Panel ABSTRACT

Panel 35: Redefining Reproductive Temporalities: Bodies, Gender, Care, and Contestations in Health and Well-Being

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Abstract: The temporalities of reproductive life—including abortion care, obstetric care, and broader reproductive experiences—are deeply connected with gendered notions of body, care, health and well-being. This panel proposes to examine how time is constructed, negotiated, and contested in reproductive health practices and policies, and in the lived experiences of individuals navigating these temporalities. We aim to unpack the power dynamics that are embedded in the above. Drawing on interdisciplinary research, this panel invites scholars, practitioners and activists to critically engage with the politics of reproductive time, offering insights into how temporalities shape and are shaped by broader efforts to redefine health and well-being. It welcomes contributions that explore how temporal notions in reproductive health (e.g., gestational age; waiting periods; labour progression; “biological clock”; age-related infertility; early menopause; postponement of maternity/paternity; etc.) inform reproductive policies and mediate care practices and decision-making. The panel interrogates how the embodied temporalities of those navigating reproductive pathways, including in contexts of crisis, precarity, or inequality, develop in relation to dominant frameworks. We ask whether and how alternative and inclusive temporalities emerge that challenge oppressive or controlling use of temporal tools and norms and promote person-centered and equitable care. By centering abortion and obstetric care, and reproductive life more broadly, the panel seeks to contribute to a more inclusive understanding of care and justice in reproductive health. The panel is convened by members of the ERC project PregDaT on abortion and childbirth temporalities.

SESSION SCHEDULE

19.09.2025 | Slot 2 & 3 & 4 | 4-0-5

Beatriz Aragón Martín: “Too Young to Be Pregnant”: Temporal Regimes as a Racializing Technique in Healthcare in Spain

Roberta Dieguez: The Use of Gestational Age Limits as a Political Strategy to Achieve

Total Criminalization of Abortion in Brazil

Selen Gobelez: Temporalities in Tension: Embodied Experiences of Birth in a Neoliberal Healthcare System in Turkey

Anika König: Reproductive Temporalities at the Margins: Uncertainty, Anticipation, and the Extended Time of Assisted Conception

Marie Lafon—Bach: (Re)defining Postpartum Temporalities in the Digital Arenas

Hélène Malmanche: Temporalities of Miscarriage in Medical Care Experiences and Across the Reproductive Life Course

Diana Marre: Advanced Maternal Age: Reproductive Temporalities in Spain and UK

Rishita Nandagiri: Abortion Time(s): Examining Time and Temporalities in Abortion Trajectories

Raphaël Perrin: Dating Pregnancies for Abortion: Medical Act or Political Choice?

Tamara Roma: A Critique of Gestational Time Limits: A Comparison of Discourses from Historical Abortion Regulations.

Veronika Siegl: Temporal Attunements as Modes of Doing Good Care in Prenatal Counselling and Decision-making

Manon Vialle: Dating Gestation: Temporal Politics of Reproductive Care across Europe

SESSION PAPERS

"Too Young to Be Pregnant": Temporal Regimes as a Racializing Technique in Healthcare in Spain

Beatriz Aragón Martín

In this presentation, I aim to examine how teenage pregnancy is racialized as a Gitano phenomenon within public healthcare facilities in Madrid, Spain. In biomedical contexts, teenage pregnancy is connected to social disadvantage and exclusion and framed as a source of numerous health, social, and economic issues. Healthcare professionals are trained to prevent teenage pregnancy and, when encountering it, they categorize it as high-risk, viewing it as a proxy for broader social problems. Drawing on my extensive

experience as both a physician and an ethnographer working with Gitano communities in an informal settlement in Madrid, I explore the various ways in which young Gitano women's pregnancies are deemed illegitimate in healthcare settings. This reflects broader social representations and stereotypes about Gitanos in Spanish society.

The conflation of high-risk medical and social categories is framed in temporal terms, assessing the legitimacy of reproduction in relation to timing. Conceived as having high-risk pregnancies, young Gitanas face exhaustive prenatal care that does not address their actual needs and puts them in a difficult position to comply with the follow-up, ultimately reinforcing healthcare workers' perceptions of Gitanas as non-compliant patients and contributing to the conceptualization of their pregnancies as illegitimate. By unpacking the clinical encounters, I suggest that Gitano women face compounding disregards during prenatal care that, due to their individual pettiness, are frequently overlooked. However, the cumulative effect of these disregards constitutes an invisibilized form of violence.

The Use of Gestational Age Limits as a Political Strategy to Achieve Total Criminalization of Abortion in Brazil

Roberta Dieguez

Brazil has a restrictive abortion law, which permits the procedure only in the following situations: risk to life, pregnancy resulting from rape, and fetal anencephaly. Although this right is protected by law without specific gestational age limits, pregnant individuals often face considerable barriers to accessing the procedure. Beyond existing obstacles—such as limited service distribution, institutional barriers, and conscientious objection—the rise of neoconservatism in the political sphere has fueled attacks on legal abortion in recent years. This study aims to analyze how gestational age, particularly beyond 20 weeks, has been strategically used to restrict access to abortion in cases permitted by law. A documentary analysis was conducted, including legislative proposals, regulations, and resolutions that define gestational limits for abortion. Contrary to World Health Organization recommendations, these initiatives seek to prohibit abortion beyond 20 weeks of gestation, primarily affecting children and adolescents, who are the main victims of sexual violence in the country. Additionally, we argue that the definition of gestational age limits is part of a broader strategy involving religious groups and other actors, aiming for the total criminalization of abortion in Brazil.

Temporalities in Tension: Embodied Experiences of Birth in a Neoliberal Healthcare System in Turkey

Selen Gobelez

This presentation explores how conflicting temporalities shape the embodied experiences of childbirth in contemporary Turkey, within a healthcare system increasingly structured by medicalization and neoliberal logics. Drawing on ethnographic fieldwork, including participant observation and interviews with birthing women, doulas, and obstetricians, conducted in Istanbul, it examines how the rationalized, linear temporality of biomedical institutions collides with the lived, affective, and sensory experiences of women in labor.

In hospital settings governed by the demands of efficiency, standardization, and time management, key obstetric decisions (such as labor induction or scheduled cesarean sections) are often driven not by medical necessity but by institutional routines or the personal schedules of healthcare professionals. These temporal logics reflect a mechanistic view of birth, anchored in models like Friedman's curve, which pathologize deviation and justify intervention. As a result, women are frequently dispossessed of their temporal agency and pressured into aligning their bodily rhythms with institutional expectations.
However, the narratives of birthing women reveal a different kind of time—fluid, nonlinear, and phenomenological—marked by sensations, emotions, and uncertainty. By highlighting these temporal tensions, this presentation examines the affective and political dimensions of waiting, delay, urgency, and slowness during childbirth. It also considers how women and birth practitioners resist or negotiate the imposed temporalities of care, reclaiming alternative ways of inhabiting time in birth.

Reproductive Temporalities at the Margins: Uncertainty, Anticipation, and the Extended Time of Assisted Conception

Anika König

Reproductive temporalities have traditionally been examined in relation to existing pregnancies or life stages deemed appropriate—or inappropriate—for childbearing. Scholarship in this field has also addressed the extended timelines involved in fertility treatments, which can span years and may never culminate in pregnancy. However, comparatively little attention has been given to the temporal margins of these more clearly defined reproductive phases. These liminal periods are often characterized by uncertainty, anxiety, and anticipation—moments when individuals sense that "something is happening," yet remain without clarity or resolution.
For many people pursuing parenthood, such temporal margins include the time before an infertility diagnosis, the experience of living with a medical condition that renders pregnancy high-risk, or the prolonged wait for genetic test results. These intervals, while preceding explicit reproductive decision-making, can extend over months or even years and profoundly shape their reproductive journey.
This paper proposes that analyzing these marginal reproductive temporalities can yield significant insights into the broader entanglements between temporality and reproduction. Drawing on ethnographic examples from my long-term research on assisted reproductive technologies, I examine how these uncertain and often invisible stretches of time influence reproductive subjectivities, decisions, and experiences.

(Re)defining Postpartum Temporalities in the Digital Arenas

Marie Lafon—Bach

This paper is part of my doctoral research in information and communication sciences, which examines the construction of postpartum as a public issue within french digital arenas since the emergence of #monpostpartum in 2020.

While postpartum refers to the period following childbirth, its duration remains ambiguous

and subject to debate. The WHO has recently highlighted this lack of consensus , creating a space for negotiation in which various online actors seek to influence its redefinition.

Three key dynamics will be analyzed:
•Making the temporality of the postpartum body visible: Testimonials shared through hashtags such as #MonPostPartum expose the invisibilization of physical postpartum realities and criticize media representations that obscure the time required for a ""return to normal.""
•Expanding postpartum temporalities beyond the body: Media figures and claim-makers (health professionals, feminist activists, journalists) advocate for a longer postpartum timeframe, as exemplified by the book “Le post-partum dure trois ans” .
•Connecting pre- and postpartum through mental health: User associations highlight the psychological impact of this period, emphasizing that past experiences shape the postpartum experience. They point out the need to acknowledge these issues, particularly given that suicide is the leading cause of maternal mortality within the first year after childbirth.

This study will explore how these actors mobilize lived experience as a form of legitimate knowledge to redefine postpartum temporalities, within a context where health democracy and public expertise intersect with participatory dynamics specific to digital arenas.

Temporalities of Miscarriage in Medical Care Experiences and Across the Reproductive Life Course

Hélène Malmanche

Miscarriage is a common reproductive event, affecting approximately one in four women/people who can become pregnant. Yet, it remains largely invisible in public debate: miscarriage narratives are often confined to private circles of relatives and friends. This silence marks it as a marginal issue and contributes to a lack of research on the topic.

The repercussions of miscarriage extend beyond the physical experience of those directly affected, influencing relational dynamics, reproductive trajectories, and health (care seeking) behaviours. This proposal explores two aspects of the temporalities of miscarriage within the embodied experience and the reproductive life course, drawing from an ongoing qualitative study in France based on in-depth interviews, as part of the SOC-MISC project.

Our analysis focuses on two interrelated dimensions of temporality:
1.Temporalities of Medical Care and Embodied Experience: The experience of miscarriage is often marked by a temporal disconnect between the clinical diagnosis of pregnancy loss and the physiological process of expulsion. How do individuals experience and make sense of this waiting period, with potential effects on mental health? To what extent do medical professionals and institutions provide support, and where do gaps remain?

2.Reproductive Life Course and Pregnancy Planning: How do miscarriages fit into broader reproductive trajectories? How do they impact family planning, the timing of subsequent pregnancies, and parenthood intentions? How do individuals navigate these disruptions and adjust their expectations?

By addressing these dimensions, our research contributes to a broader understanding of reproductive health events and the ways miscarriage is managed, perceived, and experienced.

Advanced Maternal Age: Reproductive Temporalities in Spain and UK

Diana Marre

In this paper we investigate how women's reproductive temporalities intersect with the logics of work, fertility, and care within neoliberal welfare regimes, with a comparative focus on Spain and the United Kingdom. We examine the tensions faced by women postponing motherhood due to a confluence of factors: prolonged education, challenges in establishing a stable career and long-term partnership, high costs of childcare and education, increasing privatisation of child-rearing, and the erosion or absence of familial and state support structures.
These temporal shifts frequently collide with biomedical norms that frame first-time childbirth after the age of 35 as risky (Rodrigues, Soares, Rocha et al. 2023), and invariably so after the age of 40. Such standards promote an idealised timeline for motherhood, stigmatising "older" mothers (Phillips and Ferro 2024), who are portrayed as irresponsible, overly career-driven, self-centred, selfish, or "unnatural".
The International Council of Obstetricians of the United States initially classified first-time childbirth after age 35 as "elderly primigravida", a term later replaced in 1970 by "advanced maternal age" (AMA), a designation that persists today. AMA constitutes a socially constructed category that fails to account for the variability of women's health conditions. Such framings of aging overlook alternative evaluative criteria, such as these women cultural health capital (Berkowitz and Mann 2022). While the medicalisation of reproduction has contributed to reductions in maternal and infant morbidity and mortality, it has also reinforced biomedical authority and surveillance, intensifying the discourse of risk and the view that "older" first-time mothers, are problematic.
References excluded

Abortion Time(s): Examining Time and Temporalities in Abortion Trajectories

Rishita Nandagiri

Time - past, present, future - is at the core of an individual's abortion care-seeking experience(s). The centrality of time is reflected in medico-legal language (e.g.: trimester), concepts (e.g.: mandatory waiting time), research metrics (e.g.: duration of delay) and everyday language (e.g.: "time stood still"). Legal scholars (Erdman, 2017; and Fletcher, 2023; 2024) offer theoretical perspectives on time and abortion, and scholars of reproduction have considered time in relation to miscarriage (Browne, 2022) or fertility (Reime et al, 2023). In contrast, social science theorisations of time and abortion are largely absent, despite substantial empirical evidence about how time is implicated in abortion experiences.

Here, we present secondary empirical analyses on five datasets from our work on abortion across contexts. Our corpus of evidence, collected over the past decade, is filled with emotionally charged accounts of grappling with and against time - legal gestational age cut-offs, time to travel, finding a moment in time to covertly send an email […]. Simultaneously, people seeking or who have sought abortion talk about the future and how an abortion offers a different future compared to the future envisaged with a pregnancy and child; people's visions of the future are firmly grounded in their past and present experiences. Irrespective of the individual and their context, there are two constants in our data: abortion and time. This paper, focused on abortion care-seekers, is a response to our writing and reading; how can time be everywhere in evidence about abortion, yet remain under-theorised and under-complicated?

Dating Pregnancies for Abortion: Medical Act or Political Choice?

Raphaël Perrin

This presentation will analyze the techniques used to date pregnancies for abortion. It will show how they have evolved over the last few decades, and analyze the use of ultrasound in particular. It will show that French doctors adopt different rules for ultrasound dating. Depending on whether the term limit considered is that measured at the time of consultation or that of the abortion procedure, and according to the rules for calculating gestational age on the basis of fetal size, the same pregnancy will be dated differently, and a woman may have an abortion up to two weeks later in one French center than in another, causing major inequalities in access to abortion. This medical power in the interpretation of the law is invisible, crystallizing in the choice of instruments, which is as much a technical choice as a political one, depending on the values and representations of doctors. In a way, there are militant and conservative ways of dating pregnancies for the purposes of abortion.

This presentation is based on completed doctoral research. It involved a comparative analysis of abortion management in three French hospitals (6 months of daily observation) and interviews with 140 healthcare professionals. Particular attention was paid to negotiations and conflicts within medical teams concerning the choice of techniques and rules for dating pregnancies.

A Critique of Gestational Time Limits: A Comparison of Discourses from Historical Abortion Regulations.

Tamara Roma

This presentation compares the evolution of gestational time limit as a socio-legal concept in the US and Europe, considering their medical, legal, and political histories. Indeed, these contexts exhibit significant similarities and differences in historical discourse developments, consequently influencing abortion laws and far beyond their borders.
In Western countries, gestational time limits developed as scientific concepts during the nineteenth century, becoming central to abortion regulations from that moment onwards. While civil law countries introduced the scientific viability standard from the therapeutic

abortion and cesarean section medical competition, in common law countries the trimester framework and the concepts of quickening and heartbeat developed from the abortion medical market, resulting in abortion criminalization in both contexts. From those first regulations, their use persisted during the twentieth-century abortion liberalization, with European nations linking abortion access to fetal viability and common law countries such as the US adhering to the trimester-based framework (Roe v. Wade). Over the decades, however, legal concepts were transplanted from one jurisdiction to another, leading not always to positive changes. Nowadays, scientific advances like the artificial womb technology, by enabling extrauterine fetal survival at earlier gestational stages, highlight the complications derived from gestational time limit as a legal criterion challenging traditional definitions.
To conclude, it will be argued that gestational time limits should not serve as the legal foundation for abortion rights because – as an unstable evolving metric shaped by historical, medical, sociopolitical, and technological discourses – it exacerbates health risks and reinforces global inequities in abortion care access.

Temporal Attunements as Modes of Doing Good Care in Prenatal Counselling and Decision-making

Veronika Siegl

This presentation focuses on decision-making in the context of counselling practices around prenatal testing and disability-selective abortion in Austria and Germany. Starting from the conceptualization of prenatal care as part of a risk-oriented anticipatory regime of reproduction, we show that there is an eminent temporal dimension to prenatal care that has only received little scholarly attention to date. We center on this dimension of care, asking how prenatal decision-making-processes are enacted, shaped, limited and ordered by medico-legal time frames. Our specific interest evolves around the question what kind of care emerges in relation to medico-legal time frames and whom or what is taken care of in these processes. Based on the analysis of ethnographic vignettes, we argue that good care in the context of prenatal testing and abortion unfolds through modes of what we call “temporal attunements” to particular needs, patients and situations. We show that, as pregnancy precedes, different times are invoked strategically in favor of doing good care and different subjects, objects and entities are moved into and out of the center of care.

Dating Gestation: Temporal Politics of Reproductive Care across Europe

Manon Vialle

This presentation explores the medical process of determining gestational age (GA) in the contexts of pregnancy monitoring and abortion requests. Drawing on ethnographic observations of obstetric ultrasounds and interviews with healthcare professionals and pregnant individuals, we present findings from the ERC-funded PregDaT project. This comparative research, conducted in France, Greece, Italy, and the UK, investigates the social constructions of gestational time—legal, medical, and embodied—and their implications for access to care and lived experiences.
GA can be estimated in various ways, such as calculations based on the last menstrual period or through dating ultrasounds that use different techniques and assumptions.

These methods provide relative estimates, with a margin of error sometimes up to ±5 days. Additionally, the professionals responsible for GA assessments (midwives, sonographers, OB-GYNs, radiologists) and national guidelines differ significantly, contributing to variability and inequality in care.

In abortion care, GA is tied to legal thresholds that determine eligibility, potentially leading to denial of care or even criminalization. In obstetric care, GA informs decisions on fetal development and labor management. However, these technical assessments sometimes override or contradict the embodied experiences of pregnant people, creating temporal dissonance, uncertainty, or even resistance to medical recommendations.

This presentation explores how GA evaluations shape reproductive experiences, highlighting the political nature of reproductive time.