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# The Zero Trimester: Pre-pregnancy Care and the Politics of Reproductive Risk

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*The Zero Trimester: Pre-pregnancy Care and the Politics of Reproductive Risk.* By Miranda R. Waggoner. Oakland, CA: University of California Press, 2017, 276 pp., \$85.00 (cloth); \$29.95 (paper).

At what point should doctors be surveilling women's behaviors, in an attempt to improve health outcomes during pregnancy and for infants? From the first positive pregnancy test? From conception? This book introduces the concept of the "zero trimester," which refers to the time before a woman conceives, when she is now being urged to behave in ways that will prepare her body for a healthier pregnancy. Some focus on the three months directly before conception and claim pregnancy lasts 12 months. Other health organizations and professionals see the concept as even more encompassing, arguing that a woman's health choices always matter and, therefore, all of a woman's pre-reproductive years are within the zero trimester.

The main focus of *The Zero Trimester* is examining how this model of pre-pregnancy care (PPC) was created and why it rose to prominence when it did. It carefully examines historical influences, current assumptions underlying the model, and the complex process through which this model was established. Waggoner conducted in-depth interviews with 57 health specialists belonging to the "core set" of interdisciplinary experts responsible for helping to shape the PPC framework. This included physicians, scientists, and public health policy experts from around the country. As part of her multisited ethnographic approach, she also observed at national meetings, conducted historical research, and did a content analysis of public health, medical, and popular literature, and of campaign materials.

The extensive historical background and the various data sources allow for a thorough understanding of why the PPC model emerged at this particular socio-historical time, as well as the assumptions that underlie it. Some of the influential aspects included the failure of prenatal care to achieve results, increased fetal visibility, increased focus in public health

on anticipating risk, and neoliberal ideas about individual responsibility. Waggoner also discusses what she calls, the cultural ethic of “anticipatory motherhood.” She argues that in the United States the ideologies of motherhood and maternal sacrifice are as strong as ever, regardless of other changes related to gender. This bolsters the PPC model, where all women of child-bearing age can be viewed as “pre-pregnant” and urged to act in line with the imperative of sacrifice and risk reduction for their future children. The book mentions critics who believe the PPC model is paternalistic and anachronistic in its view of all women as future mothers. They contend the framing seems to situate women and their bodies as primarily vessels for birthing someone else. However, the perspectives of these critics and their ties to modern feminism are not as clear as they could be, probably owing to Waggoner’s main data source being the experts creating the PPC model. In a similar vein, I would have liked to see the book engage more deeply with recent research on medicalization of reproduction and criticisms of it.

In contrast, the book effectively conveys the perspectives of the health care experts who created the PPC model with the sincere goal of helping improve women’s health. In opposition to the critics, they saw the framework as a pragmatic approach to bridging the traditional silos that existed between maternal health and reproductive health. They believed that the PPC model could increase support for women’s health, family planning, and other areas of reproductive justice. As the book explains, when women’s health is framed around their maternal role it’s easier to gain political and economic support because “who would be against healthier mothers and babies?” (p. 7).

In some of the most interesting chapters, the book also examines how messages about PPC were disseminated. In chapter 6, this is done by focusing on the CDC’s “Show Your Love” public health campaign. Waggoner’s textual analysis is absorbing both for how the PPC model portrays a conflation of womanhood and motherhood but also due to the stark racial divide she documents. Throughout the book, she carefully explains how gender politics surrounding abortion and women’s health leads researchers to make certain decisions regarding what will be successful within existing health care structures. While the book does discuss the attention (and at times lack thereof) on racial health disparities, its analysis would have been enhanced by a broader analysis of the racial politics that played a role in the formation and dissemination of the PPC model.

*The Zero Trimester* is a well-researched book about a topic that can potentially change how all women think about their bodies and reproduction.

Scholars in a variety of fields will find it a thought-provoking read. It would also work well in upper-level or graduate courses on gender, reproduction, medicine and health, or health care policy.

