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Commodifying the Fetus

In the United States, powerful legal, political and social forces aim to erode significant but fragile gains made by the feminist movement with respect to women's reproductive rights and health. The abortion debate, which did not completely disappear after Roe vs. Wade, has taken centre stage in the so-called "culture wars," including intensely contested views about when life begins. This paper discusses how ultrasounds are used in the discursive production of fetal fetishization and consumerist desires in ways that complicate the debate about women's health and reproductive rights, raise new questions about subjective identity, and reinscribe heteronormativity. The aim of this paper is to analyse how ultrasounds specifically, and consumption more generally, intersect at the site of the pregnant body to articulate a pro-life agenda and to determine where life begins by naming the fetus as a person.

Two thousand and twelve is an election year in the United States and the "abortion debate" is front and centre. Central to this debate is whether or not states should mandate ultrasound procedures (either trans-vaginally or abdominally) for women requesting an abortion. As of March 1, 2012, six states (Alabama, Arizona, Florida, Kansas, Louisiana and Mississippi) require women requesting an abortion have an ultrasound, and give them the opportunity to view the ultrasound image; eight states (Arkansas, Georgia, Idaho, Michigan, Nebraska, Ohio, South Carolina and West Virginia) require that a woman be offered to see her ultrasound image, if performed as part of the preparation for her abortion; five states (Indiana, Missouri, North Dakota, South Dakota and Utah) require that a woman is given the opportunity to have an ultrasound and currently only one state (Texas) mandates that an ultrasound not only be performed, but that the provider must also show and

describe the fetal image to the woman requesting an abortion (Guttmacher 2012).

The goal of the aforementioned legislation is to encourage women to make the "right" decision and decide not to have an abortion, thereby preserving "life." Virginia Governor Bob McDonnell is quoted as stating, "I believe that we become a more compassionate society when we enact reasonable legislation to protect innocent human life." In fact, Virginia is the latest state to sign legislation mandating ultrasounds. McDonnell explained his decision by stating that the information ultrasounds provide, coupled with the knowledge of her doctor "can help the mother make a fully informed decision" about her health (Sherfinski). Similarly, Charmaine Yeost, President and CEO of *Americans United for Life* explained that the law is about a "gold standard of care for women" and is about "protecting women's health" ("Virginia Proposal Mandating Ultrasound..."). Concern for the health and well-being of women is debatable considering women's unequal access to reproductive care in the United States. Social determinants of health are important factors in the "abortion debate," yet they are not part of the dominant political narrative.

Ultrasounds are being used in two separate but related ways to create fetal personhood and to advance a pro-life agenda. Although social conservatives are using a pro-health discourse to promote the use of mandatory ultrasounds in abortion clinics, the undertone is a pro-life position that values the life of a fetus and separates the fetus ideologically and discursively from its mother. Secondly, ultrasound technologies, and in particular, "keepsake" ultrasounds are marketed to women and their families in the United States as a way to create an early bond with the fetus. This market relies on the assumption that the fetus is a living person with thoughts, feelings and emotions, which are drawn on in the marketing of "keepsake" memorabilia.

Debates about reproductive rights are increasingly informed by new reproductive technologies; these technologies are simultaneously liberating and contested. Women's access to and utilization of these technologies challenge the view that women are dupes in a biomedicalized patriarchal structure (Sawicki); rather, reproductive technologies are the result of women's challenges to dominant systems for improved health care and the struggle for reproductive rights. Indeed, Jana Sawicki argues that contested discourses in "medicine, law, religion, family planning agencies ... [and] the women's health movement struggle to influence reproductive politics" (192). These discourses and practices are evident at this moment in attempts to control "reproductive politics and the social construction of motherhood" (Sawicki 192). It is clear that the use of ultrasound technology as a health care aid for women is being used to support a broader ideological agenda. As such, views about the right to life, when life begins, and "family values" are contested on and at the site of

the pregnant body and ultrasounds are increasingly imbued with ideologically conservative meanings.

The separation of fetal rights from those of the mother has been and continues to be central to the “abortion debate.” Rosalind Petchesky argues that fetal-imagery is used by antiabortionists in the courtroom, hospitals, clinics, and other public spaces to create a fetal “public presence.” Creating a “public presence” is important for antiabortionists because it contributes towards the social production of the fetus not only as a person, but as a person that is entitled to separate rights from its mother. Increasingly, fetal autonomy is made possible through the proliferation of ultrasound technology in the medical, legal and social realms.

To further complicate this issue there has been a movement over the last few decades towards a consumption of fetal-themed items. These include, for example, items such “keepsake” ultrasound videos, three- and four-dimensional (3/4D) ultrasounds, specialized planners for pregnant women, pregnancy belly casting kits, “babymoos,” and personalized baby shower cakes featuring the fetal-ultrasound images on the top of the cake.

Consuming fetal-themed items adds to the personhood debate by imbuing a fetishized meaning onto representations of the fetus. The fetishization of the fetus was first introduced by Petchesky in relation to the making of the “public fetus.” Fetishizing the fetus contributes to the separation of fetus from mother by creating the allure that the fetus is not entirely dependent on its mother for sustenance and life (Petchesky). This fetishism has allowed for pro-life groups to use fetal-imagery to move forward their antiabortion agenda by discussing the fetus as a person which has rights that are separate from its mother.

Janelle Taylor adds to this discussion an analysis of fetal-consumption practices in the United States. Taylor has written extensively on the connections between technology, consumption and the fetus. In her work, Taylor discusses how fetal-imagery has become pervasive in our society and traces its path from a form of medical technology that determines gestational age and health of the fetus to its use in advertising and media. She complicates her argument by discussing how new industries, medical professions and forms of work have appeared due to the proliferation of ultrasound technologies and indicates that new reproductive technologies have changed our social environment. Taylor situates her work within a broader body of literature of “social justice” and “reproductive freedom” (9, 25)

Barbara Katz Rothman has argued that the ability to see inside the body of a pregnant woman has created new questions about fetal subjectivity and also about who is considered “fit” to be a mother, and who is not. Subsequently, a new category of “fetal abuse” has arisen which stems from the notion that a fetus has a right to be protected from its mother (Katz Rothman 108).

Katz Rothman argues that this splitting of mother and fetus is unwarranted because a pregnant woman should have no less control over her body than any other category of citizen. The fact that she has a fetus inside her does not give authorization for the public to decide her rights. She argues, “The fetus within the woman, this fetus that will become someone else someday, is not yet someone else. It is part of the woman” (110).

In addition, the popularity of fetal-themed consumption items is built on the assumption that life begins before birth and “plays” on the notion of early bonding between mother/family and fetus/baby. The increased commodification of the fetus is made possible by the increased use of ultrasound technology in the market and this contributes to the making of fetus as “person.” This paper will contribute to the discussed body of knowledge by connecting the current anti-abortion political climate in the United States with the pervasiveness of new reproductive technologies. I am interested specifically in the specialty markets (such as “keepsake” videos) that have developed out of the making of the “public fetus” as a person. Ultrasound technologies are used simultaneously in the legal and social realms to create fetal subjectivity and to advance pro-life debates. I turn a critical eye to the market to theorize about how the commodification of the fetus contributes to the pro-life, anti-abortion stance in the United States. There are three problems which arise out of this pro-life, pro-consumerist climate: the formation of fetal subjectivity, the creation of “good” vs. “bad” neoliberal citizens and a perpetuation of class hierarchies in relation to consumption.

Consumerism

We live in a culture where much in our lives is fetishized and commodified. Much of what we purchase, from cars to brands of clothing are infused with meanings meant to stir desires and “wants” in us, and representations of the fetus are no exception. Commodities were not created at the site of production with these desires attached to them, but it is through social processes like advertising that they are infused with social meaning.

This social meaning attached to the commodity is important because it creates something “to be desired,” and generates a vision for the future representing a desired status, and life “as it should be” (Sturken and Cartwright 189). Through purchasing commodities we are able to create consumer subjectivities which have been fabricated by advertising companies and corporations to sell a product, and in the context of this paper, the product is the fetus and the notion that it may one day become a baby.

In the nineteenth century, Karl Marx wrote about “the fetishism of commodities.” Certain commodities, Marx argued, do not have either an exchange

or use value, but seem useful only in that they satisfy “human wants.” Commodities are “material relations between persons and social relations between things” and it is only through the process of exchange that simple “products of labour” acquire value as a symbol of social status. Take for example, the 3 and 4D ultrasounds as well as “keepsake videos.” In and of themselves, they have no practical use value. Any information obtained by them, whether it is gestational age, sex (which is never 100 percent accurate) or physical development can be obtained through a regular 2D ultrasound image. In fact, 3 and 4D ultrasounds and “keepsake videos” do not market themselves as being medically necessary, but as a “bonding experience” between the mother, the family and fetus.

Seeing your fetus in “real time” is only the tip of the iceberg. At the 4D Baby Ultrasound Clinic in Nevada, Arizona, for example, you can purchase a “3D Baby Gemstone necklace with YOUR baby’s 3D photo inside,” a “Baby Gem” keychain, magnet, broach and prayer stone, a “quality plush bear with your babies heartbeat inside,” a “DVD recording with music,” wallet-sized photos, 8x10 colour prints, “gender” verification, and even a “complimentary web page for photo sharing” (included with packages USD\$135.00 and up). Included in many of the higher priced packages are incentives (coupons, gift certificates, free paraphernalia etc.) for women to keep coming back to get more services. A characteristic of consumer-capitalist societies is that it overproduces goods and encourages overconsumption as part of its ideology (Sturken and Cartwright 192). Problematic about promoting the overconsumption of “keepsake” videos is that their safeness is debated. The United States Food and Drug Administration advise against the use of ultrasound imaging, other than when “medically necessary.” Although companies promote frequent visits to their clinics, the long term effects of exposure are not known (Rados).

Fetal Subjectivity

Steven Winter writes that the “phenomena of consumerism” has become so pervasive in our society that consumption now “profoundly transform[s] how we live and who we are” (62). He explains that everything we purchase has profound social and political effects beyond the immediate gratification we feel. An example of this effect beyond the instant gratification of consuming is the effect that “keepsake” ultrasound technology has on creating fetal subjectivity. Using ultrasound imaging to further the “pro-life” side of the “abortion wars” is not a new phenomenon. Taylor points out that ultrasound images have been appropriated by “pro-life” groups for many years to further their agendas (4). Technology has been and continues to be used to discipline the female body and to re-inscribe heteronormative subjectivity.

Often when we are consuming items and/or services, we do not think that what we are purchasing may be contributing to profound social and political change, such as the reduction of reproduction rights for women. However, purchasing goods and services centred on the “public fetus” (Petchesky) contributes to fetal subjectivity and fetal rights which fuels the “pro-life” side of the “abortion debate” in the United States. Fetal subjectivity is not a neutral creation, but is gendered to reflect societal norms. Companies and corporations which produce fetal-related consumption items gender these items to be consumed by parents, friends, and family members. The choice becomes limited to: blue or pink? Trucks or dolls? The problem with gendering items is that it produces a dichotomy of choices: male or female? This dualism makes it difficult to raise a gender neutral child even if the parent(s) wanted to. In addition, through naming the fetus, parent(s) are easily able to construct the fetus’ identity and build expectations about that child before it is even born.

Arguably, any woman (who has the financial and temporal means) to purchase fetal-themed paraphernalia has the right to do so. However, purchasing fetal-themed items generated from the ultrasound cannot be left unproblematized. It contributes towards a gendered fetal subjectivity which fuels the “personhood debate” by describing the fetus as a person. In addition, it creates a class division and a hierarchy of consumption. Only those individuals and families with a certain level of income can afford to purchase gendered items for their fetus. Therefore, by participating in a market that relies on fetal subjectivity, women and their friends and families are fueling the “personhood debate” in the United States and contributing to a hierarchy of consumption.

An ultrasound does not have to be 3 or 4D, or be captured in “real-time” to contribute towards fetal subjectivity. Lisa M. Mitchell and Eugenia Georges (1998) argue that sonographers, who still rely largely on 2D ultrasound imaging, create a new type of subjectivity which they call the “cyborg fetus.” The “cyborg fetus” “arises through the coupling of human and machine” (107). In this process, the woman or couple relies on the ultrasound technician to translate the “greyish-blur” that they see on the ultrasound machine, to an intelligible image of their soon-to-be-baby. It is uncommon to hear a woman and/or her partner use the word “fetus” in the ultrasound room, rather the preferred term is “baby” (Mitchell and Georges 105, 109).

Since it is up to the sonographer to describe the fetus’ physical characteristics, they are the ones who must choose what to describe and how to convey that information. Mitchell and Georges explain that what is chosen to describe passes through a “cultural sieve” where certain culturally appropriate body parts and motions are described while others are not (108). The fetus is often

described as “playing, swimming, dancing, partying, and waving” and often the description is gender specific (108-9). This entire process contributes to fetal subjectivity by changing the way we relate to the fetus. Suddenly, the invisible becomes visible through the discursive production of the fetus as person with thoughts, feelings and emotions.

Describing the fetus as baby is not limited to the medical realm, but private ultrasound clinics also rely on using fetal subjectivity to sell their products. The website of the company *4D Baby Ultrasound* features a promotional video right below a link that says “Schedule Now.” This strategic website set-up encourages impulse consumption by making the process of booking an appointment as easy as possible. This video is set to Roberta Flack’s 1969 song, *The First Time I Ever Saw Your Face* and features a White woman and her husband about the age of 30 viewing a 3D image of their fetus for the first time.

The happy couple is smiling and obviously overcome with emotion at the experience of viewing their fetus in 3D. This moment is portrayed as an important bonding experience between mother/father and fetus. Half way through the video, a male voice says, “When you see your baby for the first time, on the new G.E. 4D ultrasound system, it really is a miracle.” The video ends by transitioning from showing the parents-to-be viewing their fetal image through the ultrasound machine to showing the new parents holding their newborn baby in their arms (4D Baby Ultrasound).

This video shows how a company (4D Baby Ultrasound) is using patented technology (General Electric’s 4D ultrasound system) to sell a certain experience and a certain type of subjectivity; one that is based on fetus as person created through consumption. Companies like the aforementioned sell their products by personifying the fetus. A question to consider is, who are the desired consumers? On their website, their images are overwhelmingly White, heterosexual middle-class families; absent is any other type of body. It is clear that this experience, which is portrayed as being an extremely important bonding moment, is available to a specific type of mother and father-to-be.

“Keepsake” memorabilia is marketed as a way to kick-start the bonding experience and this relationship is mediated through the capitalist marketplace and sold as a “bonding package” to the mother-to-be. This “bonding package” relies on a one-dimensional understanding of maternal subjectivity, one that is based on devotion through consumption, sacrificial motherhood as well as a middle-class desire. This pre-packaged, consumer defined maternal subjectivity is not available to everyone, only those who can afford the cost of the 3/4D packages. For middle-class families, this may be becoming a new ritual norm but for lower-class families, who may not have the financial means, this may be a subjectivity that is desirable, but not necessarily obtainable.

The Creation of the “Good” Neoliberal Citizen

Striking is the use of the same technology for two inter-related goals: the political use of enforcing mandatory ultrasounds for women who request an abortion and the use of entertainment ultrasound technology in the marketplace. What both these uses have in common is that they work together in regulating what constitutes a good neoliberal citizen. Being a good citizen is about “informed consent” and participating in what Charmaine Yeost calls the “gold standard of care” for pregnant women, because after all, who wouldn’t want the “gold standard of care” for their soon-to-be baby? What Yeost, Bob McDonnell (“Virginia Proposal Mandating Ultrasound...”) and others do not discuss is the fact that mandatory ultrasounds are not covered by the state, and that if women do not have health insurance, then they have to pay out of pocket for the medical intervention.

The cost of obtaining an abortion varies by state and by the gestational age of the fetus but what does remain constant is the lack of state funding. According to The Guttmacher Institute (2011) almost all women obtaining an abortion procedure paid “out of pocket” (60 percent) while just over ten percent had private insurance. Paying “out of pocket” can be quite financially devastating for a woman, especially those women who live below the poverty line, as an abortion in Virginia ranges from USD\$375.00 for an abortion in the first trimester to USD\$1763.00 in the second trimester (Richmond Medical Centre for Women).

Being a good neoliberal subject is not only linked to the individual being accountable for maintaining the appropriate standard of health care for themselves and their fetus, but is also intimately tied to what they can spend. Both uses of ultrasound technology are being used as regulatory practices to guide women to act in a certain way: to either choose “life” or choose to consume fetal-themed items. What is missing is any discussion of the social determinants of health and the unequal access to “keepsake” ultrasound based on location, class, religion or simply deciding to opt-out of the market.

Elaine M. Power conducted a study that addressed the question, “What does it mean to be a lone mother living in poverty in a consumer society?” (646). She explains that if a woman is lacking in “purchasing power” then she is presented as a “flawed consumer” and as failing at providing adequately for her family in a consumer driven capitalist society (657, 651). To put it another way, women are “Othered” due to their lack of ability to consume.

Power argues that the “Othered” are those individuals who have been deemed not capable of governing themselves and must be governed through disciplinary practices. “While some members of society are judged to be capable of properly governing themselves, others are not.” Neoliberalism must govern

through freedom and “choice.” There is also an emphasis on “*self-discipline*” and “*self-responsibility*” (Power 644). This emphasis on individual responsibility shifts the focus away from the state responsibility and towards the autonomous individual in order to live up to the “good citizen” standards.

In order to escape “Otherness,” some women in Power’s study articulated the desire to get a “decent paying job” (653). One of the participants in her study explained that her “goal in life” was to be able to buy what she wants, when she wants. Power explains this response as a “dominant consumer ethos of our times—that one shouldn’t have to wait and save, but rather, receive immediate gratification for one’s desires” (654). For-profit ultrasound clinics in the United States have responded to this consumer demand. For example, 4D Baby Ultrasound Clinic offers coupons and “price matches” if the customer finds a lower price at another clinic, and Baby Sightings in Bakersfield, California, even offers “payment plans” for certain packages. This market contributes to the creation of who is considered a good neoliberal citizen and who is not, based on what an individual can consume.

It also contributes to the formation of the “good” vs. “bad” mother binary. The women in Power’s study explained that it was through consuming that they saw themselves as being able to provide a “normal” life for their children. Being unable to consume meant that they were not fulfilling their roles properly and not providing a “normal” life for their children, thereby failing in this aspect of parenthood (651).

A Hierarchy of Consumption

Consuming fetal-themed items maintain and perpetuate class hierarchies since this type of consumption practice is only available to individuals and families with a disposable income, as well as leisure time to actually visit “keepsake” ultrasound clinics. As Power explains, if a mother cannot afford to purchase fetal-themed consumption items in preparation for her baby, she could be labelled as “Other” and disciplined for not fitting into the good neoliberal model of what constitutes a “good citizen.”

As mentioned earlier, there are many examples of fetal-themed consumption items such as specialized planners for pregnant women, pregnancy belly casting kits, “babymoons” and personalized baby shower cakes featuring the fetal-ultrasound images on the top of the cake which suggest a certain amount of “purchasing power” (Power 267). In addition, purchasing goods contribute towards the creation of the “commodity self” which refers to the manufacturing of our identities at least “in part through out consumption and use of commodities” (Sturken and Cartwright 198).

Indeed, the identity of the fetus is also fabricated; it is socially constructed

by mothers and fathers-to-be as well as their friends and family. Purchasing goods are just as much a part of the creation of the “commodity self” as it is a creation of the commodity fetus. Purchasing a cute outfit for the not yet baby, decorating nurseries, and buying books such as *What to Expect When You’re Expecting*, all contribute to the construction of the commodity fetus and fetal subjectivity.

Linda L. Layne explains that the “fetal subject” has become very important in the lives of many middle-class Americans due to the proliferation of ultrasound technologies over the last few decades (111). Layne argues, that “Women may now begin to actively construct the personhood of their wished-for child from the moment they do a home pregnancy test” (112). As I have explained, in preparation for their baby, some women and their friends and families participate in bonding rituals such as purchasing “keepsake” ultrasounds and accumulating goods for their soon-to-be baby. Complications arise if the pregnancy does not result in a tangible baby. Layne argues that losing a fetus or newborn is particularly difficult for members of the “middle class because of the moral valuation placed on finishing what one starts” (111).

To assist with the grieving process, middle class women have the option of purchasing memorial items. These goods help bereaved parents assert that, at one time, they had a “real baby” (Layne 119). Some examples are “portrait plates,” memorial items which can “be placed in one’s yard” and “recognition of life certificates” (Layne 120, 126, 130). The purpose of purchasing these memorial items are multi-faceted, but first and foremost, they construct the fetus as being “real,” that is, an “individual that counts” (Layne). Constructing the dead fetus or newborn as tangible raises larger socio-political questions such as, “Does a miscarried or stillborn child count as much as one that lives?” (Layne 131). It also raises questions about *who* should have the right to remember their lost fetus or newborn since most of these memorial items cost money.

It is important to note that many hospitals now have a “bereavement team” who assist grieving parents, and may also provide the parent/s with mementos (Layne 120) but what all of these practices signify, is that the lost fetus or newborn was an individual that deserves to be remembered, and that it had a *life*. I am not in any way playing down the painful experience of losing a wanted fetus or newborn. I am simply pointing to the larger social and political implications of ascribing personhood status to a fetus that was not yet born.

Conclusion

New reproductive technologies in the United States are a form of “disciplinary power” which involve “techniques of surveillance and examination... they make female bodies and fetuses visible to anonymous agents in ways that facilitate

the creation of new objects and subjects of medical as well as state intervention” (Sawicki 84). Jana Sawicki reminds us that although the policies which govern new reproductive technologies in the United States “are indeed largely controlled by non-feminist and anti-feminist forces,” we must not assume that these forces are “monolithic.” They are also not imposed onto unsuspecting women who have no ability to challenge them, or to negotiate their use; indeed, Sawicki acknowledges that it is reasonable to assume that women and feminists “have played a role in defining past and current practices, for better or for worse” (80). At the same time, as new reproductive technologies shift the subjective focus onto the reproductive female body, this opens up new sites of resistance (Sawicki 84).

One form of resistance would be to join together with other movements who are also challenging heteronormative political policies and to “build unities not on the basis of some naturalized identity as women, or mothers, but on the basis of common political opposition” (Sawicki 92). Simply rejecting all forms of new reproductive technologies is neither plausible, nor productive and it does not help women make difficult choices regarding their bodies. Another form of resistance would be to directly challenge consumption practices by simply opting-out of this market, or encourage dialogue with friends and family members about the socio-political consequences of purchasing fetal-themed consumption items which are built around fetal subjectivity.

In this paper, I have discussed how ultrasounds are used in the discursive production of fetal fetishization and consumerist desires in ways that complicate the debate about women’s health and reproductive rights, raise new questions about subjective identity, and reinscribe heteronormativity. The aim of this paper has been to analyse how ultrasound technology specifically, and consumption more generally, intersect at the site of the pregnant body to articulate a pro-life agenda and to determine where life begins by naming the fetus as a person. I have added to the already sizeable, but growing literature about the connection between consumption, technology and fetal subjectivity. I have also critically analysed the intersection of class hierarchies and consumption patterns at the site of the pregnant body. Equally important is a discussion about the ways in which women resist and manoeuvre in this socially conservative, “pro-life” political environment.

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