CALL FOR PAPERS

International Conference
University of Lausanne (UNIL) and
the School of Advanced Studies in the Social Sciences (EHESS Paris)

Minimising Risks, Selling Promises?
Reproductive Health, Techno-Scientific Innovations and
the Production of Ignorance

Lausanne, 22-23 November 2018

Organisers: Irène Maffi (UNIL) & Sezin Topçu (CEMS-Ehess)

Over the last decades, medical techno-scientific innovations have radically transformed reproductive processes at every level by putting the reproductive body under strict biomedical surveillance and submitting it to significant technological manipulation. Most of these innovations, often promoted as miracles and even revolutions, were generalised very rapidly thanks to ever-growing national and global markets. Their side effects on health were, however, insufficiently studied, or even ignored, until scandals (diethylstilbestrol, thalidomide, primodos, Dalkon Shield) or controversies (contraceptive pill, hormonal replacement therapy) unavoidably made them public. The medical community’s lack of concern for the side effects of these technologies has been explained from a gender perspective emphasising the fact that they were used mostly on female bodies. Not only are the pharmaceutical industry and technological markets clearly gendered, but the script of

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1 On diethylstilbestrol, see Bell, Susan E., 2009, DES Daughters. Embodied Knowledge and the Transformation of Women’s Health Politics in the Late Twentieth Century, Temple University Press; on primodos, see Olsynzko-Gryn, Jesse et al. (forthcoming), ‘Water under the bridge? A Historical Argument for Regulatory Failure in the case of Primodos and other «Hormone Pregnancy Tests»’.

medical reproductive innovations and clinical tests is not gender-neutral as it generally targets women rather than men.³

Other technologies routinely used in hospital births that generate iatrogenic risks, such as induction of labour, continuous foetal monitoring, epidural anaesthesia or caesarean section,⁴ have rarely been critically examined considering their effects in the short and long term. Moreover, even when there is consistent scientific evidence that an intervention is harmful, the change in clinical practice is very slow, such as in the case of systematic episiotomy.⁵ Besides the health effects of hormonal treatments for women going through IVF, the risks of miscarriage in case of amniocenteses, the various health disorders of ‘ICSI babies’ and the psychological impacts of surrogacy or egg-freezing⁶ on (surrogate) mothers and babies continue to be under-investigated. Many innovations, tests and treatments were made routine despite the fact that their efficiency is marginal, unproven or unevaluated, as is the case for the ‘add-ons’ that are supposed to increase the success of IVF⁷ or the MRTs that are supposed to prevent the transmission of mitochondrial diseases.⁸ Beyond their clinical or practical impacts, however, innovations within fertility/anti-fertility markets, pregnancy testing, obstetrical care and reproductive health often have ethical, legal, social, economic and even anthropological implications, which are rarely publicly debated before they become normalised, thus making it difficult to go back once a technology is introduced. This is the case with using caesarean section for breech births, which in many countries became a routine operation following the publication of a study later proven scientifically unfounded.⁹

At the crossroads of STS, sociology of risk, medical anthropology, gender studies and ignorance studies, the aim of this international conference is to analyse the dynamics of ignorance production prior to, during but also after the rapid expansion of reproductive technologies, innovations and products. Following its recent theorisations,¹⁰ ignorance refers here to either the absence of knowledge or to the artificially maintained controversies, doubts and uncertainties involving the iatrogenic risks, side effects or lack of efficiency (from an evidence-based medicine point of view) of different innovations. Considering the notion of risk in its broadest sense, ignorance also implies the absence or weakness of public debate or deliberation regarding the potential destabilisations or ruptures that these innovations often provoke in ethical, social, existential as well as political terms. In our contemporary knowledge societies, what are the zones and frontiers of knowledge and ignorance in the field of human reproduction? How (i.e. using which strategies, coalitions, discourses) do the

⁸ Herbrand, Cathy, ‘Mitochondrial replacement techniques: who are the potential users and will they benefit?’, Bioethics, vol. 31, n°1, p. 46-54.
innovators, promoters and regulators of reproductive technologies or products draw or influence such boundaries? What are the economic, social, political or gendered prerogatives or interests that lead to the non-production of evidence on health externalities or, taking a different perspective, to the loss of collective memory on un-medicalised ways of procreating or giving birth? Are there national regimes of ignorance production that persist despite the increasing importance of transnational regulatory bodies and the exceptional information flow characterising today’s globalised and connected world? How are real-world or embodied experiences of women, parents, babies and patients recognised, or rather dismissed, in different political-cultural contexts and techno-industrial sectors? What are the processes, circumstances or actions that facilitate their recognition (popular epidemiology, social protest, juridical action, coalition of causes with past or international experiences…)?

This international conference proposes to tackle these questions by putting together empirical contributions that highlight the contemporary as well as historical processes of technological normalisation and relevant ignorance production (as well as its possible public challenge) in the fields of human reproduction and reproductive health.

**Organizing Committee**
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**Paper Submission Guidelines**
Please send your abstract of around 700 words as well as a short biography to the organisers before June 1st, 2018. The abstracts should offer a precise description of your research object, methodology and data. Notifications of acceptance will be sent by June 20th, 2018. If your abstract is accepted, you will be asked to provide a full paper by November 5th, 2018. The travel and/or accommodation expenses will be covered in accordance with the budget of the symposium.

**Date and Place of the Conference**
The Conference will be held on 22-23 November 2018 at the University of Lausanne (UNIL), Institute of Social Sciences, Lausanne, Switzerland.