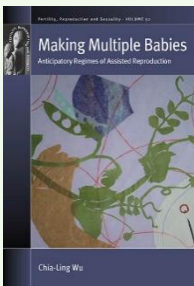


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得獎專書

*Making Multiple Babies: Anticipatory
Regimes of Assisted Reproduction.*

Berghahn.

書名中譯

《多胞胎共和國：助孕科技的希望與風險》

得獎簡評：

本書深入剖析人工生殖技術在臺灣的發展，探討多胞胎植入現象如何在醫療政策、技術標準與社會文化因素的交錯下逐漸形成。書中透過大量文獻、訪談與田野調查，展示臺灣婦女在求孕歷程中面臨的挑戰與選擇，並揭露在多胞胎妊娠情境下，女性的身心健康與生活負擔如何被忽視、或被視為「成功」的代價。

本書不僅深入分析臺灣「多胚胎植入」政策如何與社會對生育的期待緊密相扣，並透過跨國比較視角，揭示臺灣獨特的醫療市場和社會文化如何促成這個特殊現象。作者針對生殖技術政策與婦女健康的相互影響提出政策建言，並強調應對婦女及子女健康風險予以更多關注。作為國際上首部針對多胞胎孕產議題的社會人文專著，本書對社會學、生殖醫學與性別研究均有極具開創性的重要貢獻。

得獎人簡歷：

吳嘉苓，美國伊利諾大學香檳分校（University of Illinois at Urbana-Champaign, UIUC）社會學博士，目前為臺灣大學社會學系教授兼系主任。主要專長領域為醫療社會學、性別研究，科技與社會研究。於2023年2月出版英文專書 *Making Multiple Babies: Anticipatory Regimes of Assisted Reproduction*。近期從事

的學術解謎活動包括少子化的預想治理、東亞的跨國生殖，以及助產師的專業重建計畫。擔任過 *East Asian Science, Technology and Society*，《女學學誌》，與《台灣社會學》期刊主編。參與創辦「生育改革行動聯盟」，力圖連結學術研究與社會改革。

Chia-Ling Wu is the Chair and a Professor of Sociology at National Taiwan University, specializing in science, technology, and society (STS), medical sociology, and gender studies. In February 2023, she published *Making Multiple Babies: Anticipatory Regimes of Assisted Reproduction* with Berghahn Books. Her recent research projects cover a range of topics, including new anticipatory governance addressing low fertility rates, cross-border reproductive care in East Asia, and the revitalization of midwifery. She has served as the editor-in-chief of *East Asian Science, Technology and Society (EASTS)*, *Journal of Women's and Gender Studies*, and *Taiwanese Sociology*. Additionally, she co-founded the Birth Reform Alliance in Taiwan, an NGO dedicated to improving reproductive care in Taiwan.

得獎著作簡介：

由於助孕科技的擴展，人類前所未有地孕產出更多的雙胞胎、三胞胎與四胞胎。本書提出預想體制的分析取向，包含預想治理與預想勞動，探討自 1970 年代以來大幅增長的多胞胎孕產現象。主要的研究資料包含檔案資料、橫跨臺日韓的參與觀察，以及一百多位行動者的深度訪談。研究設計涵括國際辯論，東亞的生殖政治，並以臺灣作為極端的案例，來闡明孕產多胞胎的成因與後果。

本書的第一部分，以人工協助生殖科技的全球預想治理為核心。作者首先勾勒自 1970 年代以來，對於體外受精技術（*in-vitro fertilization*，IVF）的預想實踐，並聚焦於多胚胎植入的臨床程序。作者回溯歷史，檢視不同的行動者如何選擇特定的預想面向，並發展出相應的預想工具。在 IVF 技術發展之初，單一的成功事件，就足以滿足醫學技術突破的期待。這些成功事件廣受媒體報導，尖端的 IVF 團隊就得面臨下一個預想：如何為想要使用 IVF 來生育的民眾，建立可接受的成功率。這項新的目標，使得多胚胎植入成為新解方。這個解方不僅大幅提升多胞胎懷孕的發生率，同時也為孕產婦與新生兒帶來許多新的健康風險，因而引來女性主義陣營、公衛專家、小兒科醫師以及一些反思的 IVF 專家各種抨擊。對此，IVF 的國際社群透過臨床指引，限制植入胚胎的數目。然而，各國的標準不一。

例如，在 1998 年時，英國建議最多只能植入兩顆胚胎，而美國卻允許植入高達五顆。「選擇性單一胚胎植入」(eSET) 的倡議，讓數字治理進入了新境地。作者比較比利時和日本如何整合來自國家、醫界、國際社群與公民社會的資源，成功打造出 eSET 的技術網絡。

本書接著轉而討論臺灣的預想治理。臺灣誕生第一名試管嬰兒，普遍被視為是國家光榮，而這種觀點進一步削弱了國家對醫界所做的嚴格管控。透過臺灣和日本的經驗，作者說明不同的國家社會技術想像如何影響新興的 IVF 技術——臺灣為何如此追求成功，而日本何以致力降低風險。在臺灣，界定多胞胎懷孕公共性議題的行動者，主要是關心助孕科技導致早產兒劇增的民間團體，以及關心孕產婦健康的婦女健康運動。但這些著眼於健康風險的行動，並未帶來有效的解決方案。而臺灣於 2007 年所制定的《人工生殖法》，規定每次不得植入「五個以上」的胚胎，成為世界上最寬鬆的胚胎植入指引。儘管有部分醫師、政府單位與倡議者開始嘗試管制臨床行為，以處理多胞胎所帶來的健康問題，但零星的措施造成的改變有限。國際管制組織屢屢指出，臺灣是全世界試管嬰兒多胞胎比例最高的國家。

本書的第二部分探索臺灣女性的預想勞動：她們在求孕與

懷孕期間，為了實現生育目標所進行的各種實作。作者首先呈現女性利用助孕科技追求生育目標時，採取哪些極大化效益的策略。先進的人工生殖醫療已經成為人們追求最佳理想未來的工具，但每個人對於未來的預想卻截然不同。作者將勾勒出四種不同的預想生育軌跡，說明為何有些人認為懷上多胞胎是「中樂透」，有人認為是快速有效成家的方法，有些人對多胞胎感到焦慮不安，有人則認為是在追求生殖正義。要理解女性在屢屢受挫的生育歷程中，為何採取某些預想勞動，作者主張要探究臺灣晚婚、晚生的社會人口趨勢、性別秩序的特性，以及再生產勞動的社會安排。

第一孕期中的減胎與第二、三孕期中的安胎，是多胞胎孕婦在懷孕期間中所面臨的兩大挑戰，懷孕女性評估減胎與預防早產的思考與行動，進行著各種懷孕管理實作。作者呈現了女性的三大孕產預想勞動：探索與釐清減胎資訊、進行孕產身體工作、協商再生產與生產勞動。作者提出，隨著生育旅程進入不同階段，女性面臨不同的難關，承擔的工作與責任也日趨繁重。

孕產多胞胎是個纏鬥著希望與風險、生死存亡的重要場域。本書強調「預想」做為有用的分析概念，並以主要研究發現，提出政策建言，提醒以看重婦女的預想勞動，作為改革的藍圖。

Human beings have been producing more twins, triplets, and quadruplets than ever before, due to the expansion of medically assisted conception. This book uses anticipatory regimes, composed of anticipatory governance and anticipatory labor, to analyze the emergence and consequences of making multiple babies since 1970s. The data include archival documents, participant observation, in-depth interviews, and registry data. The research design traces international debates, explores East Asian politics of assisted reproductive technologies (ARTs), and uses Taiwan as an extreme case.

The first part of *Making Multiple Babies* traces the global anticipatory governance of ARTs. The first chapter centers on the procedure of multiple embryo transfer (MET) to delineate the global anticipatory governance of in-vitro fertilization (IVF) between the 1970s and 1990s. The author examines with historical data how different framing actors developed their tools to meet the changing dimensions of anticipation. In the early years of IVF, a singular successful event could meet the expectation of a medical breakthrough. When the pioneering IVF teams faced the new anticipation to create an acceptable success rate for infertile

couples, MET became the major clinical strategy. MET increased the incidence of multiple pregnancy and brought new health risks for mothers and infants that were criticized by feminists and public health officials. Fetal reduction was mobilized to manage the crisis but entailed new health and moral risks. The global IVF community began to impose guidelines to limit the number of embryos to transfer, but great national variation existed.

Elective single-embryo transfer (eSET) has been proposed as the only effective measure to prevent the skyrocketing incidence of multiple births after IVF. Chapter 2 analyzes the intensive anticipatory work required to implement eSET since the late 1990s. The “hope work” that was involved included redefining success and valuing the “take a healthy baby home” rate. The abduction that was needed demanded medical innovation to select the best embryos for transfer and to test the efficacy of eSET. The author compares and contrasts the different national formations of implementing a SET guideline in Belgium and Japan in the 2000s. Both these approaches involved a public financing program, but with different local strategies.

The author then analyzes how a nation’s sociotechnical

imaginary shapes the trajectory of anticipatory governance of IVF in Chapter 3, using the case of Taiwan. Taiwan's first test-tube baby was born in 1985, and was widely celebrated as a nationalist glory. The medical societies remained the dominant actor in Taiwan's anticipatory governance, prioritizing successful events and success rates by implementing the world's highest average number of embryos transferred (NET). Although increasing adverse outcomes of triplets and quadruplets raised some concerns, the medical societies were able to translate fetal reduction, controversial in most other countries, into a medical breakthrough and technical solution. The author contrasts Taiwan with Japan, where IVF debuted as a controversy rather than a glory, to explain why anticipatory governance take different forms.

Chapter 4 analyzes the making of the world's most lenient guideline on the number of embryos transferred (NET) during IVF—namely, Taiwan's "no more than four" stipulation in its 2007 Assisted Reproduction Act. Although Taiwan's activists had been speaking out since the 200s for premature babies and women's health to frame the anticipatory governance of IVF, the medical community managed to build a flexible standardization. The

selection of the American voluntary guideline became an important justification for building permissive guidelines. The author argues the importance of incorporating global/local dynamics in analyzing IVF regulation, including the selection of a certain global form to meet the local anticipation.

Making Multiple Babies then turns to exploring Taiwanese women's anticipatory labor—their various making and doing during conception and pregnancy to achieve their reproductive goals. The author focuses on how women pregnant with twins, triplets, or quadruplets calculate, act, and “live in preparation.” Women's anticipatory labor includes three aspects. Chapter 5 analyzes Taiwanese women's diverse anticipatory trajectories of becoming parents, to present how they optimize the use of assisted reproductive technologies (ARTs) and perceive making multiple babies. The forms of disruptive reproduction range from physical infertility, competing biological and social clocks, and social pressure to conceive to legal exclusion of lesbians and gays to access to ARTs. Echoing these specific reproductive trajectories, multiple pregnancy can mean either “winning the lottery,” efficiency, hesitancy, or justice.

Fetal reduction in the first trimester and bed rest after the second trimester are the two most challenging tasks when women carry multiples. Chapter 6 discusses the anticipatory labor of Taiwanese woman pregnant with multiples when they face fetal reduction as an option, based on my interviews and fieldwork. The author found that some women execute technological assessment of fetal reduction, treating it as an unreliable technology. Those who consider the option further often need to navigate and clarify complex and conflicting opinions, advice, and support offered by doctors, family members, and religious tradition. The author highlights the feto-centrism and marginalization of women's health risks and social needs in the navigating processes.

Chapter 7 presents Taiwanese women's active maternal work to prevent the threat of pre-term labor when they carry multiples. In anticipating giving birth to healthy newborns, women self-palpate to predict signs of pre-term labor, conduct corporeal adjustment, and do emotion work to better care for the fetuses. To practice *an-tai* ("save fetus") well, they also need to negotiate their reproductive and productive labor. The author argues for the need to pay more attention to caring for maternal health rather than focusing only on

the health of the fetuses.

In conclusion, the author lays out the theoretical importance of anticipation, which juxtaposes hope technology and risky medicine, to better comprehend the whole picture of how making multiple babies emerges and poses problems. To analyze the anticipatory governance of assisted reproduction, the book demonstrates three layers of analysis: how stakeholders frame and act upon their selected dimension of anticipation; the power dynamics among science, the state, and society vis-à-vis the national sociotechnical imaginaries of IVF; and the global assemblage of regulation for local needs. The wide range of women's anticipatory labor—from optimizing their disrupted reproduction to deciding about fetal reduction to doing maternal body work to prevent pre-term birth—reveals how the responsibility to reach their reproductive goals gradually narrows down to women alone. The author calls for responsible governance as a reform agenda to relieve women of bearing this heavy anticipatory labor.

得獎感言：

多胞胎孕產造成的風險與爭議，國際生殖醫學界自 1980 年代以來投入大量研究、積極探討對策，社會人文領域卻缺乏系統性的研究。長年以來，臺灣是全世界試管嬰兒多胞胎比例最高的國家，日本則是多胚胎植入管制最嚴格的國家之一。這豐富的東亞現象，促成我立志以英文寫成學術專書，以補強生殖科技的社會人文研究過於偏向歐美的失衡。同時，由於臺灣比起其他國家，有更高比例的孕產婦歷經多胞胎，因次在減胎與安胎的主題上，亦有較為豐富的經驗現象，也使得本書能發展出預想勞動議題，讓常民的行動，成為預想體制的重要層面。

多胞胎孕產，圍繞著希望與恐懼、生命與死亡。跨領域研究過程，涉及浩瀚的科學研究，也要面對受訪者悲喜交加的掙扎，我經歷了各種挑戰。從構思到成書，耗費將近十五年的時光，也受惠於太多支持這項研究的朋友。萬分感謝中研院人文專書獎的肯定，對我意義重大。我想把這份得獎的榮耀，獻給促成這本書的眾人：慷慨接受我訪談的求孕婦女及其家人、醫界人士、科學家、政府官員與政策倡議者；滋養我的各方學術社群與同行，包括臺灣與國際的社會學、科技與社會研究、性別研究、衛生史等領域學群，特別是最能促發人活力與幸福感的臺大社會系師生；堪稱夢幻隊友的歷屆研究助理們；以及總

是相挺的親朋好友。

這本書預計針對臺灣讀者，更新最新資料，出版中文版。儘管本書不可能詳述所有人的故事，也不可能解決所有的問題，但我希望本書至少能夠促使人們正視這些孕產多胞胎的困境，並成為制度改革的養分。