

BOOK REVIEW

David A. Schwartz, Julienne Ngoundoung Anoko, and Sharon Abramowitz, eds. *Pregnant in the Time of Ebola: Women and Their Children in the 2013–2015 West African Epidemic*. Cham, Switzerland: Springer, 2019. 494 pp. Photographs. Bibliographies. Index. €135.19. Cloth. ISBN: 9783319976365.

Pregnant in the Time of Ebola: Women and Their Children in the 2013–2015 West African Epidemic, edited by David A. Schwartz, Julienne Ngoundoung Anoko, and Sharon Abramowitz, represents the state of the art with respect to social science research on the experiences of parents, pregnant and lactating women, their children, and the people who cared for them during the 2013–15 Ebola epidemic in West Africa. The editors initiated the project because of the extreme lethality of the Ebola virus to pregnant women, fetuses, and neonates. This lethality occurred in part because pregnant women were the most likely people to be refused medical care of any kind, even if their need for medical attention was not predicated on having Ebola, because general fears of bodily fluids manifest most spectacularly during birth.

The editors highlight that it is still unknown how many women died during the epidemic due to complications of pregnancy, and simultaneously, this phenomenon has not been researched as its own crisis. The chapters came together just as the 2018 Ebola epidemic began in the Democratic Republic of Congo, and the editors worked hard to make the book relevant to practitioners in what may be many future Ebola epidemics. It is an important, worthy project, and the volume is the most comprehensive work on “lessons learned” from the West Africa epidemic. It will be an invaluable resource for policy makers and practitioners faced with future health emergencies of international concern.

The book brings together the experiences and analysis of sixty-six experts in thirty chapters which address a spectrum of issues affecting women, children, and caregivers (both medical and non-medical) in complex emergencies. The editors begin with an important, often unstated assertion that there is never a moment in human history where women are exempt from the experiences of childbearing, and yet there is essentially no attention being paid within global health to the fact that these experiences will continue to be integral to all future emergencies. Women are rendered especially

vulnerable by the fact, that, for example, even though an Ebola vaccine was approved, pregnant and lactating women were barred from receiving it. Though pregnant women suffered the highest mortality rates of any demographic, the vaccine was never tested on pregnant or lactating women. Though the editors do not offer a central unifying argument for their volume—and the reader would be hard pressed to find one—making an argument about including pregnant and lactating women and their small children as a primary demographic of concern in complex health emergencies is itself a vital intervention.

The chapters vary widely in their topics of address, moving between memoirs, rapid assessments, clinical instructions, theoretical framings, and ethnographic fragments, among many other types of writing. As such, the volume has no clear methodological or topical organization, because its curation was not concerned so much with cohesive content as with the comprehensive gathering of any expertise that might be helpfully offered once the epidemic had come to an end. The first two chapters lay out impressive arguments about the importance of stigma to women's experiences during the epidemic, especially because women giving birth are shedding more bodily fluids than at any other moment than death from viral hemorrhagic fever, and therefore were a source of universal fear during the epidemic. They also noted that only visibly pregnant women were counted as such when they presented at medical centers, so it is impossible to know how early-stage pregnancies affected women's chances for survival.

Some of the chapters, specifically the memoir of the ELWA hospital staff in Liberia, are conversational reflections on personal experiences. Others, such as "Comprehensive Clinical Care for Infants and Children," offer medical experts specific clinical care instructions. The chapters include chilling indictments on the ill treatment suffered by women in medical settings during and after the epidemic, most devastatingly "Uncovering More Questions," which uses the death of *Time's* "Person of the Year" Salome Karwah to shed light on issues in obstetric care that persisted even after the epidemic was over. This is only the tip of the iceberg.

This is a book to use to search for what you need, rather than to read from beginning to end. Later sections are separated by countries—Sierra Leone, Liberia, and Guinea—without apparent rationale, considering that Part One also covered topics from specific countries. In addition, there was a significant amount of repetition between the chapters—of statistics, of explanations of pregnancy complications, so that it became difficult eventually to parse out precisely what each chapter brought to the whole, except to ensure every possible angle was covered. The issue of repetition aside, these other angles needed to be covered, so their inclusion is justified.

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For additional reading on this subject, the ASR recommends:

- Benton, Adia, and Kim Yi Dionne. 2015. "International Political Economy and the 2014 West African Ebola Outbreak." *African Studies Review* 58 (1): 223–36. doi: [10.1017/asr.2015.11](https://doi.org/10.1017/asr.2015.11).
- Fairhead, James. 2016. "Understanding Social Resistance to the Ebola Response in the Forest Region of the Republic of Guinea: An Anthropological Perspective." *African Studies Review* 59 (3): 7–31. doi: [10.1017/asr.2016.87](https://doi.org/10.1017/asr.2016.87).
- Onoma, Ato Kwamena. N.d., "Xenophobia's Contours During an Ebola Epidemic: Proximity and the Targeting of Peul Migrants in Senegal." *African Studies Review* 1–22. doi: [10.1017/asr.2019.38](https://doi.org/10.1017/asr.2019.38).