



# Ultrasound scans as risk rituals in obstetric prenatal care in South Africa

A study of the dual role that ultrasounds play as both a tool of reassurance and inadvertently, a source of risk for both obstetricians and pregnant women.

Exorbitant costs, high rates of unnecessary medical intervention and increasing medico legal claims plague South Africa's private healthcare system. Maternity care is deeply intertwined in this scenario. The latest medical schemes data indicates that members have a 77% chance of c-section, with large co-payments expected. As the medical specialist with the greatest exposure to litigation, private obstetricians face crippling indemnity insurance costs. Are these two phenomena related? How do childbirth uncertainties and litigious uncertainties interact to produce a high-risk birthing culture?

This paper focused on the role of ultrasound scans in medical and maternal decision-making. It explores the dual role that ultrasounds play as both a tool of reassurance and inadvertently, a source of risk for both obstetricians and pregnant women, despite its primary use being the monitoring and screening of foetal development.

The study situated its analysis within a broader context of increasing medico-legal risks and high caesarean section (c-section) rates in South Africa. The ultrasound, while culturally sanctioned as safe, imposes medico-legal risks on obstetricians and increases women's chances of c-section delivery within high-risk birthing cultures. Showing how

ultrasound scans have become ritualistic in obstetric antenatal care, this paper argues that the unborn, which is imaged by the ultrasound, is the primary subject of contestation in both litigation and birthing decisions and is itself generative of risk.

## Methodology

The study utilized a multi-site ethnography over two and a half years in Cape Town, detailing the experiences of fourteen pregnant women and seven obstetricians. Data was collected through mixed qualitative methods including participant observation, interviews, field notes, analysis of legal documents and social media posts. The study examined the normal course of antenatal consultations and accompanying ultrasound scans, to provide a detailed examination of the interactions between obstetricians and pregnant women.

## Key findings

### 1. *Ultrasound Scans as Risk Rituals:*

The study found that ultrasound scans were undertaken at every antenatal consultation. As a habitual practice, it has been unreflexively absorbed into daily practice precisely because it is non-invasive, pleasurable for parents and



reinforces obstetric control over childbirth. These scans serve as a "risk ritual," that performs a dual function: (1) offering self-protective precaution for obstetricians (against litigation) and (2) reassurance of foetal normality for pregnant women. However, the ritualisation of ultrasounds heightens the perceived risks to the foetus, leading to the normalisation interventionist practices, that in-turn suspends women's ability to question and refuse interventionist approaches. As such, the ultrasound risk ritual both aligns obstetric and maternal interests in protection of the foetus, but also pits them against each other when their interests conflict.

### 2. Impact on Obstetricians:

Obstetricians face significant medico-legal risks, as the foetus is the focal point of most legal claims in South Africa. The study illustrates how the ultrasound ritual aligns obstetricians' need to avoid litigation with the pregnant women's desire for a healthy pregnancy, though this alignment often leads to excessive medical interventions. It further contends that ultrasound risk rituals are not used with malicious intent; rather, as a well-integrated risk management strategy its easy absorption into everyday obstetric practices, lowers medical insurance premiums.

### 3. Impact on Pregnant Women:

The ritualized use of ultrasounds influences women's perceptions of risk during pregnancy, often leading to an increased likelihood and acceptance of c-section deliveries. The study suggests that risk rituals reinforce a high-risk birthing culture, making interventionist birthing practices appear necessary and normal. This is important for women

and their families to understand. Birthing outcomes are not predicated on the birth alone but emerge from a continuous sequence of care-giving practices that begins with the very first scan when pregnancy is confirmed.

## Conclusions

The research concludes that the ritualization of ultrasound scans in South African obstetric care reinforces a risk-centric approach to pregnancy and childbirth. This culture of risk management, driven by legal and technological forces, not only aligns but also pits maternal and obstetric interests against each other. The study calls for a critical examination of routine obstetric practices and their influence on birthing outcomes, particularly in contexts with high medico-legal pressures.

Medically safe for mother and foetus, the ultrasound scan is a necessary part of good antenatal care. But routine ultrasound use is not recommended – yet it is a socially approved – even expected part of private sector obstetric care.

It matters little whether or not routine ultrasound scans actually work to avert risks from materialising. The benefit is gained through their comfortable absorption into daily practice and the reassurance it evokes when seeing is believing. Ultrasound use conveniently displaces the threat of risk, by providing evidence of checking that everything is alright, though in never completely removing that risk, its repetitive, routine use becomes necessary.

Women themselves collaborate in the requirement of highly interventionist birthing cultures, when they participate in risk rituals that configure their bodies, their babies and their birth as risky.

## Reference:

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