

Seminar 3 summary
Childrearing in a risk society
17/18 September 2009, Aston University

Day 1 Adult-child relations and management of risk

Introduction to the seminar

Ellie Lee, Senior Lecturer in social policy, University of Kent, and co-ordinator of Parenting Culture Studies

Ellie Lee thanked the organiser in Aston, Pam Lowe, and the PCS technical support, Samantha Osborne. She also thanked the ESRC for funding our series of seminars, which explore parenting culture: the set of social norms, practices and ideas that inform what parents do. These seminars look not only at what parents do, but what society thinks parents should do. In particular, we are interested in looking at why there is such negativity around what parents do. Distinct to ‘childrearing,’ ‘parenting’ as a term is not only a descriptor, but is generally used in terms of being a social problem; we seek to explore how this has come about. Having looked at the history of parental causality in the first seminar, and the issue of gender and parenting at the second, the third seminar focused on risk.

A write up of the sessions held over the day of follows.

AV recordings of these sessions can be found here

Papers and PPT slides can be found here

Session 1

Adult-child relations and the management of risk

‘The problem of ‘touch’ and other intergenerational issues’

Heather Piper, Professorial Research Fellow, Institute of Education, Manchester Metropolitan University

Heather opened by outlining her research into ‘touch’ amongst children and non-parental adults, showing how this has become a fraught arena for social interaction. For example, teachers today are not able to put plasters on children, but must await the arrival of a parent, or ask children to apply a plaster themselves. Staff in schools and nurseries routinely take steps to make sure that they are not left alone with children, and that any touching (such as when changing a nappy) remains constantly visible to others.

In a ‘risk’ society, there is a ratcheting up of anxiety around child-adult interaction. Heather noted however, that there seems to be a shift in public opinion: Esther Rantzen has recently argued for reduced vetting of adults who work with children because it has poisoned adult-child relationship. She also noted, however, that it would be hard to ‘put the monster back in the cage’. She closed by outlining some of the contradictory implications of recent trends.

‘Licensed to Hug - Adult-child relations and the national vetting scheme’

Jennie Bristow, journalist

Jennie outlined three main points from her report 'Licensed to Hug', co-authored with Frank Furedi which addressed the National Vetting Scheme.

1. The National Vetting Scheme (NVS) is a political gesture, not a real wish to protect children. Even if the NVS had been in operation at the time of the Soham murders, for example, Huntley would still have got into contact with his victims. Jennie argued that NVS is a 'fantasy precaution' of a risk averse society hoping that we can avoid risk entirely. On the surface, the suggested national database will streamline things, on the other hand, it has clear implications for civil liberties. Bristow argues that this puts children at harm, in that adults will not want to take formal authority for children.
2. This scheme therefore puts people off helping out with children: Volunteers get no financial reward from doing what they do – securitisation acts as a big 'keep out' sign to those who want to help.
3. What this means for society: The argument is that trust between adults and children requires regulation. This has huge implications: children should be able to trust that adults will act with their best interests. This is not a process that can be certified, but an assumed relationship between generations. Any wider social responsibility is destroyed. The role of care becomes limited to parents and those who have been vetted (with the assumption that the scheme might have missed 'that' paedophile anyway).

'Antisocialisation: How intervention undermines individuals and communities'
Stuart Waiton, Lecturer in Sociology and Criminological Studies, University of Abertay

Stuart suggested that it's not just anti-social behaviour on the part of children, but behaviour in general that is increasingly of interest to policy makers. With the growth of behaviour management in society, spontaneous and intimate relationships between adult and children have been colonised by expertise, he said. 'Emotional management' for example, is now central to the educational ethos of schools. Teachers are now behavioural counsellors, rather than those who impart expert knowledge.

There are a number of consequences of this: children are less likely to interact with adults who react 'naturally' (that is, without cohesive training). Rather relating to adults, children grow up relating to a trained individual (and the accompanying accountability culture).

Discussants:

Frank Furedi, Professor of Sociology, University of Kent

Although there is a lot of talk about risk, argued Frank, we don't talk about risk in a conventional sense – which is how you transform uncertainties into probable outcomes. Instead, we talk about risks as certainties. Insofar as risk affects adult-child relations, the

biggest risk is implicitly parents, to their children. We therefore have a 'competitive moral panic; about who is a greater risk to their children.

One of the problems with Foucauldian theory and the idea of responsabilisation is that it misses an interesting dynamic: one of parental causality being the flipside to the same coin which brands parents as incapable of parenting without expertise. For Frank, the de-authorisation of adults and more specifically of parents in the family, is a key area of interest: Authority is now rarely associated with anything good. Indeed, the very idea of adult authority is seen as risky – and requiring of regulation. Children today cannot be made to do anything against their will – but how many children, asked Frank, do time-tables spontaneously? – some coercion is always needed.

He outlined two specific areas where authority has been taken away from parents:

1. Food, such as the injunction not to consume junk food, now regulated by the state
2. Intimacy, touch, feeling which is now very heavily prescribed.

The dialectic of being responsible but being de-authorised calls into question the whole notion of 'socialisation' Socialisation is being reversed: it's something that children now do to parents. Children now educate their parents in e.g. recycling, or how to touch. Children do not represent authority in themselves, of course, but act as conduits for expert knowledge. This disempowers adults, and the notion of adult authority. This is particularly dangerous in the family – since adults increasingly lie about their non-optimal behaviours (such as not breastfeeding, reading, recycling in the prescribed ways).

The logic of these papers today, Frank argued, is pushing us towards a discussion of authority, and what the implications of this is in the coming years.

Val Gillies, Reader, ESRC Families and Social Capital Research Group, London South Bank University

Val highlighted the culture of mistrust in safe-guarding: the CRB system seems totally flawed, and seems to build on a long-standing culture of neuroticism. No one seems to question how this affects the service aims of 'widening participation'. Val argued that there is a 'guilty until proven innocent' mentality. There are also very real gendered and racialised implications about who these schemes will affect with regard to employment prospects.

With respect to relationship education or 'emotional literacy' in schools, Val argued, this is at heart, a deeply repressive programme which seek to homogenise children's emotions. There is a chasm between the ideal promoted and the fraught realities of school life. Whilst she is less concerned about how this effects interaction, what she is worried about is what the government has in mind with these schemes: the parents being fined and jailed are almost always the poorest in society.

Questions:

Q: Idea of golden past of childhood – very prevalent, but actually only a tiny minority had this 'grammar school' golden age.

Q: Pam Lowe: School fencing now totally circles the school – is it to keep children in, or adults out? Distinct class dimension we need to take on board here. Lying to professionals is (and has been) typical amongst lower-class groups for some time. Recently expanded to middle classes.

Q: Jan Mcvarish: Parents now doubt their own actual practices – self-doubt is a more recent phenomenon. E.g., why do I shout at my children? The need for reflexivity and control. This internalisation effects the actual practices parents carry out.

Responses:

FF: On history: children are indeed, far better off now than they were before, but there is a danger that we lose sight of the historical specificity of the period we are in. Long history, for example, of parents being criticised by health professionals. But things are different:

- The way we treat children has changed dramatically – children as vulnerable, not resilient.
- Parenting has changed: attributes of parents – determinism and causality much stronger now
- The story we tell about adults has changed too: infantilisation of adults is quite fundamental.

Questions:

Q: Ellie Lee: The Doncaster case – an extreme form of behaviour gets discussed as a form of ‘working class behaviour’: a worrying shift. Neuroscience taken as rationale for parent causality.

Q: What is the balance between bringing attention to these problems and not going over the deep-end?

Concluding thoughts:

SW: Impact of checks: Hyper-safe approach prevents people with any sort of criminal record working on councils with children. Very much agree that there were classed implications of this.

HP: How to get the balance right? We’re disabling people’s ability to deal with problems. Where are we headed? Heather certainly agreed that it’s far easier to create these problems than it is to stop them.

JB: These are measures brought in with respect to particular cases. Nothing could have been done about Soham – in society, something bad things just happen.

Parents lying: disturbing thing where parents do the functions of parenthood without the belief. Going through the motions but with a sense of self-doubt: problem of authority – you don’t feel like an adult.

VG: How selective the whole focus on safe-guarding and children’s well being is: Appears to be ok for children to live in poor housing etc just as long as they don’t come into contact with risky adults. Preferable for a child to be left to cry than be comforted by someone who isn’t a parent or a trained professional. Val argued that this was ridiculous.

FF: Historically, teachers did not have a problem managing the discipline of toddlers or infants. Interaction between children then fills the gap. Ironically, then, child-protection makes the world less safe for kids.

Session 2

Freedom and play in an age of fear

'Cotton-wool kids': *who's to blame?*

Helene Guldberg, Associate Lecturer in Psychology, Open University

Helene's argument, drawing on her book *Reclaiming Childhood* is that children need unsupervised play, to: test boundaries, experiment, take risks, have arguments and fights and to learn how to resolve conflicts. Helene's research shows that unsupervised play plays a central role in children's emotional, social and physical development. Through play, in coming to agreements about rules etc, children start to internalise rules for themselves. Children's play is both liberating and constraining, as children are free to make new rules, but role playing must be co-operative, so children must be able to demonstrate unprecedented self-control through internalisation.

One of the problems today, is that children are not allowed to play on their own as much anymore. This denies children the ability to innovate and learn from risk-taking behaviour. Many adults in turn, do not feel that they have enough authority to discipline children. Yet there is more policing of children today, and teachers step into playground disputes much more quickly than in the past.

We talk about 'cotton wool kids', yet there has been a recognition that there was a safety over-drive in the 1990s; today so safe and boring that children don't want to play in playgrounds any more. This phenomenon takes different forms in different countries. In all cases, it's parents who get the blame for this state of affairs. *The Good Childhood Enquiry* in 2007 said that children had become hostages to parental fears, and in 2008 in the ICM Play England survey, that parents are spoiling children's play-time. But it is wrong to blame parents.

There has been a break-down in trust amongst adults; parents do not feel they can trust others to help and guide children. Promulgated by state and media: e.g. after James Bulger case – not highlighted that this was a very rare case, but that 'anyone can snatch your kid' at any moment. Paranoia and suspicion of other adults, breeds paranoia – this is something all social members will experience. The accountability culture means that the risk of just one child being harmed justifies the presence of measures which effect all children (and adults).

All is not lost, however, argued Helene. Not all children internalise these messages in the same way. Some children feel safer with security guards CCTV etc; though others sought out more dangerous places which gave them a place of their own, away from adult supervision and new challenges to face.

She concluded with a question: These are all problems we recognise but how do we challenge it? She says, I would find it impossible to challenge this individually, in terms of this culture. We have to do so on a broader cultural level.

Discussants:

Professor Aline-Wendy Dunlop, Chair of Childhood and Primary Studies, University of Strathclyde

Aline said, do we really know what children are doing? How is the research conducted? Do children tell us what we want to hear? The models of play that are commonly held in early childhood practice slide between those in organised environments, and those called 'play-as-such'; and the second is what we worry about children losing. We need to question our concepts of child-competence; we can learn from children, to see how they can assess risk and make decisions about confidence, and therefore learn to self-regulate. Early childhood practitioners have a role to play in opening up what we can learn from children. We ought to talk about parents and children together; we need to foster a collectivity as well as skilling children up individually.

Bernard Spiegel, Principal of the not-for-profit PLAYLINK

Bernard argued that play is fundamental to child development. He noted that there are two types of play: one has specific outcomes as a learning experience, the other does not. Perhaps we ought to validate the latter more. We have outsourced authority to experts about what is best for children. There is therefore an undermining of our ability to make moral judgements.

Questions

Q Pam Lowe: The other side of what we're looking at – is that adults don't like children playing out, plus young people are not allowed to congregate in public spaces. Rights to public space

Q Jennie Bristow: Bernard's points about loss of authority were very useful. To Helene: When I played out it wasn't because it was good for us, it was because we were wanted out of the house. As kids we went off to amuse ourselves – not because it was part of our mother's identity as an adult who had create a 'risk-opportunity'.

Q: Adults cannot discipline other children. Children then become threatening. Lying is one of the ways that people maintain privacy and enact resistance, and perhaps we ought to see it more positively?

Q: Ellie Lee: Bernard's distinction between play with outcomes and that without very useful. One of the confusions about parents being able to just get on with it with 'common sense', one has to self-consciously reject the idea that one is not supposed to be being the primary educator. You're supposed to be teaching your child something through the play – the formalisation of play. Whether outdoors or indoors, as a parent one worries, but thinks 'this is supposed to be purposeful'.

Q: Rebecca Kukla: It's interesting that you have this distinction and yet continue to talk about beneficial outcomes; buying into the idea that we must have beneficial outcomes before we can justify anything. Maybe we can just 'be'. The freedom that children have in the 'past': which past, who had the freedom? Furthermore, many times in the past

when children had a lot of the skills associated with play, but not because they were free, by any means.

Q: Ofra Koffman: Parents have been too successful at creating hygienic environment to the extent that now children have to be given some dirt: vicious cycle of regulation?

Q: Lydia Martens: All play is structured and has boundaries.

Concluding remarks:

BS: People need benign neglect, kept out of the adult eye, play as part of the spectrum of culture.

A-W D: We have a problem with vocab; 'free' play is not free.

HG: On the IT play issue: My argument is not that children must play outdoors, but that they need to play away from adult eyes. Online play is a new way of experimenting with authority. Interesting stuff on how teenagers in particular use IT. Furthermore, the historical aspect of childhood is really interesting – our idea of childhood itself is incredibly recent.

Session 3

Culture and risk management

'Safety, Safety, Safety for Small Fry': The Conjoining of Children and Safety in Commercial Communities of Parenthood

Lydia Martens, Senior Lecturer in Sociology, University of Keele

This research is part of a larger project around parenting and consumer contexts, in particular, concentrating on children as consumers. Lydia looks at new categories created through consumption: fetuses, babies, toddlers etc, which she argues are part of adult imagination about what children are like. This becomes connected to what it is like to become a new parent.

Lydia opened with some theoretical reflections: on childhood and parenthood, childhood risks and safety and contemporary consumer culture with specific reference to public/private and surveillance.

The UK baby show is a consumer exhibition targeted at new parents, families and friends. Lydia listed two main reasons she uses it as an interesting ethnographic site: A range of people there; represents a commercial cacophony; also involves online element. Prospective parents come together, creating a commercial club spirit; the show function as an information conduit.

There are many complexities around the products on offer to parents, though many focus on safety. She argued that there is a danger of awareness, with product innovation drives inflating anxiety. There has been a shift in descriptions of childhood from a time where children are growing and exploring to one where mothers must constantly monitor to prevent accidents.

'Dummies and Fairies; Family culture and the question of authority'

Timo Heimerdinger, Juniorprofessor für Kulturanthropologie/Volkskunde, Johannes Gutenberg-Universität, Mainz, Germany

We mean different kinds of risks when we talk about childrearing in risk society. We need to look at actors as they go about dealing with these risks. Timo argued that culture itself deals with a lot of these problems, he therefore asked, 'which problems do cultural phenomena solve for a group, and how'?

He used the dummy as a case study for a study of risk: a reflex for sucking is vital, it not only ensures feeding, but soothing and calming. At some point, parents want children to wean off the dummy, as it represents an attachment to babyhood. Psychologists advise mutual approach (rather than going 'cold turkey'). He notes a growing trend for the 'dummy fairy' (amongst German parents, at least) who takes the dummy away and leaves a gift in its place. How can we explain the growth in the dummy fairy? His observations based on interviews with parents and professionals, literature analysis and so forth.

The Dummy Fairy can be seen as another character like Father Christmas, the Easter Bunny and so forth. Educational little helpers introduced in late 18th C: bourgeois values externalised. Characterised by colourful images of childhood; a shift in educational values. The fairy has a role in exchange processes: gifts for good behaviour. Child is actively involved in the bargaining.

Timo noted that there is a medicalised discourse around dummies. Medicalisation means the process of spreading medical advice into more and more areas of life. It follows a pathological perspective spread around sickness and its avoidance. With respect to the dummy we can see medicalisation around ideas of dirt, tooth development and speech. There is also a psychologisation of health: to convince children to give up the dummy is to protect them from traumatic experiences of bullying etc: reflexive medicalisation.

According to the ideology of intensive parenting, those who are good parents are those who act with their children at the centre of their actions. Corresponds with values of knowledge and reflexivity. It is not enough to find a good solution, it must be the best. Different risks need to be calculated against each other: we are in need of specific knowledge because information is not enough.

Parents are in a bind re: dummies – comforting for child, but must be weaned off it by 2nd birthday. The dummy fairy represents an optimal solution. The relationship between parents and children left in tact. The fairy is knowledge in action: a product of the reflexive society. The transformation of knowledge into practice. Both parents and children believe in the dummy fairy: parents in her functionality, children in her existence. Power-sharing in action, outsourcing. Parents become moderators of power; when she has paid her visit everyone is happy.

Questions:

Q: Jan Mcvarish: is there an addiction narrative around dummies? Much more moralised than other attachments. Class dimension?

Q: Janice McLaughlin: Are there any products at the babyshow for disabled children?
New set of consumers

Q: Ellie Lee: commercialisation is really important element to this discussion around risk. The dummy in this country seen as a badge of inattentive mothering – though another participant (SB) said that since dummies have been shown to be beneficial for preventing cot-death this has lessened.

Day Two: Healthcare, Risk and Motherhood

Session 4

Feeding Babies

Sue Battersby

Infant feeding and the mother-midwife interface in the antenatal period.

Sue described her recently completed study of midwives, which included a telephone survey of 110 midwives and interviews with midwives at 3 hospitals. The study was concerned with finding out how midwives gave advice to new mothers about formula feeding, in the context of the Baby-Friendly Initiative, which promotes breast-feeding. Sue found that midwives were reluctant to talk to researchers about formula feeding and many believed that they were not allowed to talk about it to mothers or anyone else. The research found that very little verbal information was given to mothers who intended to formula feed. 64% of midwives gave no information. Although midwives are able to give a government produced leaflet about formula feeding, some did not have these available to them. Others would give leaflets to teenagers but not older mothers. Midwives thought there should be more information.

Although formula feeding used to be demonstrated in antenatal classes, this has now declined as a result of the BFI. Group instructions cannot be given, but information can be given to individuals if they ask the midwife. Videos are used occasionally to provide information. More information is provided postnatally than antenatally. 91% of midwives reported being asked by mothers which brand of formula was best for their babies, but most midwives said they did not feel that could recommend one brand over another. Sue argues that formula-feeding is a skill which requires knowledge and support that midwives currently feel constrained from supplying because of their interpretations of the Baby-Friendly Initiative.

Helen Lomax

'You are going to be a wonderful breast-feeder': Mothers, midwives and the politics of infant-feeding.

Helen's presentation began with the contextualising of her finding within a culture which privileges breast-feeding, but where, in practice, most mothers don't do it, in which choice is generally valued, but where infant-feeding choices are a 'measure of motherhood'. The 'moral work' performed by sanctioned (breastfeeding) and stigmatised

(formula-feeding) mothers was revealed through intensive conversation and discursive analysis of video data filmed during mother-midwife appointments.

Breastfeeding, provides and untroubled, sanctioned identity for mothers, while those who formula feed have to 'do discursive work' to construct a positive maternal identity. Contrasting an interaction between a midwife and a 'successful' breastfeeder with that between a midwife and a formula-feeder, Helen drew out how the moral sanctioning of the former was performed through speech, gaze and gesture while the latter exchange was more strained because a 'deficient identity' had to be negotiated.

Respondents:

Professor Elizabeth Murphy, Pro-Vice-Chancellor and Head of the College of Social Science, University of Leicester

Elizabeth spoke of how the setting up of breastfeeding as the uncontested choice of the good mother is problematic for both mothers and midwives. It is also problematic for informed choice. Although an explicit strategy of controlling the flow of information in order to direct people's choices cannot be articulated, in the case of breastfeeding, there has been a forceful attempt to manage the available information. There is no talk of the cost of breastfeeding to the mother, responsibility is individualised, and there is a downplaying of the necessity of other people (partners and family members) to facilitate breastfeeding. Elizabeth said that professionals are struggling with negotiating the 'feeding rules' as much as mothers, and, for example, there is little evidence that midwives are pressuring mothers. There is a reluctance to undermine 'decency' in interactions. She went on to stress the limitations of interview data in such a morally charged area and the need to recognise the structural contexts of accounts.

Rebecca Kukla, Professor of Philosophy and Obstetrics and Gynecology, University of South Florida

Rebecca spoke of the 'political, policy, rhetorical/communicative void in managing the sub-ideal situation'. Instead of a focus on 'harm reduction', where medics would take the situation as they found it, there is a focus on the absolute, for example, exclusive breastfeeding. This is not evidence-based, and it is a disrespectful and ineffective strategy for women and from a public health point of view. She suggested that the formula feeding, or non-ideal, mother's identity should be characterised as incoherent rather than negative.

Discussion

Q: Helen Reece suggested that we are actually moving away from a framework of informed choice.

Q: Ellie Lee: in public health promotion materials, claims and appeals are often made by disembodied organs, such as hearts or livers. There is a 'mass of warnings' which impact on individual sensibilities.

Q: Jan Macvarish: Are formula feeders really required that much professional support – does this not just cast mothers as victims and formula as medicine rather than food?

Q: Rebecca Kukla: women do need support with breastfeeding, it is a difficult and vexed thing, it is a public issue, but not a public health problem.

Concluding remarks

Helen Lomax: there is troubled talk around sterilising and making up formula.

Sue Battersby: teaching correct procedure for formula feeding is a public health issue.

Elizabeth Murphy: problem with literature for f-feeding mothers because of high rates of illiteracy, therefore a need for advice and demonstrations.

Charlotte Faircloth: the session had pointed to the gap between recommendation and practices.

Session 5

Extending parenting backwards?

Rebecca Kukla

"Preconception Care" and the Transformation of Women's Health Care into Reproductive Medicine

Rebecca Kukla made two claims: 1. That intensive parenting has already been extended backwards and 2. That the 'preconception care' movement extend this back even further. In the US, healthcare for women is increasingly being incorporated into the reproductive health paradigm. The risk management of potential, future babies has become a rationale for the provision of female healthcare. Rebecca used numerous slides of images from health promotion leaflets and posters of headless pregnant women's torsos, to illustrate the sidelining of women in favour of the fetus or future child. This is not limited to pre-natal care – primary care for women is being reinterpreted as preconception care. The Centre for Disease Control Guidelines frame women as always potentially on their way to pregnancy.

Any medicine can be incorporated into preconception care and this can be extended across the lifespan, even into paediatric care for girls of 9 years old. Talk of 'cradle to grave' care extended from before birth sounds positive. Although there may be health benefits to this, there are profound problems for women's health and respect.

1. It reduces women to their reproductive function.
2. It sends a strong, potentially coercive/alienating pronatalist message.
3. It compromises quality of care, for example in treating chronic condition where pro-fetal treatment may not be best for the woman. Care for the woman is the packaging but not the guiding goal.
4. Unreasonable permanent restriction are imposed on non-pregnant women, for example drinking, BMI, prescription drugs.
5. Everything is interpreted through the lens of reproduction which skews which conditions get attention and whose health is prioritised. What about infertile or older women? Does the end of reproductive life mean the end of life?

Ellie Lee (Paper authors Ellie Lee and Pam Lowe)

Advocating alcohol abstinence to pregnant women in Britain: some sociological observations

The paper reported on an analysis of Dept of Health/NICE guidelines to women on alcohol and pregnancy. The DoH advice to avoid alcohol if pregnant or trying to conceive seemed to be an unusual move towards recommending abstinence. This runs against evidence-based health advice and also against a more usual British resistance to abstinence. Abstinence calls have not really taken off in the UK, except for smoking. The emphasis on risk-reduction and harm-reduction tends to the nature of British health promotion, accepting uncertainty and managing this. However, risk is rarely objective or purely evidence-based. In Public Health, risk is usually moralised.

But, there is no evidence-base for the abstinence advice concerning alcohol and pregnancy and it is unusual for policy to 'jump over' the evidence base, other than in the case of smoking. The US dimension – in 1981, an abstinence policy was recommended by the Surgeon General. This indicated a shift towards a medical framing of a previously moral concern. Fetal Alcohol Syndrome is at the centre of this. FAS is a rare condition, but from 1981 onwards, the definition was expanded. We now have Fetal Alcohol Spectrum Disorder which is not a diagnosis, but diffuse set of problems, not necessarily caused by alcoholism but by any and all drinking in pregnancy. FASD has diffuse consequences such as suicide, prison etc. FASD enables alcohol in pregnancy to become a public health problem, although there is no clear relation between policy and the evidence.

In Britain, 1995 saw the first official advice to mothers – to limit drinking, not get drunk. This emphasised FAS, not FASD. There is a shift from uncertainty to abstinence advocacy in 2007 with a DH statement. This cited as evidence of harm, a statistic from NoFAS (a campaign to raise awareness of FAS and FASD) that 6000 children a year were being born with FASD, but this was based on estimates or a 'guesstimate'. There are problems with this figure: 2% of all births are affected by birth defects. The 6000 would constitute half of these, clearly unlikely, and yet the DH rely on this figure.

The rationale is that it is easier to say abstinence as it is more straightforward. The 2008 NICE guideline claims a possible association between alcohol and miscarriage, but moderate benefits to moderate drinking. The risk-averse interpretation of their own evidence seems to have won out, jumping to abstinence during pregnancy and pre-conception. Circumventing the uncertainty associated with the evidence, making the jump from risk to harm. This is a change in the meaning of risk: The 'Rumsfeldian approach' – of 'unknown unknowns'. The unknown becomes presumed to be harmful, circumventing the complexity of uncertain knowledge, like the precautionary principle.

Health advice becomes lifestyle rules, a question of 'doing the right thing', self-monitoring. Choice becomes questionable and accountability is redefined as being to other people. This is an expansive dynamic – as Rebecca described, we are all pregnant now. DH advice extends to women planning to conceive. The BMA has adopted US

advice. Fathers and prospective fathers are also advised to abstain 'supportively'. There are also calls to educate children about FASD.

Discussants:

Emily Jackson, Professor of Medical Law, London School of Economics

Pregnancy is increasingly becoming a way to control women's behaviour. The 'healthy' citizen is an opportunity for 'mission creep'. Emily used the example of certain anti-depressants, where there is some evidence of association with birth defects. This not just a case of pregnancy being a contraindication to prescription, but that prolonged use of an addictive drug may have preconception implications. Advice is more equivocal – it may be better to continue taking the drug. Emily argued that the woman is the only person in a position to decide what is relevant to her, unnecessary worry and anxiety is caused to women by overly-dogmatic advice.

Hauke Reisch, Winton Programme for the Public Understanding of Risk, University of Cambridge.

There does seem to be a precedent for abstinence advice – drink-driving. The risk to others is significant. What is the driving factor in the case of alcohol and pregnancy guidelines? Why do people draw different conclusions from the same evidence? The role of moral entrepreneurs, the distrust of scientist, the equation of uncertainty with incomplete knowledge, competing and changing advice is important. Geoffrey Rose, spoke of The Prevention Paradox – whereby the effect of trying to change of behaviour across a population has a disproportionate impact on the individual.

Colin Gavaghan, Lecturer in Law, University of Glasgow

There is a category expansion of the problem. There is an argument that autonomy is fetishised. Women cannot put their interests on the scale for consideration.