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**'Smile for the Camera':
A Critical Exploration of the Meanings of Routine
Ultrasound for Pregnant Couples**

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Abstract

There has been wide-spread research into the use of ultrasound in pregnancy with various participants and using different methodologies, however the field has been relatively under theorised. This research develops an integrated theoretical lens which provides an effective foundation to explore the increasing routinisation of ultrasound. With this approach it was possible to explore how seven pregnant heterosexual New Zealand couples drew on notions of visual primacy, the technological imperative and consumption and choice while working together to discursively construct what their experience with ultrasound service providers meant to them. This research was unique in its collaborative design of interviewing the pregnant woman and her partner together with their ultrasound images on hand to interact with. The couples (aged 25-40) undertook a joint semi-structured interview with the researcher in their homes, lasting between 45 to 90 minutes, which was digitally video-recorded and subsequently transcribed verbatim. They were invited to bring any images received as part of their ultrasound scan(s). The couples actively constructed certain aspects of their experience in particular ways. These included: 1) constructing the ultrasound as normal and commonsense; 2) constructing the pregnancy as legitimate and valid; 3) constructing the normality of the foetus; and 3) constructing the baby with personhood and gender. Understanding ultrasound as not just a normal, but a necessary site for the techno-visual birth of the foetus reinforced dominant biomedical understandings about what counts as real knowledge and positioned the pregnant couples as good parents-to-be, demonstrating their responsible consumption 'choices' on behalf of their – now visible and so viable – 'unborn baby'. With the increasing routinisation of 2D ultrasound, and wider availability of 3D and 4D technology, these findings have implications for maternity care policy development in terms of women's reproductive rights and pregnant couples' (in)ability to make an informed decision about consent or refusal.

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