences of pregnancy. She described:

> I feel kind of confident about it, and I feel I would like, I feel like it’s healthy because I feel healthy. (Heather, 35 weeks pregnant)

As outlined above, authors have attributed medical technologies, particularly ultrasound, with the power to confirm the reality of the pregnancy, and as a key contributor to the personification of foetal entities (Mitchell, 2001, Zechmeister, 2001). However, some participants’ interactions with obstetric technologies during the second and third trimesters of pregnancy indicated that the significance of these was fluid, with the potential to be more or less valued depending on alternative experiences of the foetal entity. In later gestation, women emphasised embodied ways of knowing about their pregnancy, which could provide information about foetal size and wellbeing, but also of its position within the womb. By the third interview, some women had even begun to dismiss the requirement for technological intervention altogether. These examples, *from later pregnancy*, complicate arguments, such as those from Duden (1992) and Rothman (1988), which charge medical technologies with devaluing women’s embodied knowledge of their pregnant bodies and the foetal entity within. Many women did, however, appreciate that this equipment would be available should they have any concerns about foetal movement. The meanings of both technological artefacts and bodily sensations of pregnancy were thus flexible and entwined, valued in differing ways over the course of gestation.

Discussion

This article has presented data from a longitudinal qualitative study exploring women's accounts of first-time pregnancy over the course of gestation. It has included accounts of pregnancy during the first trimester, rarely described in existing literature. Attention to pregnancy over time, as opposed to focus on a specific event or medical intervention, has enabled discussion of the mundane, everyday aspects of pregnancy. These comprise the majority of gestation for women in contemporary Britain, but have historically been neglected in social science literature (Han, 2013, Ivry, 2010).

A longitudinal approach has allowed for attention to the ebbs and flows of ambiguity and (un)certainty over the course of gestation. For the women participating in this research the early period of pregnancy, and conceptualisations of entities within at this time, were experienced as uncertain or 'tentative'. For many, this was linked to their understanding that the pregnancy was most susceptible to a miscarriage at this stage of gestation. A language of risk, in terms of the threat of an adverse event, was audible in women's accounts. Many interviewees recited miscarriage statistics during interviews before their twelfth week of pregnancy, and related the pregnancy losses of family and friends. Social scientists have described risk as a defining feature of the contemporary experience of pregnancy in Euro-American cultures (Lupton, 1999, Lyerly et al., 2009). This has been ascribed to the movement of pregnancy into the medical domain (Oakley, 1984), and associated with this, the visualisation and fetishisation of the foetus within as a vulnerable child (Lupton, 2012), and frequent monitoring of pregnant women's bodies through midwifery appointments and prenatal screening (Hammer and Burton-Jeangros, 2013).

Often drawing on Foucauldian theories of power and governance, authors have also highlighted that whilst medical discourse positions women as vulnerable and in need of regulation during pregnancy, they are simultaneously held responsible for the outcome of their pregnancy, with pregnant bodies regulated through the encouragement of self-discipline (Ruhl, 1999, Weir, 1996). Women are targeted with expert advice throughout pregnancy, and encouraged to safeguard their pregnancies through strategies of self-surveillance. This includes monitoring their diets and alcohol intake, to minimise the risks posed to foetuses should a woman contract food poisoning, or should her alcohol intake lead to a condition such as foetal alcohol spectrum disorder (Armstrong, 2003, Copelton, 2007). Women are also expected to regularly engage with technologies of prenatal screening, in order that any potential developmental harms to the foetus may be identified – again emphasising "the responsibility of mothers-to-be to ensure that their foetus is healthy" (Hammer and Burton-Jeangros, 2013: 56). The individualised risk model of pregnancy is so powerful, writes Burton-Jeangros (2011: 433), because it generates anxiety and self-blame for women, at the prospect of their actions affecting the development of a future baby.

Despite these framings of pregnancy, sociological research exploring women's interactions with medical surveillance has shown that women are not rendered passive through these mechanisms of governance, but engage variably with discourses of risk during pregnancy, and expectations to manage these. This may be by drawing on experiential, biomedical and embodied knowledge in complex ways to engage with or reject medical screening tests during pregnancy (Markens et al., 1999, Markens et al.,

2010), or by ascribing variably to the scientific basis for antenatal advice (Markens et al., 1997, Root and Browner, 2001).

With existing work largely focusing on risk in the context of women's engagement with prenatal screening or antenatal advice, this article initially considered women's experiences in the first 12 weeks of pregnancy. At this time, risk was most often described by women in terms of a possible pregnancy loss. The presentation of this in terms of risk, drawing on medical discourse and statistical estimations, placed women in a position of uncertainty with regards the outcome of their pregnancy. However, in the absence of routine engagement with antenatal care, which in the UK commences at the end of the first trimester, women in this research were not able to manage perceived risks through recourse to technologies of prenatal screening and/or visualisation. I have shown that in this context, emotion work was a key strategy employed by women to manage these uncertainties at this stage of pregnancy. As described above, this involved efforts to subdue their excitement about the possibility of a future baby, but also shaped their conceptualisations of the foetal entity within. Exemplifying this, participants measured their pregnancy in terms of milestones, with each anticipated to provide increased certainty as to the success of their pregnancy.

For most of the participants interviewed in this study, viability was invoked as a particularly important milestone, rendering the birth of a healthy baby increasingly likely. That interviewees saw this as so significant appears to suggest that they saw personhood as rooted within an individuated biological body, and also hints at the extent to which language and concepts from biomedicine have come to frame women's experiences of pregnancy (Nash, 2012: 312). However, I argue that such

accounts of the foetal subject as viable were powerful only in conjunction with certain embodied experiences, which for some prompted conceptualisations of these entities as 'persons'. Participants' experiences of their expanding abdomens and need for new maternity clothes signalled that the foetal entities within were at a stage of 'putting on fat'. Foetal movements, which began to occur at regular and predictable intervals, contributed to women's understanding of the being within as possessing a personality. Conceptualisations of foetal entities were thus shaped by different modes of knowing the pregnant body, which cannot be understood in terms of distinct and bounded sets of discourses and practices. For the interviewees in this study, these intertwined in complex and synergistic ways (Markens et al., 2010). Further, this work has challenged claims that medical and technological intervention necessarily devalues women's experiential knowledge of pregnancy (Duden, 1992, Rothman, 1988). Indeed, as we have observed, women valued technological intervention variably at different stages of their pregnancy. Some saw this as unnecessary during later gestation, as their embodied awareness of the foetal entity began to provide sufficient reassurance as to its wellbeing.

Attending to women's accounts of foetal entities over the course of pregnancy has exposed the fluidity of conceptualisations of the entity within. As Morgan (1996: 60) has noted, it is problematic to view 'the foetus' as a monolithic entity (see also Casper, 1994). For the women in this study, the foetus slipped between presence and absence, and between separate- and connected-ness. The concept of 'viability' represented one point at which a 'foetal subject' was made present for some. However, as we have observed, ambiguity and uncertainty were also key features of women's experiences. Interviewees' accounts have exposed dominant cultural

portrayals of foetal subjects. Participants described how they had expected to relate to the foetal entity, at times explaining that they didn't *yet* experience it as a 'person'. These portrayals may be proliferated by social science and feminist scholarship, which describe the phenomenon of foetal personhood and its establishment through specific behaviours or encounters with medical technologies, but less often describe its absence from women's experiences. This work often refers to 'a foetus' as pre-existing women's accounts, and onto which the description of 'baby' may or may not be applied. Authors explain, for example, how ultrasound imagery contributes to the "sentimentalisation of fetuses as babies" (Han, 2009: 280) or to the transformation of 'the foetus' into a family member (Kroløkke, 2011). The approach taken in this article, highlighting the fluidity of these beings over the course of pregnancy, as both person and object, present and absent, better accommodates ambivalent experiences of pregnancy loss, abortion, and maternal-foetal bonding, less often observed in existing work (but described by Gerber, 2002, Kimport, 2012, Schmied and Lupton, 2001).

This research has complicated existing literature describing women's experiences during pregnancy. It is important to emphasise however, that the women interviewed in this study were all highly literate and had ready access to, but also sought out, information about pregnancy. They engaged with all routine medical interventions, which in the UK are provided without financial cost at the point of delivery. As such, participants' accounts may not reflect the experiences of those not engaging with antenatal care, by choice or due to factors such as socio-economic circumstances. As highlighted by Coxon (2014) in her discussion of existing sociological engagement with risk in pregnancy, my work therefore does not address the issue of the current "classed and ethnocentric social science of… pregnancy and birth" (2014: 490). In

this article, I have acknowledged that my participants' high levels of literacy, and connected to this, perceived susceptibility to a first trimester pregnancy loss, are likely to have shaped their conceptualisations of foetal entities as ambiguous, in ways that may be different to those unfamiliar with literatures detailing miscarriage risks in early pregnancy. Explorations of the experiences of women without access to antenatal and maternity care are required across the social sciences.

Further, having all (as far as possible) planned their pregnancies, participants received a positive home pregnancy test at an early stage of gestation. They experienced a longer period without contact with a health professional, and thus uncertainty regarding their pregnant status, than those learning of a pregnancy at a later stage. It would therefore be useful to conduct qualitative research with those experiencing unanticipated pregnancies, exploring whether, and in what ways, accounts of ambivalence and uncertainty figure in these accounts, and how these may similarly shift over time.

Conclusion

The exploration of women's accounts over the course of pregnancy has demonstrated shifting conceptualisations of foetal entities and of foetal personhood. Echoing a large body of existing literature, the experience of pregnancy as 'at risk' was articulated by women in this research, particularly during the early stages of gestation. Interviewees engaged in emotion work as a response to the uncertainties with regards the success of their pregnancy, which contributed to the ambiguity characterising foetal entities during the first trimester.

For the majority of participants, as they came to the fore with the progression of pregnancy, embodied experiences remained powerful, challenging claims that these

have been overshadowed by technological intervention. Sensations of foetal growth and movement contributed to the emergence of 'a foetus', or for some 'a baby'. This article has demonstrated the complex processes creating women's experiences of foetal entities, which were shaped by the biomedical concept of viability, emotions, and embodied and experiential knowledge. It has also revealed dominant discourses of foetal personhood, which some women in this research assimilated into their accounts of pregnancy, despite these not according with their experience.

As described by Morgan (1996), despite its implications for women's rights in the context of abortion debates, we cannot ignore or deny the phenomenon of foetal personhood, which has significance for women during pregnancy, but also following a pregnancy loss (Layne, 2003). However, it is equally important to explore ambiguous and uncertain accounts of foetal entities, and recognise the fluidity of these experiences over time. Research engaging with foetal subjects may benefit from an approach which does not see these as pre-existing women's accounts, but instead attends to *how* foetal entities may or may not be presenced, from the perspectives of women themselves.

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[i] The Abortion Act of 1967 (as amended by the Human Fertilisation and Embryology Act, 1990) permits the procedure up to 24 weeks, except in cases where there is a substantial risk of serious foetal abnormality, or where a woman's life is endangered.