

2017

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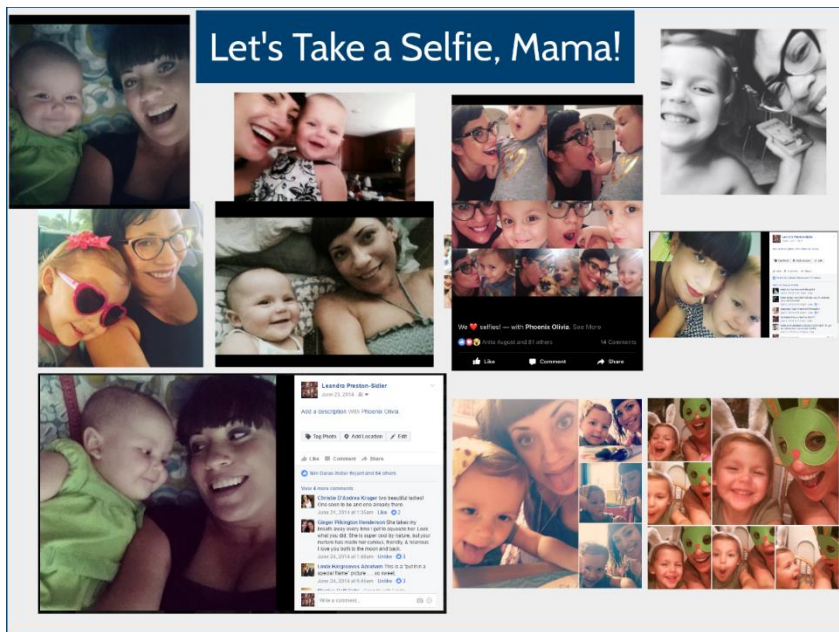
Recommended Citation

Preston-Sidler, Leandra (2017) "On Being a Pregnant Elder," *Illuminations*: Vol. 5 : No. 1 , Article 5.
Available at: <http://stars.library.ucf.edu/illuminations/vol5/iss1/5>

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On Being a Pregnant Elder: The Maternal Body in Medical and Virtual Communities

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This is part of a larger multimedia project I am working on, which includes still and moving sonogram imagery, medical documents, personal narrative, theory, Facebook posts tracking my pregnancy, and growing infant (now toddler).

I'm 39 and pregnant. About to give birth, actually. I track every stage of the surreal experience, join pregnancy blogs and Facebook groups, Google everything. My body becomes my research project. Then it becomes theirs. My title is "High Risk Pregnant Elder Primigravida." I am under supervision. In the context of pregnancy, I am old. I have six ultrasounds, which is exciting because I get to see my peanut turn into a banana then an eggplant then an alien then my daughter who, according to the doctors, has a very large head.

The medical gaze has been the purview of feminists, activists, and anthropologists for decades but imaging technologies enable a more literal gaze. Foucault defined the medical gaze as the institutional support that endows a doctor with "the power of decision and intervention" (89). Since Foucault was not particularly interested in women, feminists have applied the medical gaze more specifically to women's issues such as pregnancy. As Molly Cummins argues in "Reproductive Surveillance: The Making of Pregnant Women's Bodies," "[t]hrough surveillance, doctors observe, decide, and intervene on the patient's body (42). When the patient is pregnant,

one challenge is maintaining the value of the woman as more than a fetal receptacle and enabling pregnant women to advocate on their own behalf. In *Technologies of the Gendered Body*, Anne Balsamo argues that the female body is "deconstructed" into its culturally significant parts and pieces. For a pregnant woman, the womb serves as a metonym for the entire family body. Not only does this fragmentation culturally reduce a woman to an objectified pregnant body, it also supports "the naturalization of the scientific management of fertilization, implantation, and pregnancy more broadly" (Balsamo 232).

During my monthly ultrasound, I am surrounded by women who love me; my mama, sister, and mother-in-law crowd the room as we await the broadcast of this nebulous figure, pushing her head against what looks like a kitchen sponge but is apparently part of my body. I record her heartbeat and purchase DVDs to commemorate fleeting moments that precede walking and talking and high school graduation. Disembodied, I stare at a screen across the room as the technician shoves a camera against my full and now pained bladder. It's strange to look at oneself from the inside and, due to my "elder" status, we repeat this process over and over again. They classify me through my years—algebraic equations and statistics determine the safe cutoff and perhaps my body is more sophisticated or cultured than it was in my twenties, but I am pregnant and "elder" defies rather than defines me.

Pregnant women, particularly those pregnant for the first time, look to doctors and midwives for information and, in many cases, divest decision-making to these authorities. The medicalization of reproduction tends to displace and undermine women's experiences and perspectives on pregnancy in favor of those of the medical expert. "As sonograms and other reproductive technologies became standard practice, the respect of woman's experience/knowledge of her own body and pregnancy diminished" (Cummins 43). Instead, women's agency is often undermined by medical technologies of visualization, laboratory test results and written reports about the fetus, to which the woman has no access except through expert intervention and interpretation (42).

However, a pregnant woman may find hope in the medical gaze. With the pervasive medicalization of pregnancy, many women distrust their own bodies (44). As a result, a pregnant woman, especially a first-time pregnant woman, may find comfort in adhering to the discursive practices that constitute her motherhood through medicalization. Trusting that doctors have access to medicine and tools that can ultimately save the fetus's or her life (not to mention give her a "painless" birth or a surgical alternative) may reduce anxiety during pregnancy. So, "although these discourses may feel damaging as disciplining measures, some women may still find empowerment by adhering to them" (44).

The sonograms continue until three weeks before my due date and he tells me I will need a C-section. I inquire about the possibilities of trying and, while encouraging, it seems as if he doesn't understand why I would want to. The more I know, the more I worry. Her head is too large or my pelvis too small. I planned so well for this but now I'm scared because they call me a pregnant elder, they put a timeline on miracles and motherhood and my mortality and I know better but it's hard to reject when so much is riding on these old-ish bones. I am not old,

even at “advanced maternal age” or “high risk stage.” The universe works just so—some codes we cannot and should not crack, even as we try to fill in the gaps.

I talk to my obstetrician and she says I can come back to reassess. I do and it sounds like good news. I go home thinking I’m going to have a baby that weekend but I don’t though I now have permission to “try” to make this ever-so-natural process happen on its own, as if the notion hadn’t even crossed their minds. Ten days before my due date, I go into labor.

I’m 39 and pregnant and, despite trepidation, I feel ever-so-prepared. I watched The Business of Being Born, attended a series classes on natural childbirth and breastfeeding, read about and practiced hypnobirthing techniques and essential oils. A giant yoga ball waits for me to bounce and the halls wait for me to walk. Yet when I go to the hospital, I am hooked up to wires and wait, paralyzed by pain, with excited anticipation for the next contraction, the next sign that she is alive, healthy, still on the horizon of my elder, risk-ridden state. I am still pre-Caesarean and, at the moment, prepared to birth in water surrounded by nothing but love and prove everyone wrong about my age or assumptions. But I don’t.

Once I arrive at the hospital after waiting as long as I can, I spend much of my labor agonizing over my desire for pain-relief, feeling like less than because I did not think I could tolerate another second. And I didn’t. For me, the epidural—as much as I rejected the idea initially—created a more manageable experience. I identify the tension I felt about my decision as a kind of crossroads between thinking critically about the experience with an awareness of the role of medicine and technology and having access to tools that made the most difficult experience of my life a bit easier.

Just as some women find empowerment by acting within the discourses they are offered, other women find empowerment through resisting them. Strategies of resistance might include pregnant women who seek an abortion over carrying to term or women who sell their eggs. Often, doctors try to dissuade women who want VBAC (vaginal birth after Cesarean), yet many women each year prove VBAC is a viable option. None of us can escape the discourses used to discipline our bodies but we can empower ourselves by enacting or resisting them and preferably not punishing ourselves if or when we find strength through them.

Because pregnancy is such a simultaneously deeply private and highly public state of being, the pregnant body exists in a kind of liminal space, an interstitial reality. The pregnant body is independent and dependent, s/he and we, they and me, a paradox torn between individuality and public plurality.

The gaze is not limited to the medical community. Balsamo also examines the public pregnant body, using an example of a woman touching a stranger’s belly and asking if it’s a boy or a girl. She writes, “Pregnant women, as the material sign of the Reproductive Woman, cannot easily avoid the scrutiny of a fascinated gaze. A recent article in SELF magazine unselfconsciously gushes that ‘in the office, on the street, it’s everybody’s baby’” (80). This is especially true for public figures and celebrities, evidenced by bump watches, bump reports, and bump updates. If you are “lucky,” you have the ideal bump, perched atop an otherwise supreme form.

Balsamo places the pregnant woman in the context of romanticized views of pregnancy. She writes that a pregnant woman “has a tenant with a nine-month lease; and should s/he spend every night kicking or hiccupping...there is little the woman can do. Sharing one's body with a small being is so thoroughly wondrous, though, that one can generally overlook the disadvantages. The real problem is sharing one's pregnant body with the rest of the world” (qtd. in Balsamo 80). Or is it?

I wait three months to announce my pregnancy to Facebook and do it by posting a sonogram pic with three small arrows pointing to a developing vagina with the pronouncement, “It’s a Girl!” From there I post a photo every couple weeks of my developing body, hand holding my belly—16 weeks, 18 weeks, 20 weeks, and so on. I delegate the important task of the Facebook announcement once she is born to my sister. From then on, my posts revolve around my new role and her photos.

I am still obsessed with Facebook and over half of my photos are my daughter. What are the implications of this for her? What does it look like when you grow up knowing your many moves are documented with “mama’s phone”? Do you just exist in the only way you’ve known? Or do you exist with an awareness of the layered gazes that surround you? These are questions I plan to explore as I continue this project moving forward.

I’m 42 with a wild and mostly free 3 year old who likes the camera but not as much as she likes the iPad, phone games, and YouTube. Despite those loves, nothing beats playing in the dirt, running with her puppy in our little yard, or building sandcastles on the beach. As I photograph her swinging with the wind in her hair, I am reminded of the overlap of nature and technology that enabled her existence and how, no matter how her life unfolds, that was merely the beginning.

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