

Is pregnancy a disease?

George F Winter explores the rationale behind treating pregnancy as a disease, and whether it is useful to do so

What is a disease? To what extent can ‘disease’ be defined, given views in relation to terms like ‘illness’ and ‘sickness’?

In considering disease in the context of evidence-based medicine (where emerging scientific data are under continuous re-evaluation and revision), Gerber et al (2007) noted evidence-based medicine itself ‘is not able to form a single universal, or rather, general definition of disease’.

Taking obesity as an example, Shermak (2014) suggested that calling obesity a disease fuels prejudice of those critical of people who are obese. Shermak (2014) also detected ‘an assumption that by designating obesity as a disease, many folks with weight issues will fall back on this as an excuse ... [yet] for those like me, who do fight obesity and continue to fight obesity, declaring it a disease does not make the battle any easier’.

Kukla (2019) highlighted groups who frame infertility as a problem that demands social and medical action, insisting that it is a legitimate disease, ‘but they cannot agree on which disease it is’. The World Health Organization offers eight definitions of fertility, with definitions of infertility including a failure to achieve pregnancy after 12 months or more of regular unprotected sexual intercourse, and the failure of a sexually active, non-contracepting couple to achieve pregnancy in 1 year. But both definitions imply that those with same-sex partners are infertile, ‘so the definitions either pathologize all homosexuals, or accidentally erase their existence altogether’ (Kukla, 2019). Kukla (2019) asserted that where the first definition describes an

individual’s reproductive system as having the ‘disease’ of infertility, ‘according to the second, it is a couple that has the disease’.

Can pregnancy be a disease? Germaine Greer (1984) observed ‘from conception, pregnancy is regarded as an abnormal state ... an illness requiring submission to the wisdom of health professionals and constant monitoring, as if the foetus were a saboteur hidden in its mother’s soma’. Greer (1984) was in no doubt that ‘childbirth has been transformed from an awesome personal and social event into a medical phenomenon’, but Smajdor and Räsänen (2024) argued ‘that there are several pragmatic reasons – based on a combination of biological, social and normative considerations – to classify pregnancy as a disease’.

Mortality rates compare the lifetime risk of dying from measles with the lifetime risk of dying from pregnancy-related harms. Smajdor and Räsänen (2024) noted that while the risk of dying from measles is less than 1 in 5000 (further diminished by vaccination), ‘the WHO states “a woman’s lifetime risk of maternal death is the probability that a 15-year-old woman will eventually die from a maternal cause. In high-income countries, this is 1 in 5400, vs 1 in 45 in low-income countries”’. They suggested that ‘for most of the world’s inhabitants, there is nothing voluntary about pregnancy, and women may be very far from celebrating each pregnancy they experience’, adding that in our present-day world, where misogyny and pronatalism hold sway, it is plausible that serious pregnancy-related risks and injuries may be considered ‘a mark of suitability for motherhood: a confirmation that the prospective mother is prepared to accept suffering as her lot’.

In a robust challenge to this position, Baron (2024) did not agree that it was a short step from medical intervention to treating pregnancy as a disease. She argued

that medical professionals are given legal backing to a monopoly on providing contraception and abortion, and those wishing to avoid becoming pregnant must avail themselves of the services of their doctor or pharmacist, ‘but this is largely a matter of social contingency, rather than a reflection of medical reality’. Baron (2024) stated that pregnancy, menstruation, menopause and breastfeeding are features of female reproductive biology that can be unpleasant in the absence of pathology. To define such phenomena as diseases ‘appears to risk sliding back in time to a view of human health based on male norms, with the female body characterised as either inherently aberrant or unusually beleaguered with ill-health’ (Baron, 2024). She concluded that the ‘disrespect and abuse experienced by many pregnant patients is often rooted in normative beliefs about the moral relationship between mother and foetus; it is these beliefs that need challenging, rather than our definition of pregnancy’.

At a time when many voices are raised, claiming to know all the answers to a variety of issues, it can sometimes be instructive to ask the most basic of questions. **BJM**

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