Book Review


Rayna Rapp’s compelling book, Testing Women, Testing the Fetus, appeared in my mailbox on a day otherwise spent seeing patients in my clinical practice. Coincidentally, I saw a woman on that day who was pregnant for the second time. She had been young when her first child was born, and for that reason she was not offered amniocentesis. This first baby was born with a serious congenital anomaly and yet the young mother had chosen to have no prenatal testing done with this pregnancy, either. Her reasoning was complex and included her belief that prenatal testing would not have found the problem with the first baby and a sense of “fairness” to this second child. Later that same day, I counseled another woman who had recently undergone an abortion after her fetus had been diagnosed with multiple serious malformations. Although comfortable with her decision intellectually, her emotional reaction to her experiences was much more difficult. In the evening I picked up Rapp’s book with much skepticism, certain that the complexities I had glimpsed through the stories of my patients could never be well represented, even in an anthropological study. I was wrong.

Rapp’s nuanced ethnography probes many facets of the experience and impact of amniocentesis. She recounts interviews and experiences working with clinicians, genetic counselors, and the laboratory workers who prepare the amniocentesis samples for analysis. She describes in detail the history, training, technology protocols, and gendered workplace experiences of these professionals. She argues convincingly that these health and technology professionals have a profound role in the construction of our social knowledge concerning reproduction (while acknowledging ultimately that this knowledge is coproduced by women’s personal experiences and the influence of the medico-technological). Although these segments are compelling, the real strength of this work is in Rapp’s chronicling of the experiences of women. She discusses interviews with women who refuse amniocentesis; she follows a group who has received amniocentesis while they await results. She writes compellingly about the decision to terminate a desired pregnancy and about
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the lives of families who have a member with Down syndrome. Throughout, she is cognizant of race/ethnicity, class, religion, immigration status, and other social factors that determine women’s access to reproductive technology and that influence women’s decisions. Complexity is acknowledged throughout and Rapp is careful to avoid overly simplistic explanations.

Rapp identifies clearly her place in her study. She is an anthropologist, feminist activist, former abortion counselor, and a woman who, with her partner, chose to end a desired pregnancy after a prenatal diagnosis of trisomy 21. Clearly understanding the difficult nature of her topic, she deeply explores the ways in which our society’s gendered expectations about child rearing force a complex responsibility upon women in thinking about prenatal diagnosis. Further, she considers the impact of broader gender roles (and power imbalances) in influencing, and sometimes limiting, women’s decision-making processes. She effectively describes the tension between a feminist resistance to the medicalization of pregnancy and childbirth and the very real benefits that medical technology can offer to women.

This study is important reading for those working clinically or academically in any realm of reproductive health. The text is sometimes dense but will be useful for instructional purposes in many fields, perhaps even at the undergraduate level. Obviously, well-suited for women’s health curriculum in anthropology, nursing, psychology, public health, social work, sociology, and women’s studies, this text should also be considered for courses concerned with social inequity in health care, disability issues, and policy. Furthermore, Rapp’s complete discussion of her methodology and method, along with her consideration of ethics in this type of research, will make this text valuable in graduate level research method courses.

Rapp’s work does much to further our understanding of the many experiences and impacts of amniocentesis. She is careful to point out the limitations of her study based on geography (New York City), the group of women to whom she had access (largely those using nonprivate sources of health care) and the fact that she interviewed few male partners of pregnant women. Despite these limitations, this work will do much to stimulate thought, inform practice, and inspire further work.

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