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Fetal Ultrasound as Intrusion

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Abstract

This paper highlights how fetal ultrasound scanning involves an intrusion upon the integrity of the pregnant person's body and their psychological space. It contends that this intrusion has the potential to harm the pregnant people subjected to it in medical contexts as a result of the normative practices and interpretative frameworks associated with it. The socio-cultural practices associated with fetal ultrasound pathologize pregnant bodies and perpetuate logics in which pregnant people are subordinated, discredited, devalued, and policed within social relations as women and mothers-to-be. Further, the paper argues that the intrusion of fetal ultrasound is obscured in the medical monitoring of pregnancy where it is taken for granted as a benign aspect of routine antenatal care. Consequently, we contend that fetal ultrasound is a normalized and gendered intrusion that can cause epistemic harm, scaffold obstetric violence, and may sometimes constitute a form of obstetric violence in and of itself.

1. Introduction

Since the codification of “obstetric violence” as one of nineteen forms of punishable violence against women in Venezuelan legislature in 2007¹ there has been a veritable explosion of literature on the topic. Obstetric violence is now widely recognized among scholars and activists as a global phenomenon: a gender-based, race-based, as well as colonial form of violence that specifically targets members of Black and Indigenous communities (Cohen Shabot 2016; Davis 2019; Chadwick 2021; Van der Waal et al. 2023).² It consists of not only physical violence but also sexual, structural, psychological, and epistemological violence. Examples of obstetric violence include nonconsensual medical procedures; neglect; surrogate decision-making; shaming; humiliation; gaslighting; discrimination; denigration; and silencing (Bohren et al. 2015; Chadwick 2018, 2021; Cohen Shabot 2019, 2021; Cohen Shabot and Korem 2018; Cohen Shabot and Sandler 2023; Mayra et al. 2021; Smith-Oka 2022). Despite the wealth of literature on obstetric violence, limited attention has been paid to the kinds of normalized intrusions and violations that provide the socio-cultural and medical scaffolding for it,

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such as those likely to be experienced by pregnant people before they enter the delivery room. The goal of this paper is to highlight one of these. We aim to call attention to a feature of many pregnant people's experience that can increase their vulnerability to obstetric violence and epistemic injustice: fetal ultrasound.

We theorize fetal ultrasound, as it commonly practiced in the context of medicalized antenatal care, as a normalized and gendered intrusion, which can cause epistemic harm, scaffold obstetric violence, and may sometimes constitute a form of obstetric violence in and of itself. It is important to note that the target of our critique is, precisely, the socio-cultural practices associated with fetal ultrasound, not fetal ultrasound *per se*. We do not dispute the important clinical function of fetal ultrasound in the medical monitoring of pregnancy, nor are we suggesting that fetal ultrasound should be rejected as part of pregnancy care. However, we approach fetal ultrasound as a human practice, loaded with cultural and gendered significance, with the potential to function as an integral part of the conditioning, surveillance, and policing pregnant people are typically subjected to.

The structure of the paper is as follows. Section 2 provides an overview of the feminist and philosophical literature on intrusion to show how the concept can be productively used to capture a broad range of ordinary experiences in women's lives whose status as an intrusion is mystified. Section 3 describes the phenomenology of intrusion and explains how gendered intrusions often have the effect of alienating the subject from their embodied self and their possibilities. Section 4 presents fetal ultrasound as a *normalized* intrusion by showing how its status as an intrusion is concealed by its overt social and clinical functions, before explaining how the failure to recognize ultrasound as an intrusion facilitates the violation of mandatory ultrasound. Section 5 then illuminates the covert misogynistic function of fetal ultrasound and details the kinds of epistemic harms it can expose pregnant people to. It argues that fetal ultrasound is a *normalized gendered* intrusion by showing how it serves to alienate pregnant people from their bodies by feminizing them, objectifying them, and habituating them to further intrusions.

2. Intrusion

Outside of feminist studies, the concept of "intrusion" has received little philosophical attention to date. A notable exception is Jean-Luc Nancy's essay, "The Intruder" (*L'Intrus*), which recounts his experience of having a heart transplant and of falling ill to cancer a decade later, fostered by the immune-suppressing medication he was taking to prevent his body from rejecting the grafted organ. Nancy theorizes strangeness as essential to the experience of intrusion, which he characterizes as "a trouble in the midst of intimacy," regardless of whether the intrusion is welcome (2008, 161). What is, perhaps, most instructive in Nancy's treatment of intrusion is his explanation of how his own failing heart was felt to be an intrusion, long before a stranger's heart was grafted into his body. Both illness and invasive biotechnological intervention are therefore presented by Nancy as intrusions that alienate the subject from the lived body and the self. As one commentator observes, intrusion does not denote "the actual penetration of the body by a technological apparatus" for Nancy but, rather, "a kind of foreignness felt in the first person" (Cassou-Noguès 2017, 85).

Within feminist studies, "intrusion" has been used to denote the kinds of gender-based incursions women are routinely subjected to, highlighting the continuities between them and sexual violence, as well as the important role normalized forms of male aggression play in the policing of gender. Street harassment is, by far, the most

well-researched of these intrusions. Paradigmatic examples of street harassment include: catcalling; whistling; kissing noises; following; commands to “cheer up” or “smile”; unwanted conversation; demands for attention, a date, a telephone number, etc.; sexual gestures; indecent exposure (“flashing”); threats of violence; and public masturbation. Certain physical intrusions, such as frottage and groping, and technologically enabled intrusions, such as digital flashing, via airdropped “dick pics” or “nudes,”³ and being photographed without consent (e.g., “creepshots” and “upskirts”) may also be categorized as street harassment when they occur in public spaces. Although there is some disagreement among scholars about what constitutes street harassment and how best to accommodate its intersections with other forms of discrimination and hate (Fileborn and O’Neil 2023), there is a consensus that when a woman is targeted for street harassment by a man or group of men, it can be understood as a form of gendered violence that aims to enforce male domination by compelling women to recognize their inferior status and violability (Stanko 1985; Kelly 1988; Bartky, 1990; Vera-Gray 2017a).

During the 1980s, radical feminist scholars approached street harassment, together with other “ordinary” male intrusions upon women’s experience, as not merely *continuous with* but as *manifestations of* sexual violence. Notably, Liz Kelly’s presentation of sexual violence as a continuum exploits both senses of the word to acknowledge how different manifestations of sexual violence blur into one another in women’s experience and to stress what she regards as the basic common character underlying different manifestations of sexual violence: “the *abuse, intimidation, coercion, intrusion, threat and force men use to control women*” (1988, 94). Similarly, Elizabeth A. Stanko takes ordinary intrusions to include “[t]he sexual advance by a male professor toward a young female student, the ‘rough sex’, the slapping of one’s wife, the wolf whistle on the street, the comments about women’s physicality” and “the man’s brushing up against a female secretary’s body in the xerox room” (1985, 10). Each of these examples is a form of sexual violence in Stanko’s estimation, even though women are typically taught to regard them as normal, non-threatening, and possibly even flattering, expressions of masculinity.

Despite the enduring influence of Kelly’s work in particular, scholarly and political discussions of sexual violence from the 1990s onwards concentrated mainly on the discrete categories taken to be most extreme: sexual abuse and rape.⁴ As a narrower conception, sexual violence can pick out a specific set of objective perpetrator behaviors that have known correlations with medically established victim harms such as physical injury, infection, unwanted pregnancy, and trauma. The rationale for this more focused approach is obvious from legal and policy-orientated perspectives. But an unfortunate effect of this return to a narrower conception of sexual violence was that it undercut the progress feminist scholars had made in understanding the function of ordinary male intrusions in the perpetuation of sexual violence by placing them outside the bounds of sexual violence and minimizing their significance once more (Vera-Gray and Fileborn 2018).

However, in recent years there has been a remarkable resurgence of scholarly interest in street harassment, which may now be approached as a field of study in its own right (Fileborn and O’Neil 2023). Of particular note is Fiona Vera-Gray’s book-length study, *Men’s intrusion, women’s embodiment: A critical analysis of street harassment* (2017a), which develops and applies a feminist-phenomenological approach to analyzing women’s experience of “men’s stranger intrusions”—a term Vera-Gray uses to refer to the varied forms of sexualized harassment women are subjected to in public spaces. In the spirit of earlier radical feminists, Vera-Gray places everyday male intrusions back on

the agenda and examines their impact on women's lives by attending to meanings that fall outside the scope of dominant criminal and medical (i.e., trauma-centered) frameworks. Her investigation into fifty women's experiences of men's stranger intrusions shows how both the reality and the possibility of such intrusions lead women to assume "a habitual modality of alienated embodiment" in which they "experience their bodies as a thing" rather than "as a living manifestation of their desires and intentions" (Very-Gray 2017a, 164, 167). Clearly, women's lives are radically impacted by these ordinary male intrusions since they often respond to them by limiting where they go, taking precautions in how they dress, continually monitoring and restricting their movements—in short, by altering the very way they "live" their body.

The term "intrusion" has recently been taken up by scholars to refer to numerous technologically facilitated forms of sexualized harassment that target women, including online abuse, image-based sexual violence, upskirting, and cyberflashing (Vera-Gray 2017b; McGlynn and Johnson 2021; Taylor 2023; McGlynn 2024). However, we believe its potential to identify a much broader range of harmful gendered and gendering phenomena remains relatively untapped. To illustrate this point, much of the rest of this paper will be devoted to arguing that fetal ultrasound, as it is usually practiced, constitutes a form of gendered intrusion that has until now been overlooked by scholars. While fetal ultrasound is not an experience that all women or only women have, recognizing it as a gendered intrusion provides a good basis for identifying other such intrusions because both its status as an intrusion and its misogynistic function are mystified by its overt clinical function, along with an array of positive cultural-affective associations. Accordingly, the exposition of the covert function of this procedure facilitates a deeper understanding of how certain medicalized violations and various forms of obstetric violence are scaffolded by this normalized medical intrusion in an analogous way to how sexual violence is scaffolded by ordinary male intrusions in broader society.⁵

Before we present our case for the view that fetal ultrasound is a gendered intrusion, let us first clarify what we take to be the key characteristics of intrusion. Although being uninvited is often taken to be the definitive objective feature of intrusion, we are primarily concerned with the first-person, subjective experience of intrusion because our focus is upon a form of intrusion that has been *normalized* so that its status as an intrusion is largely unrecognizable in terms of objective features. (As we shall see, fetal ultrasound is taken for granted as a welcome procedure, or even a "gift," for which no invitation is necessary.) Like ordinary male intrusions, the kind of intrusion we are concerned with is one whose status as an intrusion may only be briefly felt by the subject, before being dismissed as an irrational or unwarranted response. To home in on the subjective-affective responses that are sensitive to intrusions which are objectively invisible, then, it is necessary to identify some key characteristics of the phenomenology of intrusion.

3. The phenomenology of intrusion

What does it feel like to be intruded upon? Most simply, intrusion may be characterized as the imposition of some object into a subject's experience via an interruption of that experience. The phenomenology of an experience of intrusion can be described. First, an intrusion leads to a feeling of "strangeness" (as described by Nancy), or to return to Cassou-Noguès's formulation: "a kind of foreignness felt in the first person" (Cassou-Noguès 2017, 85). In other words, there is a realization that an object/consciousness with

agency has intruded into one's physical or psychological experience. This "strangeness" might be experienced as a "shock" (Beauvoir [1949] 2011, 332), or as a sudden realization that there is a change in one's experience/perspective. Subsequent to this shock of strangeness is an experience of objectification: one's own experience becomes "doubled" with the experience of the intruding agent—I see myself as an object for another's perspective or experience. In experiences of intrusion, objectification can, but does not always, lead to a third layer of experience: that of alienation—where perceiving one's own body as an object-for-others is experienced as an alienation from one's possibilities and desires.

It is worth noting here that not all objectification results in a negative experience of alienation—and this is an important point when considering subjective experiences of the intrusion of ultrasound. As Vera-Gray notes, "a habitual modality of alienated embodiment" is a frequent consequence of the objectification that comes from gendered intrusions (2017a, 164). This is an experience where the subject feels an estrangement from the self, or more precisely, the *possibilities* of the self. I feel alienated when I am conscious that my body is not for-me but is instead apprehended by the other as an object without regard to my subjectivity, agency, desires, or projects. Consider the case of a female philosopher who experiences an intrusion of sexually explicit comments by male audience members while attempting to present a conference paper. She experiences alienation when her body is apprehended as merely a sexual object, and hence her possibilities in her world, which she was attempting to live and realize, as a philosopher or as an intellectual, are passed over and ignored.⁶

Alienation is not a necessary consequence of objectification but instead arises when one is treated as an object in a way that alienates one from one's possibilities in a situation. When this happens, objectification is oppressive and compromising. One is reduced to an object, something that can be bought or "owned," something that can be disregarded or hurt without consequences. Perhaps one is treated as a commodity, as inert, as having an impotent subjectivity, as fungible or as lacking autonomy and self-determination (Nussbaum 1995).⁷ As Bartky avers: "To be a victim of alienation is to have a part of one's being stolen by another" (Bartky 1990, 32). However, Bartky also notes that there are instances of objectification that do not necessarily lead to alienation, such as a welcome sexual encounter where "a woman might want to be regarded as nothing but a sexually intoxicating body" and attention to her intellectual capacities might be wholly out of place in that moment (Bartky 1990, 26). In this way, it is important to be able to distinguish situations where objectification resulting from intrusions is experienced as oppressive, alienating, and compromising, and situations where it is not experienced in this way.

The intruding object may be material or ideal: it may be a colleague's hand squeezing your knee during a staff meeting or a slur shouted at you as you walk down the street. In any case, the flow of one's thoughts and actions are interrupted by an incursion into one's bodily, physical, and/or psychological space, along with a sense of another agency that eclipses one's own. As Vera-Gray puts it, it is "an experience where one's inner world is entered into rather than solely acted on" (Vera-Gray 2017a, 11). The perpetrator of the intrusion invades the subject's consciousness with an act that diverts their attention and/or agency away from the object it was previously directed toward. Intrusions thus emerge as fundamentally social phenomena; they are acts with agents and aims. Someone who is walking alone in the woods and has their peaceful contemplation interrupted by the crash of a tree falling nearby is unlikely to experience this event as an intrusion. For, so long as the crash of the tree is not associated with an

agent, it lacks the essential social dimension; it is a natural event, unrelated to the walker's activity apart from being contemporaneous with it.

But what of Nancy's experience of his own organ failure as an intrusion? How could this natural occurrence be apprehended as an intrusion? Nancy describes how his own heart "became strange" to him in and through his realization that it was failing him; the intrusion of his heart was "by defection" (2008, 163). His heart, previously an invisible part of the lived body (or, in Husserlian terms, *Leib*),⁸ appears within his experience as if it has a will of its own that opposes his will to live. The awareness of this bodily "betrayal" via the intrusion of his failing heart upon his experience creates a rift between Nancy and his body by bringing his body as a physical thing (*Körper*) to the fore of his attention when it had previously been incorporated into his self-concept as a lived body; the physical body interrupts his experience and becomes its object. Previously "absent," Nancy's body becomes present to him through the intrusion of illness, an experience described frequently in the rich literature on the phenomenology of illness (Leder 1990; Toombs 1993; Carel 2018; Svaneaus 2000). The alienation Nancy experiences from his body in the context of illness is profound: "something broke away from me," he writes, "or this thing surged up inside me, where nothing had been before: nothing but the 'proper' immersion inside me of a 'myself' never identified as this body, still less as this heart, suddenly watching itself" (2008, 163).

It is testament to Nancy's socially privileged position as a white, educated, able-bodied man that he'd never been made to identify with his body this way before the "natural" intrusion of his failing heart compelled him to do so. As Bartky's classic analysis of the catcall demonstrates, this kind of bodily alienation is common in women's experience, where gendered intrusions are a frequent cause of it. In response to the catcall, Bartky notes, "The body which only a moment before I inhabited with such ease now floods my consciousness. I have been made into an object . . . in this being-made-to-be-aware of one's own flesh" (1990, 27). Bartky's body is transformed into an object that she is made to identify with: a "nice piece of ass" (1990, 27). This experience of bodily objectification, and the subsequent alienation of one's project, task, or activity, as a result of a gendered intrusion has been thoroughly theorized by feminist scholars (e.g., Young 2005, 44–45; Beauvoir 2011, 321–22, 358–60; Ahmed 2017, 23–25; Vera-Gray and Fileborn 2018).

The difference between the manner in which the identification with the body-object is degrading in Nancy's and Bartky's accounts points toward the particular social function of the gendered intrusion. In Nancy's case, the identification is a degradation insofar as he becomes "a representation" *for himself*: he is this ill body, and his illness, which is simultaneously internal to his body and external to his self, is disclosed as being "at the heart" of his being (2008, 163). In Bartky's case, the identification is a degradation because she becomes a sexual object *for another*: the male "other" who reduces her body to an object for his gaze and to whose judgment she must therefore defer in her evaluation of it. Rather than being genuinely (hetero)sexually driven, Bartky interprets the humiliating force of this gendered intrusion as an indicator of its function as a "ritual of subjugation" that enforces male power (1990, 27).

While many gendered intrusions may be sexualized, they need not all have an ostensibly sexual character to perform this function. In their study of the gendered intrusion in which women are told to "cheer up" by men, for instance, Fiona Vera-Gray and Bianca Fileborn (2018) maintain that the harm of this interruption comes from the implication that the subject's being-for-others is the most significant part of her existence, which others have a right to remind her of if she appears to forget it. While

noting how multiple axes of power intersect in ways that may either exacerbate or mitigate this harm for women, they build upon Simone de Beauvoir's analysis of girls' experience of public sexual harassment—where girls learn to apprehend their own bodies as “object[s] destined for another” (2011, 345)—to suggest that “one becomes a woman in part through the experience of men's intrusions” (Vera-Gray and Fileborn 2018, 89), which is to say that gendered intrusions are instrumental to the cultivation of the feminine double-consciousness through which women simultaneously apprehend and live their status as an objectified, sexualized, inferior, Other.⁹

By proposing that fetal ultrasound is a hitherto unrecognized gendered intrusion, we hope to lend further support to this idea that normalized gendered intrusions inflect women's lives in profound ways by shaping their subjectivity and their self-concept, as well as habituating them to degrading forms of objectification and alienation, physical violations, and epistemic injustice. As violations are typically clearer to see than intrusions, we will now show how fetal ultrasound is an intrusion in ordinary circumstances partly through showing how it can constitute a violation in certain circumstances.

4. Fetal ultrasound as a normalized intrusion

Fetal ultrasounds are a normalized part of pregnancy care and have been used routinely for fetal monitoring since the 1980s (before which palpation was the norm) (Oakley 1986).¹⁰ As fetal ultrasound delivers vital information in cases of risk and pathology and many expectant mothers welcome the insight into their womb it provides them with, popular and medical opinion appear to converge in viewing it as unequivocally beneficial.¹¹ However, feminist scholarship over the last four decades has called attention to its problematic aspects. In particular, it has emphasized that the fetal imagery it delivers provides only a partial and illusory picture of pregnancy. Since it is only by *looking through* the pregnant body that fetal ultrasound scans can yield images of fetuses as individuals suspended in empty space, the resultant images render the pregnant person invisible (Rothman 1986; Sandelowski 1994; Meyers 2010). Such images cast pregnant people into the background, from which they later reemerge discursively as sites of fetal development; fetal vessels, containers, or environments; and, at best, passive witnesses to their own pregnancy (Rothman 1986; Duden 1993). Fetal ultrasound imagery therefore artificially removes the fetus from its proper context; it presents the fetus not *in utero* so much as *in solitudo*—a tiny (hu)man¹² alone in a dark, impersonal wilderness. Hence, the technologically mediated visibility of the fetus has facilitated the creation of a previously unarticulated fetal subjectivity; the unborn has been interpellated as human—a baby, son or daughter—and has been endowed with interests, rights, and, in the present day, specialized medical care (Lupton 2013, 35–38; Mills 2005, 2008).

As a result, sonographic images of fetuses have had a significant impact beyond biomedical contexts and played a role in shaping social and political discourse about pregnancy and parenthood. The fact that “ultrasound” is generally taken to refer to fetal ultrasound is a good indication of the broad public familiarity with the obstetric application of ultrasonic technology. The term “public fetus” is often used to denote the proliferation of fetal images in mass media and the concomitant presentation of the subjects of these images as “babies” and independent moral subjects that demand our care.¹³ As Catherine Mills argues, the ultrasound image “does not simply *re-present* an already existing body, but actually constitutes the fetus as an embodied, social being”

(Mills 2008, 62). The ultrasound image generates an “illusion of immediacy,” because without the image the existence of the fetus is only apparent through “the swelling belly of a pregnant woman” (Mills 2008, 62). Indeed, the effacement of the maternal body in ethical debates about pregnancy-relevant care, and the undermining of women’s epistemic authority about their own pregnancy are well-theorized topics within feminist scholarship (Petchesky 1987; Duden 1993; Lupton 2013; Mills 2005, 2008, Lymer and Utley 2013). Moreover, the ubiquitous presence of fetal imagery in public health campaigns and pregnancy guides attests to their normative force—i.e., their power to instruct us on the meaning of pregnancy and how we ought to respond to it—which has been exploited by anti-abortion campaigns and the rhetoric of the far Right (Michaels 1999; Mills 2008; Hopwood 2024).

A major challenge to feminist critiques of fetal ultrasound is that their negative portrayal of this technology conflicts with many pregnant people’s positive reports of their experience of it, as well as their demand for it. Rosalind Pollack Petchesky’s pathbreaking article recognized the need to correct the myopia of early feminist commentary on fetal ultrasound by approaching fetal images through the lens of “pregnant women as viewers” so as not to inadvertently silence women by submerging their experiences under the dominant discourse that construes the (male) medic as the subject looking at the fetus-object by seeing through the woman-container (1987, 278). Even if a function of the public fetus is to condition expectant parents to want to receive their own “private” sonographic images in a very particular way—namely, as pictures of “our baby”, or “babies” in the case of multiples, that also confer reality on it/them—and even if the pleasure many women report in viewing such images can be construed as problematic from a feminist perspective, Petchesky emphasizes the point that women’s experience of fetal ultrasound is not a monolith and explorations of the differences between women’s experiences are required to bring greater nuance to feminist attempts to demystify fetal images. Although fetal ultrasound may well be a means of “objectifying the fetus (and the pregnant woman herself as detached from the fetus)” in a pregnant woman’s experience, she notes that this kind of objectification and detachment might prove “necessary for her to feel erotic pleasure in it” (1987, 283).

Petchesky’s message here is that it is important to examine women’s experience of fetal ultrasound images carefully because while women may be primed to receive them in a very specific way, the “expected” aspects of their experience will coalesce with spontaneous physical-affective sensations that reflect the particularity of their socio-material situation, desires, and fears. The range of effects fetal ultrasound can have on pregnant women cannot therefore be apprehended solely through structural analyses that do not attend to women’s concrete experience. In short, in a socio-cultural landscape where the photographic image (and its sharing via technological mediums) is a ubiquitous cultural form, it is understandable that many women will take pleasure in seeing images of their “baby,” or “babies”, and may take pleasure in sharing those images with loved ones and friends. It is also certain that fetal ultrasound will cause pain for others, which is likely to be exacerbated by their inability to access the pleasure associated with the procedure—if, for example, it reminds them of previous unwanted pregnancies, negative pregnancy outcomes, or other distressing reproductive medicine procedures experienced in the past.

Despite the influence of Petchesky’s work, Niamh Stephenson, Kim McLeod, and Catherine Mills observe that there is still a tendency within the feminist literature to oppose technological visions of the fetus to women’s embodied experience and interests in an overly simplistic way. They maintain that the “optic/haptic division” typically

taken for granted in analyses that construe fetal ultrasound as a form of medical colonization miss “the possibility that images can be encountered as embodied experience,” so the assumption of such a division in such analyses effectively prioritizes “the constitutive potential of vision, even as they try to contest it” (2016, 19). Their article aims to counteract this tendency by offering a qualitative analysis based on interviews conducted with twenty-six pregnant women on their experience of routine twelve-week “nuchal” and eighteen-to-twenty-week “morphology” fetal ultrasound scans in Australia. They found that the women interviewed were actively navigating three levels of ambiguity—ontological, aesthetic, and epistemic—that fetal ultrasound presented them with and that their apprehension of ambiguity is fundamentally distinct from that of the attendant medical practitioners’ because it is sensitive to their individual investment in their pregnancy.

A balance must be achieved here: while any satisfactory account of the social function of fetal ultrasound must attend to women’s reports of their experience, it is also vital to hold on to the insight that fetal ultrasound, as it is practiced in developed countries, forms part of a wider medical-industrial complex that pathologizes pregnancy and pregnant women and, thereby, undermines the pregnant subject’s credibility as a witness to their own pregnancy, both for others and for themselves. To balance a critical with a phenomenological approach, we propose that fetal ultrasound is a *normalized intrusion* upon pregnant people’s bodies. As discussed in the previous section, an intrusion may be characterized as the imposition of some object into a subject’s experience via an interruption of that experience, leading to a feeling, or “shock,” of “strangeness,” and a subsequent experience of objectification, that may or may not result in alienation. A simple reason for conceiving of ultrasound as an intrusion is that consent is typically presupposed for this procedure, and it is sometimes coerced. Although consent is required in principle,¹⁴ pregnant women’s willingness to have this procedure is often taken for granted in practice, and pregnant women may not even be aware of the diagnostic purposes of the scan (Fitzgerald 1999; Mitchell 2004). Erin A. Frost’s experience is telling in this regard:

I once experienced a situation in which an obstetric resident tried to get me to submit to two ultrasounds in a single visit. Consent was never part of the conversation until I initiated it by questioning why the second scan was necessary. The resident was shocked; she had never had a pregnant patient before who wasn’t excited to “see the baby,” and she wasn’t accustomed to having to articulate the purpose of a scan. (2021, 57)

Frost’s account captures how pregnant people’s resistance to pregnancy ultrasound in the context of a welcome pregnancy is almost inconceivable. It also shows that this inconceivability is unsurprising in view of feminist expositions of the function of the public fetus in promoting the idea that fetal ultrasound provides a precious picture of the unborn baby, since the question raised by the resident in response to Frost’s reservations about being submitted to yet another scan appears to be: How could a mother-to-be refuse an opportunity to see her unborn baby? When the pregnancy is welcome, the pregnant person’s experience of fetal ultrasound is presumed to be wholly positive as *seeing the baby* is the only part of the experience that is acknowledged; its status as an intrusion is not.

It is only conceivable that a pregnant person would not want an ultrasound scan in cases of unwelcome pregnancy. Again, the intelligibility of pregnant people’s desire is a

product of social discourse shaped by the public fetus: those seeking abortion care would not want to see the “baby” whose “life” an abortion would terminate because they would have to acknowledge the fetus as an “independent human being” when confronted with the ultrasound image, which would make it more difficult for them to go ahead with an abortion. In certain parts of the USA, however, the law steps in to prevent pregnant people seeking abortion care from satisfying their presumed desire not to see their fetus.¹⁵ According to the Guttmacher Institute (2025), twenty-seven states currently regulate the provision of ultrasound by abortion providers, and six of these—namely, Arkansas, Kentucky, Louisiana, Tennessee, Texas, and Wisconsin—mandate that abortion providers perform an ultrasound *and* show and describe the image to any person seeking an abortion as a condition for the provision of abortion care.¹⁶ The aim of this sort of legislation, as Paul Laitzen argues, is to use images in order to “facilitate an emotional identification between a pregnant woman and a fetus” in order to dissuade or discourage women from going through with the abortion (Lauritzen 2008, 51).

As transabdominal, or “jelly on the belly,” ultrasound is the form of fetal ultrasound that the public have been most exposed to, it should be noted that many ultrasound-for-abortion laws demand standards of imaging that require transvaginal ultrasound—in which a transducer is inserted into the pregnant person through their vagina—in early pregnancy (Green 2013).¹⁷ In contexts in which fetal ultrasound is legally mandated as a condition for the receipt of abortion care, physicians are forced “to violate the ethical principle of respect for patient autonomy” (Russo 2014, 242) because consent for this procedure is clearly coerced when it is a condition for access to the care sought. In contexts in which the kind of ultrasound mandated is transvaginal, physicians are also forced to violate their patients. Ironically, the laws mandating this violating procedure, for which consent is coerced, are presented as vital for securing “informed consent” for the abortion procedure.¹⁸

Critical analyses of US ultrasound-for-abortion laws bring the intrusive features of fetal ultrasound into sharp relief. When a fetal ultrasound is neither welcome, nor medically indicated, but legally mandated, it emerges as an intrusion at both the physical and the psychological level. Although the physical dimensions of the intrusion are most obvious in the case of transvaginal ultrasound, which has been likened to rape (Green 2013), transabdominal ultrasound also entails a physical intrusion; the vulnerable abdominal region is exposed, pressed upon by a transducer, and the contents and contours of the pregnant person’s internal organs are displayed on an external screen, in a process that facilitates such a drastic fragmentation of the perceived body that Barbara Duden describes it as “skinning” (1993, 7). As in the cases of intrusion discussed in the previous section (e.g., catcalls, street harassment), through this procedure the lived body is objectified and the pregnant person’s subjectivity is interrupted. No longer is the pregnant body solely lived since it is also given to the gestating subject as an object for medical examination. Of course, this objectification might be welcomed and experienced as a relief or joy (especially if there are medical concerns and the expertise of a medical professional is desired), and first-person experiences of alienation might not follow from this objectification. Nonetheless, it should also be acknowledged, as many feminist scholars have argued, that there is a structural alienation folded into objectification via visual technologies in pregnancy (Rothman 1986; Duden 1993; Young 2005, 55–61; Freeman 2015). Namely, pregnant people are conditioned to experience the “truth” of their bodies through a third-person medical gaze, and become alienated from their own bodily experiences, discrediting or losing trust in their first-person sensings and intuitions.

The psychological dimensions of the intrusion involve the insertion of a culturally and affectively loaded image into the subject's cognitive schema, which is likely to alter their self-perception and impact their choices. As noted above, the ultrasound image does not simply *re-present* an existing subject, but itself constitutes the fetus as an embodied and social being (Mills 2008). Through this image, which inaccurately depicts to the viewer the existence of an independent social and ethical subject, Mills argues, there is a concomitant establishment of the need for an "ethical response" (Mills 2005, 428). Hence, when a pregnant person is coerced into viewing an ultrasound scan in order to secure an abortion, Carol Sanger contends that the state intrudes upon their decision-making space, a space which must be protected if the choice of whether to have an abortion is to be protected. She draws a contrast between laws that forbid electioneering within a certain range of the voting booth and ultrasound-for-abortion laws: whereas the former protects the space between a person's decision-making and their acting upon it, the latter guarantees that this same space will be invaded by forceful fetal imagery. Far from providing politically neutral medical data in the service of informed consent for abortion as a medical procedure—i.e., information about what the procedure involves and the associated risks—Sanger affirms that the fetal images rendered by the ultrasound scan are unlikely to yield any new information relevant to the decision of whether to have an abortion,¹⁹ but likely to deliver a "phenomenological wallop" (2008, 382). As most people seek abortion care in early pregnancy when they rarely appear pregnant, the experience of being subjected to fetal ultrasound may instigate a significant shift in their attitude because this practice symbolizes the modern initiation into motherhood. Or, as Sanger puts it, once the "fetus has had its little mug shot taken, the [pregnant person] has embarked on the social experience of motherhood" (2008, 382). Without the ultrasound image, the fetus is likely to be experienced not as an isolated entity that looks viable outside the womb (as it appears in the image), but as a part of the gestating organism. The visual image of the fetus becomes a "strangeness" now perceived to reside within the pregnant body, altering the subject's self-concept.

Mandatory fetal ultrasound, in the context of ultrasound-for-abortion legislation, constitutes a twofold intrusion, which compromises the pregnant person's physical integrity and their autonomy. In cases of transvaginal ultrasound, it clearly involves a violation that is phenomenologically very close to a sexual violation. Whether transvaginal or transabdominal, though, mandatory fetal ultrasound always constitutes a form of obstetric violence in our view because of the impact the twofold intrusion is likely to have on the subject's psychology.²⁰

The same twofold intrusion present in mandatory fetal ultrasound is also a feature of routine fetal ultrasound in welcome pregnancies; yet the contrasts typically drawn between mandatory ultrasound in abortion care and routine ultrasound in antenatal care overlook their important similarities. Sanger, for example, states that "while a welcome and rewarding experience in the context of wanted pregnancies, ultrasound becomes pernicious when required by law in connection with abortion" (2008, 351). Despite her great sensitivity to the intrusive dimensions of mandatory ultrasound, Sanger presumes that routine ultrasound is an unambiguously positive experience for people whose pregnancies are wanted. The rationale underpinning this presumption appears to be thus: fetal ultrasound cannot be intrusive in welcome pregnancies because it gives expectant parents a precious glimpse of their unborn "baby." But we should be wary of this reasoning, first because it bears an uncanny resemblance to another

widespread presumption about women's desire: i.e., that women in heterosexual relationships always welcome sex with their partners. In both cases, consent to a relationship—i.e., to being a future mother or girlfriend/wife—is stretched to include all aspects, including intrusions upon the subject's body, that external (medical and/or juridico-legal) systems deem to be part of that kind of relationship. Second, this reasoning implicitly relies on assumptions and associations engendered by the public fetus—the main one being that fetal ultrasound represents the first, “sacred” encounter between parents and their baby.

The normalization of fetal ultrasound thus generates the assumption that it is always welcome in wanted pregnancies, and it clearly bolsters the view that mandated ultrasound is a legitimate aspect of abortion “care” rather than a state intrusion into pregnant people's bodies and private choices. But it is also by exploiting the gendered nature of the intrusion in fetal ultrasound that the political discourse supporting ultrasound-for-abortion legislation attempts to mystify the coercive and violent aspects of mandatory ultrasound by framing the practice as protecting “Women's Right to Know” (Rodrigues 2014).

5. Fetal ultrasound as a gendered intrusion

It is obvious that fetal ultrasound is a gendered practice: it is primarily performed on pregnant women's bodies, and when performed on bodies of trans men, non-binary or genderqueer subjects, gender continues to be a salient feature of the procedure. However, fetal ultrasound is not merely a gendered intrusion because of the salience of the gender(s) of its recipients. As we shall discuss in this section, fetal ultrasound is a gendered intrusion because it plays a part in establishing hierarchies of value among embodied subjects that fall along traditional gender lines. Namely, it establishes and maintains logics where pregnant people are subordinated, discredited, devalued, and policed within social relations qua women and mothers-to-be.

Fetal ultrasound exists on a continuum of other gendered intrusions that pregnant people are routinely subjected to and conditioned to accept as a matter of course. For example, in the fifth edition of *What to expect when you're expecting*—a best-selling pregnancy guidebook marketed as a “best friend” during pregnancy—one finds the following warning: “once you share your happy news [of the pregnancy] (or it becomes oh-so-obvious), people you know (and, yes, even those you don't) will be more than happy to share unsolicited advice, comments about your weight, nightmare labour stories and finger-wagging critiques of your morning latte” (Murkoff 2016, 127). Later on, the book also offers readers advice on how to deal with the common experience of unsolicited tummy touching, recognizing the difficulties pregnant people are likely to encounter in trying to avoid it: “bumps aren't the communal property some people view them as—and tummies can (and should) have borders. If uninvited rubbing is rubbing you the wrong way, you have every right to head off those hands headed towards your bump” (Murkoff 2016, 227). These warnings illustrate the extent to which intrusions upon pregnant people are normalized, and the very fact that the book reminds pregnant people of their right not to be intruded upon in these ways demonstrates an appreciation of how likely they are to default to accepting these kinds of intrusions or to see them as a “normal” part of the pregnancy experience, despite the discomfort they may cause, because these intrusions will usually be experienced as continuous with pregnant people's socialization *as women*. Indeed, acknowledging the manifold, mundane intrusions pregnant people are subjected to enables us to see how heavily their behavior

is policed along gendered lines. Such intrusions can be seen to serve a misogynistic function, in Kate Manne's sense of the term, for they simultaneously feminize pregnant people by positing them as "owing" their "human capacities" to others, "often men and his children" (2018, 173), and punish those who don't seem to be prioritizing the relevant others over themselves because they are drinking coffee, running, gaining "too much" weight, etc., etc.

Of all the intrusions pregnant people are subjected to, fetal ultrasound is particularly significant as a result of the psychological dimensions of it discussed above—i.e., the "shock" or "phenomenological wallop" it initiates. Notably, the first routine fetal ultrasound scan is typically provided in the first trimester (at twelve weeks or earlier), before the pregnancy is "showing," so it often provides pregnant people with the first opportunity to relate to themselves as the parent of this "baby" (or "babies"). "Firsts" tend to shape expectations about the future—e.g., first day at school, first meeting with one's employer, first dates, etc. That the first image of the "baby" typically occurs in a medical context in which the pregnant person is objectified as a baby container, who lacks complete knowledge of their condition beyond their experience of some physical symptoms (e.g., fatigue, nausea), and is alienated from aspects of the self and possibilities beyond being a mother-to-be, is important for understanding how pregnant people are primed to become victims of obstetric violence.

This point is illustrated in the testimony of Thea who experienced rough-handling, bordering on assault, at the hands of the healthcare professionals performing fetal ultrasound scans, and who felt objectified and dehumanized in the course of these scans more generally: "Some of the people who do the scan, sometimes they're well, they almost pull them [the pants] down for you. Instead of me pulling them down, you know. Because you're just another patient to them. I feel that I would like to be allowed, you know, to do that myself." (Thea, as quoted by Bonnén et al. 2023, 7). Thea's experience is also telling in regard to a specific form of objectification operative in fetal ultrasound. She states, "I feel sometimes that they forget that I'm not just a body lying here [laughing]. I think it's nice to pull down my trousers myself and like, 'well, now I'm ready'" (Thea, as quoted by Bonnén et al. 2023, 7). The objectification Thea describes resembles the sexual objectification women routinely experience insofar as it simultaneously reduces them to an object by depriving them of their subjectivity. But the form of objectification pregnant people are subjected to *desexualizes* their bodies (Young 2005, 54; Lyerly 2006, 110–15). Hence, what would be perceived as a sexual assault in almost any other context—pulling a woman's trousers down without her consent—passes for normal behavior when the pregnant body is apprehended as a "baby container" and the "baby" is taken to be the patient.

Lauren Freeman's discussion of the "panoptics of the womb" (2015) is useful to unpack the epistemological implications of this form of objectification further. Freeman uses the term "panoptics of the womb" to refer to the dominance of, and reliance on, visual technologies, particularly ultrasound, in the medical monitoring and surveillance of pregnancy.²¹ As she argues, "the overuse of and overreliance on certain technologies . . . manifests itself in the power that physicians and medical professionals have over pregnant women" (Freeman 2015, 45). In pregnancy, women clearly have "epistemic privilege," because the pregnancy exists within their own bodies, and they have first-person phenomenologically immediate access to their pregnancy-related sensations and bodily experiences, and can use this to give testimony about the pregnancy. However, in medical contexts, women are frequently and repeatedly positioned as having less "epistemic authority" (that is, valid knowledge about their condition) than the medical

professionals who care for them. Freeman argues that this imbalance has been intensified through the “panoptics of the womb,” or in other words, the widespread use of fetal ultrasound imaging technology during pregnancy.

Using ultrasounds means that clinicians can “dispense with mothers as . . . necessary informants on fetal status” (Oakley 1986, 155), and instead treat pregnant women’s bodies as “objects of mechanical surveillance rather than recipients of antenatal ‘care’” (Freeman 2015, 49). Freeman cites the example of the due date, where a woman’s own account of the date of conception is not believed if it does not correspond to the due date calculated as a result of fetal size in the ultrasound scan—even if the conception date indicated by the ultrasound does not correspond to a date where there was sexual activity. In this case, as Freeman notes, quoting Mitchell and Georges (1997), the woman’s knowledge is seen as an “unreliable source” or “poor substitute” for the knowledge generated by the ultrasound (Freeman 2015, 49). More harrowingly, Sara Cohen Shabot (2019) recounts her experience of being dismissed as a viable interlocutor on her pregnancy by a gynecologist when she was miscarrying during early pregnancy. Cohen Shabot was told (falsely) that she was not miscarrying on the grounds that her comprehension of what was happening to her—based on her own monitoring of her pregnancy and previous experience of miscarriage—conflicted with the gynecologist’s interpretation of the ultrasound scan. In this context, fetal ultrasound became “the ultimate silencing weapon” (2019, 15).

Not only is women’s epistemic authority denigrated in this sort of clinical encounter, but their own trust in their embodied experiences also becomes diminished. In other words, women become habituated to being alienated from their lived bodies and become conditioned to rely on a third-person perspective to constitute the “reality” or “truth” of their embodied states. In this way, Freeman argues, the ultrasound “preserves a patriarchal arrangement of power and authority where technological surveillance of pregnancy constitutes a new but not unfamiliar order of control over women” (Freeman 2015, 49). Putting the obvious clinical benefits and positive affects customarily associated with fetal ultrasound aside, it is possible to identify a structural alienation folded into the objectification delivered via visual technologies in pregnancy care. The function of this alienation is to condition pregnant people to experience the “truth” of their bodies through a third-person medical gaze, and become alienated from their own bodily experiences, discrediting or losing trust in their first-person sensings and intuitions about how they ought to relate to their body and the “baby” it contains. Accordingly, fetal ultrasound emerges as the latest, and perhaps most effective device, in a long line of strategies “for educating women to become good mothers” (Oakley 1986, 185). As a result of its role in interpellating “good” and compliant mothers, fetal ultrasound as a normalized intrusion also provides a critical socio-cultural-medical scaffolding for obstetric violence.

6. Conclusion

Even before the term “obstetric violence” gained traction, feminist scholarship had highlighted links between the phenomenon and various interconnected structural factors, such as the institution of motherhood, the alienation of women from their own bodies, medical misogyny, the sexual objectification of women, the pathologization of women’s bodies, the capitalist co-option of reproduction as a form of production, and the medicalization of childbirth (e.g., Rich [1976] 2021; O’Brien 1981; Oakley 1986;

Martin 1987). Undoubtedly, it is partly a consequence of being situated within broader misogynistic socio-political structures that certain forms of obstetric violence have been found to have a similar phenomenology to sexual violence and rape (Cohen Shabot 2016).²² This analysis of fetal ultrasound indicates how obstetric violence is, like sexual violence, a socio-culturally scaffolded phenomenon insofar as it occurs within a wider context of normalized gendered intrusions upon pregnant people's bodies. However, it has also shown that the intrusion of fetal ultrasound is qualitatively different from the kinds of intrusions that may be situated on a continuum of sexual violence (cf. Kelly 1988), and that it is not merely a consequence of feminine bodies having already been rendered "open" by everyday sexual intrusions. Fetal ultrasound is distinct from other gendered and sexualized intrusions in virtue of its socio-cultural framing as both a medical necessity and a pregnancy milestone. This framing primes pregnant people undergoing fetal ultrasound to feel epistemically dependent upon their "intruder" in relation to their (pathologized and desexualized) body in a way that the subject of the catcall, for example, is not. Indeed, the procedure is often interpreted by pregnant people to confer "reality" on their pregnancy (Stephenson et al. 2016).

Fetal ultrasound thus emerges on a continuum of normalized intrusions and violations upon pregnant people, with a cultural, affective, and gendering force that is typically overlooked, and which is likely to play a key role in the psychological conditioning of pregnant people by habituating them to experiences of intrusion, alienation from their body, reduced autonomy, and redundant agency. As a routine intrusion which undermines pregnant people's epistemic authority and erodes trust in bodily sensations, fetal ultrasound forms part of the normalized medical landscape of pregnancy that gives authority to healthcare practitioners and positions pregnant people as passive recipients of expertise and care. As such, routine fetal ultrasound in antenatal care is an important feature of the social and medical practices that constitute the subjectivity of the pregnant person as one that is especially vulnerable to the influence, judgments, biases, and whims of medical professionals whose epistemic authority is presumed to trump their own.

The exposition of fetal ultrasound's covert function as a gendered intrusion that objectifies pregnant people and displaces them as chief authority on their pregnancy highlights how fetal ultrasound can normalize other intrusions and violations that occur in the course of abortion, antenatal, intranatal, and postnatal care. We believe that recognizing obstetric violence as a phenomenon that is socially, culturally and medically scaffolded by normalized gendered intrusions such as fetal ultrasound helps to account for why the wrong of obstetric violence may be invisible to those who perpetuate it and why those best qualified to attest to its wrongful nature—i.e., its victims—may often silence themselves due to feelings of shame and fear and/or the belief that nobody would believe their interpretation of events over that of medical professionals (Green 2013).²³

While we offer this analysis to show that fetal ultrasound is a normalized intrusion that can increase a pregnant person's vulnerability to obstetric violence and epistemic injustice, it is important to emphasize again that the targets of our critique are the *socio-cultural* practices associated with fetal ultrasound. As noted above, we do not dispute the important clinical function of fetal ultrasound, nor are we suggesting that it should be rejected as part of pregnancy care. However, attending to the cultural and gendered significance of this practice illuminates its significant role in the conditioning, surveillance, and policing pregnant people are typically subjected to in the context of medicalized antenatal care.

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Notes

1 Although the term “obstetric violence” can be traced back to the nineteenth century (Blundell 1827), Venezuela became first country to implement legislation on it in 2007. In this context, it is defined as the “appropriation of women’s bodies and reproductive processes by health professionals, expressed as dehumanising treatment and/or abusive medicalisation and pathologisation of natural processes, resulting in loss of autonomy and the capacity to decide freely about their own bodies and sexuality, negatively impacting women’s quality of life” (República Bolivariana de Venezuela, as quoted by Brunello et al. 2024, 16).

2 To strike a balance between an overly narrow construal of obstetric violence as a form of interpersonal violence—which overlooks the structural and institutional components of it and fails to accommodate many victims’ experience of the phenomenon—and one that is too expansive to pick out a distinct form of violence, we take the term to incorporate all violations of the gestating/birthing/postpartum subject’s integrity in the context of facility-based abortion, antenatal, intranatal, and postnatal care. Here, we follow Pickles (2024) in focusing on integrity but depart from her in using the term to include violations that occur beyond the birthing room.

3 Airdropping does not require the sender to have the recipient’s contact details but merely that they are within a close range of the intended recipient. This makes it possible for senders to send unsolicited images to people who are otherwise unknown to them in public spaces.

4 It should be noted that the classification of certain acts of sexual violence as “extreme” presupposes the kind of hierarchical continuum that Kelly (1988) rejects, in her effort to recognize (1) the failure of discrete analytical categorizes to faithfully represent women’s experience, (2) the seriousness of *all* manifestations of sexual violence, and (3) how the impact of non-lethal sexual violence on a woman’s life cannot be simplistically inferred from the form(s) she’s been subjected to.

5 For an analysis of the cultural scaffolding of rape, see Cahill (2016).

6 LD discusses this example in *The body and shame: Phenomenology, feminism and the socially shaped body* (Dolezal 2015, 36).

7 For a discussion of the various aspects of objectification see Nussbaum (1995). However, in this paper, Nussbaum does not meaningfully distinguish between alienation and objectification, and seems to regard alienation as merely a type of objectification.

8 For a discussion of the lived body in phenomenology, see Heinämaa (2021).

9 There are obvious affinities between Beauvoir’s account of the feminine consciousness and Frantz Fanon’s account of the black man’s consciousness (Vera-Gray and Fileborn 2018). Although Beauvoir’s analogies between race- and gender-based oppression are problematic (Belle, 2024), the experiences of double-consciousness that are invoked in racism and sexism have obvious parallels when explored through a phenomenology of objectification and alienation.

10 As Lauren Freeman notes, ultrasound technology was originally developed for military use in World War I and was first used in the 1950s in obstetrics as a diagnostic aid for abdominal tumors, which led one of the doctors that pioneered the use of ultrasound in pregnancy to comment: “the commonest abdominal tumor in women is pregnancy” (Freeman 2015, 49), a comment which attests to the persistent pathologization of women’s bodies and ordinary bodily events (e.g., menstruation, pregnancy, menopause).

11 Although medics have warned of the uncertainty of clinical goods and harms resulting from routine fetal ultrasound (Chervenak and McCullough 2009) and the Association for Medical Ultrasound presents the ALARA principle—i.e., that of As Low As Reasonably Achievable exposure to ultrasound—as the rule for prudent practice (2020), routine pregnancy ultrasound has not only been embraced as the norm in most industrialized countries, there is also an increasing demand for commercial or “keepsake” fetal ultrasound

(Denbow 2019). Recent reporting about commercial ultrasound points out that it can lead to harm including missed health problems, misdiagnosed conditions, and erroneous reports of fetal death (Davies 2025).

12 Notably, Barbara Katz Rothman maintains that sonographic images of the fetus are a metaphor for “man” floating freely in space, “attached only by the umbilical cord to the spaceship” (1986, 114).

13 Images of a disembodied fetus from Lennart Nilsson’s 1966 *Life Magazine* feature heralded this important cultural shift in how pregnancy is construed within medical and social discourses. These striking images of a fetus floating in a celestial-like black space, accompanied by captions such as “the drama of life before birth” and “a thumb to suck, a veil to wear,” positioning the fetus as an entity entirely independent from the mother’s body within which it was contained (Lymer and Utley 2013). Subsequently, by developing John Berger’s contrast between private and public photographs, Petchesky coined the term “public fetus” (1987, 280–82). One can find sonographic and sonogram-inspired images of floating fetuses in popular films such as *2001: A Space Odyssey* (1968), *Junior* (1994), *Juno* (2007), and *Bridget Jones’s Baby* (2016), *Blonde* (2022); Massive Attack’s music video for “Teardrop” (1998); British 25p postage stamps in 1994 (McNay and Fleming 1999); and Volvo car advertisements (Taylor 1992). Hence, Julie Roberts’s preference for the term “celebrity foetus” (2016, 35).

14 See, e.g., UK National Health Service (NHS) guidelines regarding consent for fetal ultrasound: https://www.pi.nhs.uk/ultrasound/screening/consent_guide.pdf (Accessed December 22, 2025).

15 Of course, in reality, the desires of pregnant people seeking abortion care are heterogeneous and complex, as are their responses to mandatory fetal ultrasound, which have been found range from those expected—either deciding against abortion or proceeding with the abortion with a greater emotional toll—to the unexpected—feeling more comfortable in their decision to have an abortion (Kimport et al. 2012).

16 The ultrasound-for-abortion policies are less stringent in the remaining states: ten mandate that abortion providers perform an ultrasound on each person seeking an abortion, with eight of these requiring providers to offer the patient the opportunity to view the image; eight require that a patient be provided with the opportunity to view an ultrasound image if their provider performs this procedure as part of preparation for an abortion, and require that all patients be provided with the opportunity to view an ultrasound image.

17 Kelsey Anne Green also points out how even a political advocate for ultrasound-for-abortion legislation, Pennsylvania Governor Tom Corbett, demonstrated ignorance of its implications for pregnant people by affirming that the procedure mandated was “exterior not interior” (Corbett as quoted by Green 2013, 1180).

18 Green observes how the rationale for prioritizing consent for the abortion procedure over consent for the ultrasound one is made clear in the following statement from Representative Rapp, delivered at a press conference on the Women’s Right-to-Know Act: “[W]e hope through this legislation, once women see all the material that is available to them, the image of their child, the heartbeat, and hearing that heartbeat, seeing those little fingers and toes, that they will make the informed decision to save that child, and to deliver that child and raise that child” (Rapp as quoted by Green 2013, 1180).

19 Information on the number of fetuses, location, and gestational age is yielded in early pregnancy ultrasound scans. This is medically relevant for abortion practitioners’ decisions about which technique to use for the abortion, but it is usually irrelevant to a woman’s choice of whether to have an abortion as this choice is usually based on considerations of her circumstances and how carrying the pregnancy to term will impact her life.

20 For a first-person account of the experience of this twofold intrusion, see Carolyn Jones’s account of her experience of mandatory transabdominal ultrasound—after discovering that her fetus had a severe, irreversible abnormality. Jones’s experienced the procedure as an incredibly painful ordeal, which was also futile because she and her partner had “already made our heart-breaking decision about our child, and no incursion into our private world could change it” (Jones 2012, n.p.).

21 Freeman notes that the term “panoptics of the womb” was coined in the late 1980s by a Boston hospital-based Chief of Maternal and Fetal Medicine. He stated that the aim of the panoptics of the womb is “to establish normative behaviour for the fetus at various gestational stages and to maximize medical control over pregnancy” (Freeman 2015, 45).

22 There are several representative descriptions in the literature that demonstrate the phenomenological parallels between obstetric violence and rape. For example: “The behaviour and treatment I was involved in outweighs rape. I have been through it twice and this was twenty-five times worse.” (Informant 5, as quoted in Annborn and Finnbogadóttir 2022, 5); “It was like a feeling of rape, completely out of control. My body was totally violated. I felt nobody cared” (Sarah Lasch, as quoted by Martin 1987, 84); “My daughter’s birth contained all the elements of a rape . . . Like most rape victims, I dried my tears, stuffed my pain and proceeded to get on

with my life. Like many rape victims, I didn't report the crime nor did I seek help. I also didn't have a clue how profoundly or for how long these acts of violence would affect my life" (Richland 2008, 43).

23 This form of self-silencing represents an example of the kind of coerced epistemic violence Kristie Dotson (2011) calls "testimonial smothering." Pregnant people's feelings of shame and fear in relation to testifying to their experience of obstetric violence can be understood as a response to the perception that such testimony is "unsafe and risky" because it risks generating false beliefs in their audience that are likely to cause them harm, such as being interpreted as lacking the qualities (Dotson 2011, 245) –e.g., selflessness and submission to medical authority—of a 'good mother'. Similarly, their view that nobody will believe their interpretation of events is likely to respond to their audience's demonstration of incompetence with respect to the potential testimony—e.g., an attitude of dismissiveness and microaggressions that suggest an inability to comprehend their interpretation of events—of ignorance of their vulnerability to obstetric violence. The effects of such epistemic violence in obstetrics are exacerbated for those belonging to racialized groups (Davis 2019).

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