

Challenging risk culture in the context of pregnancy, birth and the postnatal period

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For more than 20 years, risk has been the subject of countless reflections in the social sciences, leading to an in-depth understanding of this complex phenomenon. As a totalizing phenomenon in modern Western societies, risk has found an even more prominent place in the health field. Representations and practices proposed by health professionals, health policy makers and patients have been analysed, leading to a better understanding of the links between risk, medicalization and technicalisation of almost all life stages. Negative health issues targeted by surveillance and intervention policies are varied and occur in different places and times. The transformation of dangers into risks and public problems vary accordingly, resulting in a historically, geographically and socioculturally specific construction. Research also shows that in times of a “risk society”, science and rationality are considered as the only legitimate processes allowed to construct risks.

Considered as hallmarks of risk culture, pregnancy and birth have received thorough attention from social scientists. Risk avoidance has been pointed out as a contributor to many changes in the management of pregnancy and birth, including the rise of a surveillance pattern leading to numerous preventive medical and surgical interventions. Risk, medicalization and technicalisation of pregnancy and birth have consequently been criticised highlighting the lack of freedom experienced by women, the toll on their bodies and the climate of fear and guilt surrounding both women and professionals. Paradoxically, medicalization and technicalisation of birth are more and more identified as the potential sources of new risks. According to several authors, risk culture is deemed to be so strong that pregnancy and birth might no longer be considered, experienced or managed outside of this framework. While social scientists follow up technological innovation and implementation in health care, which has led to a relevant social critique of risk culture, the authors of this symposium question whether the critique of risk and related medicalization of birth has come full circle. They therefore propose to explore niches in which the experience and the care of pregnancy and birth either does not correspond to the characteristics of risk culture or reinterprets these characteristics to create alternative representations and practices. This session therefore explores ways in which:

- A. The experience and the management of pregnancy, birth and the postnatal period are developed outside of the scope of risk and surveillance, knowingly or unknowingly, momentarily or permanently.
- B. Risk and surveillance can be coped with outside of the scope of negative emotions and feelings such as fear, guilt, shame and anger.
- C. Risk culture is used in unexpected ways in the experience and in the management of pregnancy and birth, for instance in attempting to redefine or personalise the risks.
- D. A variety of initiatives are used to counterbalance the expression of the dominant culture of risk about pregnancy and birth.

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