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From the incubator to the Artificial Placenta: A journey through the history of neonatal technologies and some pointers for the future

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Preterm birth is one of the main maternal and child health problems. Any birth before 37 weeks of pregnancy is considered premature, as a full-term birth is a birth between 37 and 42 weeks of gestation. According to the World Health Organisation (WHO), prematurity and its complications are the leading cause of infant mortality in the world among children under five years of age, affecting 15 million births each year.

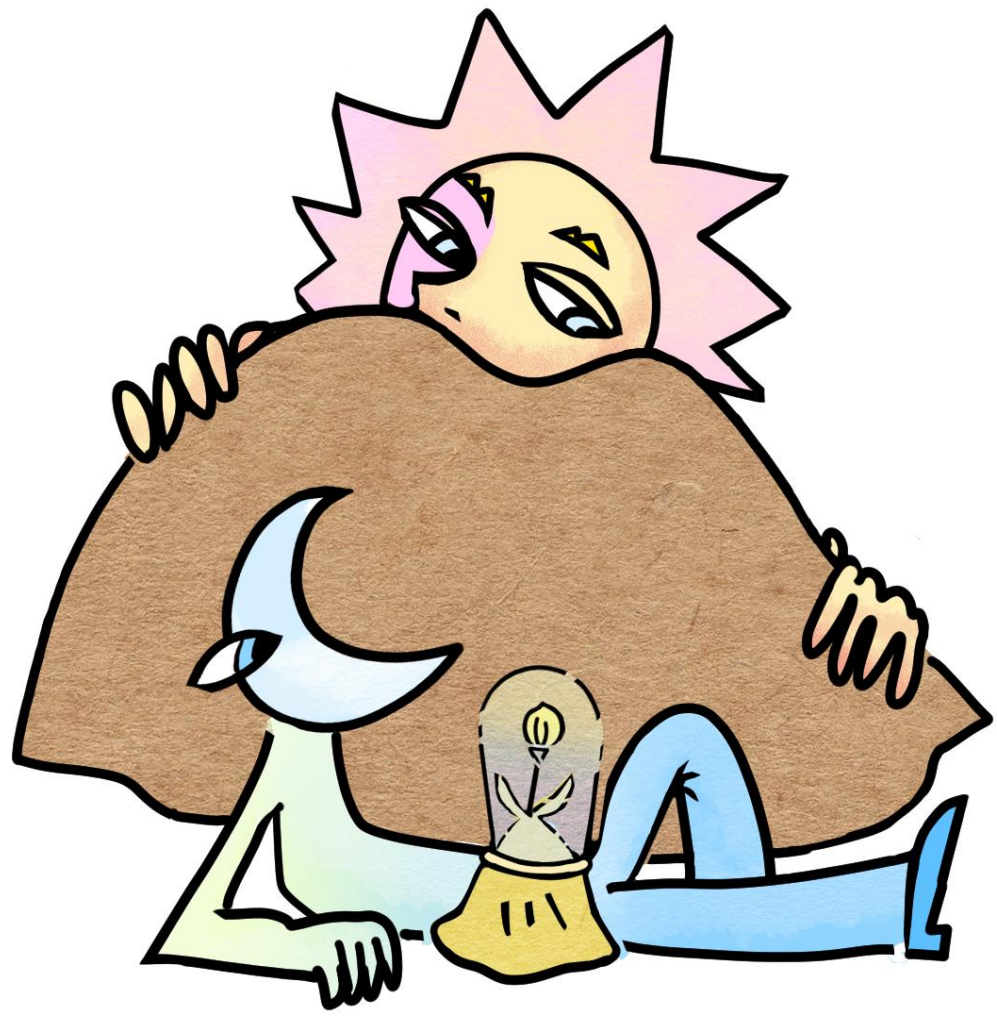
The risks and complications resulting from prematurity, as well as the chances of survival at birth or of severe or mild long-term sequelae, depend critically on the weeks of gestation at the time of birth. Although many cases of prematurity are associated with unknown causes, some preterm births are linked to multiple gestations, the use of assisted reproductive technologies (ART), the presence of uterine infections, pre-eclampsia, stress or environmental factors such as pollution, among others.

From the field of social sciences, numerous studies have analysed the influence of socio-economic factors on prematurity. One example is the analysis by anthropologist Dána-Ain Davis, who concludes that African-American women are twice as likely as white women to experience premature birth. Davis associates this phenomenon with the structural racism present in American society, which, according to her research, also manifests itself in health care institutions.

Despite medical and scientific advances over the last decades, the treatment and prognosis of premature infants remains a challenge in the field of neonatology. Cases of "extreme preterm" infants, those born at less than 28 weeks gestation, are particularly problematic, as vital organs such as the lungs, heart and brain are still too immature.

It is for this reason that, in the field of neonatal technologies, a series of models have been designed for the creation of a technology known as "Artificial Placenta". According to the experts working on its development in Spain, the Artificial Placenta (hereinafter, AP) is a device designed to incorporate and maintain a premature foetus in conditions similar to those of the maternal womb. In this way, the development of the foetus would continue inside a closed container, with synthetic amniotic fluid inside, in which the foetus would be connected through the umbilical cord to an extracorporeal circulation system (ECMO) that would provide the necessary oxygen, food and hormones. There are currently five such projects in the world, all of them in the pre-human application phase. One of these projects is being developed in the city of Barcelona, under the direction of

Dr. Eduard Gratacós. The team is made up of experts in gynaecology and obstetrics, neonatology, veterinary medicine, engineering and computer science, among other fields, and is funded by the Fundación 'La Caixa'. The AFIN research group of the Universitat Autònoma de Barcelona, to which the authors of this article belong, participates in the project through *Work Package (WP) 11* entitled *Patient Experience and Ethics.* AFIN's objective is to analyse, from an anthropological perspective, the experiences and perspectives of people born prematurely, their families and healthcare professionals. The purpose is to generate tools to address the complexities of prematurity, especially in cases of extreme prematurity, as well as the challenges that this new technology could pose. To this end, key questions have been analysed, such as: What are the main difficulties faced by families when a premature baby is born? What is the perspective of health professionals in this context? How is the medical treatment to be offered to these babies decided? Furthermore, it is considered essential to understand the experience of families during obstetric follow-up, delivery and admission to the neonatal ICU, as well as the role played by neonatal technologies in these processes. Within the framework of WP11 of the Artificial Placenta project, based on a qualitative methodology, Paula Martone's doctoral thesis has been developed under the



direction of Dr. Anna Molas and Professor Diana Marre, principal investigator of WP11.

Prematurity in Spain

According to the latest available data from the Spanish Institute of Statistics, 21,733 premature babies were born in Spain in 2022, representing 6.6% of all births in that year. Globally, the latest WHO report, corresponding to the year 2020, shows that the prematurity rate was 9.9%. The most affected regions were South Asia, with a rate of 13.2%, and Sub-Saharan Africa, with 10.1%.

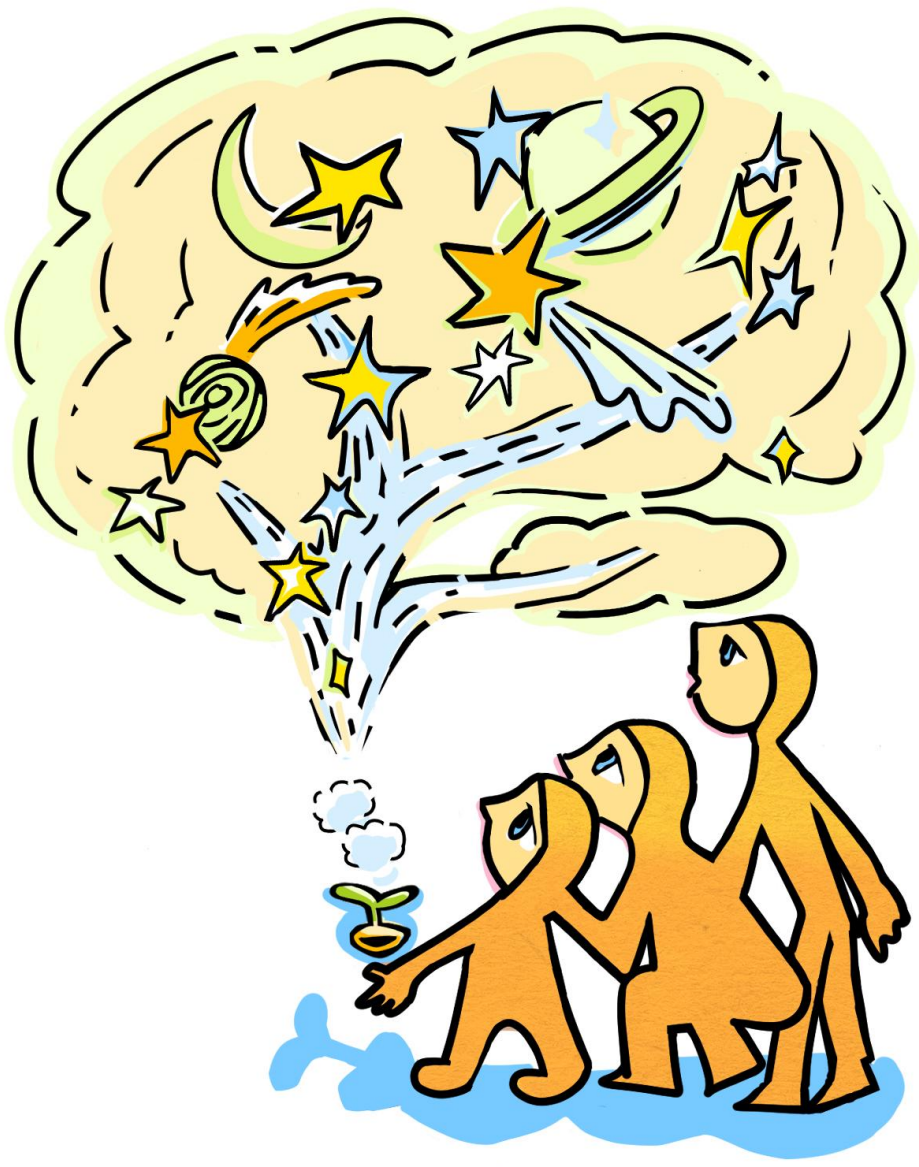
One of the central aspects of our research has been to analyse the specific medical protocols related to extreme preterm infants, as they would be the main recipients of AP. Given the high degree of immaturity with which these infants are born, uncertainty is a constant when it comes to determining

their chances of survival and the possible physical and/or cognitive sequelae they may face in the future. In this medical context, there is much debate about the week of gestation from which active treatment should be offered to a premature baby and, therefore, when the baby can be considered "viable", i.e. capable of survival outside the womb. It should be noted that the limit of viability has changed over the last decades, as technical and scientific advances have significantly improved the care offered to these patients. In the 1990s, the viability limit was around 28 weeks of gestation, whereas today it has been reduced to 22 weeks in countries with high technical expertise, such as Sweden and Japan.

From a legislative point of view, in Spain, the Organic Law 2/2010 of 3 March, on sexual and reproductive health and the voluntary interruption of pregnancy, establishes the threshold of foetal viability at around 22 weeks of gestation, as in Sweden and Japan. Based on this limit, and following a series of international guidelines, the Spanish Society of Neonatology (SeNeo) annually draws up medical protocols to deal with the birth of a baby at the limit of viability. Despite the fact that the law establishes viability at 22 weeks, the latest SeNeo protocol, corresponding to the year 2023, proposes to offer active treatment from 25 weeks. However, it also contemplates the possibility of intervening at 23 and 24 weeks, provided that each case is studied individually and the family's consent is obtained.

The possibility of preterm infants developing severe sequelae, especially neurological sequelae, is one of the key factors in the decision-making process of health care providers. However, according to the results of our fieldwork, even those sequelae considered to be milder, such as certain motor problems, can represent major challenges for families, both financially and organisationally. As Javier explains about his son, born at 27 weeks:

> He has had quite serious problems. Now, as you can see, he goes up,



down and would do all the impossible gymnastics, but back then he couldn't even crawl. This has been thanks to the parents' money, not going on holiday, not spending.

In the medical field, some of the neonatologists interviewed share these concerns, as one of them explains:

> As a common good for society, it would make more sense to give resources. That the effort made with the children [in the hospital] would then have a continuity in society, instead of lowering [more and more] the viability limit.

Such questions are not new to neonatology, a specialisation that has often faced ethical dilemmas about its practice. One example is neonatologist William Silverman, who, around 1990, already pointed out that the intensive care provided in neonatal ICUs often lacked continuity outside the hospital, due to the lack of resources and the precarious conditions in which many families lived. As a result, some babies died after discharge from hospital. These examples highlight the importance of taking into consideration social aspects beyond the medical-technological dimension in order to understand and address the complexities associated with preterm birth.

The "discovery" of the neonatal patient

Neonatology is a relatively recent medical speciality compared to obstetrics or gynaecology. As documented throughout history, gynaecological care related to women's reproductive health and childbirth assistance has been implemented at different times. Generally, those who provided this care also cared for babies during pregnancy and childbirth. However, their practice focused primarily on the woman, while the infant was of secondary interest. Until recently, it was common to foresee several births within the same family, while motherhood began - and still begins in many socio-cultural contexts - shortly after the first menstruation, and fertility control did not come about until the 1970s with the spread of the contraceptive pill - in Spain its use was decriminalised in 1978. As historian Philippe Ariès points out, the history of humanity has been marked by a high rate of infant mortality. For this reason, in the case of babies born before their time, it was often considered that

there was not much to be done for them.

Accounts from the 19th century show that, in the vast majority of cases, it was mothers who tended to take care of their premature babies, who often died. Late 19th century wars, such as the Franco-Prussian war (1870-1871), which left France with a worryingly depleted population, coupled with low birth rates and high infant mortality, prompted many European physicians and politicians to actively seek solutions to reduce these deaths. It was during the second half of the same century that obstetricians began to take a greater interest in the health of newborns, and it became common practice to weigh them and treat their health problems from birth. These advances marked the beginning of modern neonatology.

Throughout the 20th century, attention to infants grew considerably stronger, giving rise to various disciplines specialising in this stage of life, such as paediatrics, child psychology and education. This era was so significant for the development of children's rights and welfare that many authors have called it "the century of childhood". A key testament to this approach is the essay *The Century of the Child*, published in 1900 by the Swedish writer and feminist Ellen Key. In her work, Key proposes a series of children's rights and sets out how children should be educated, laying the far-reaching foundations for what would become the 1989 Convention on the Rights of the Child (CRC) several decades later.

In this context, greater attention began to be paid to preterm babies and the main challenges associated with preterm birth. One of the first major advances in improving their chances of survival was to identify hypothermia as a critical problem to be solved. This observation led to the development of an invention that would be crucial to the emergence of neonatology as a medical specialisation: the incubator.

The origins of the incubator

In the 19th century, there were already home remedies to combat hypothermia in premature infants, such as the use of hot water bottles to warm cots. However, from the medical field, more sophisticated mechanisms began to be devised to provide a warm environment for premature infants to maintain a constant body temperature. The first known record of such a device dates from 1835 and was devised by the Tsarist court physician Georg von Ruehl. This prototype, which can be considered the forerunner of today's incubators, consisted of a cubicle in which the baby was placed, surrounded by a tank of hot water to maintain its temperature.

Although various attempts at similar devices were developed throughout the 19th century, it was the French obstetrician Stéphane Tarnier who would

go down in history as the main precursor of incubators. Inspired by the incubators used to raise chickens, Tarnier designed a device that, although very similar to the previous ones, offered greater protection. It consisted of a container - originally made of wood and later of glass - closed at the top to maintain a constant temperature.

Tarnier not only perfected the design, but also installed incubators at the Hôpital La Maternité in Paris, thus extending their use in hospital settings. Historian Gina Greene points out that the success of Tarnier's contribution was more symbolic than scientific. On the one hand, the use of glass panels in his design allowed the process of human "incubation" to be visible for the first time, whereas previously it had remained hidden in the

womb. On the other hand, the transparency of the device was in line with the growing demands of hygiene and sterility, in vogue at the time in the wake of Louis Pasteur's work on microbes and contagion. The expansion of incubator use had a significant impact on the perception of premature babies. These neonates progressively began to acquire the status of patients in the eyes of the medical community, which prompted efforts to improve their chances of survival. This development ushered in new perspectives, expectations and possibilities over the following decades, as well as a new medical speciality: neonatology.

Despite the positive impact that the use of incubators had on the survival of premature patients, the advances that drove them were not without controversy. In particular, the "incubator shows" that spread across Europe and the United States played a controversial role in the use of this technology. These shows consisted of displaying incubators with premature babies inside them in front of the general public, giving the possibility to watch, for a fee, how nurses cared for these patients. As scandalous as this practice may seem to us today, it is relevant to bear in mind that, during the First and Second Industrial Revolutions, the exhibition of new technologies was a common practice to show the progress of science, as demonstrated by the

numerous Universal Exhibitions that took place in Europe from the mid-19th century onwards. It is equally relevant to recognise that, despite the controversial nature of these premature baby shows, they were crucial in generating interest in the specialised care and treatment of premature babies and raising awareness in general society of the importance of their vulnerability, helping to establish the foundations of neonatology as an essential medical discipline.

The consequences of a revolutionary technology

The advent of the incubator marked a turning point in the history of prematurity. Together with the improvement of other technologies, such as respiratory support or specialised nutrition, it allowed for a gradual decrease in premature neonatal mortality. However, this medical progress, which implied an increasingly high-tech hospital environment, posed a new challenge: the relationship between the baby and its family. Pierre Budin, a medical collaborator of Stéphane Tarnier, began to observe how the fact that babies remained in the care of professionals outside the domestic environment led to a distancing between many mothers and their babies. Budin went so far as to state that, in some cases, this situation resulted in babies being abandoned in hospitals.
From this observation, the doctor stressed the need to involve mothers, traditionally considered the primary caregivers of their children, in the process of caring for their premature babies. Given the circumstances, studies exploring the concept of attachment, a theory centred on the mother-baby binomial, also began to emerge from various fields of knowledge. What is particularly interesting is that, according to our ethnographic observations in neonatal ICUs, the bond between families and preterm infants remains one of the most tense areas today. Most of the neonatologists and nurses interviewed in this project emphasise the difficulty for families to bond with the baby as one of the greatest challenges posed by a premature birth. The testimonies of some mothers reinforce this idea, often attributing these difficulties to the traumatic nature of the birth, health problems in the post-partum period, the physical appearance of their babies during the first days of life or the feeling of alienation in a highly technological environment, which prevents them from fully experiencing their role as mothers and caregivers. This is the case of Bibiana, mother of a baby born at 29 weeks who died during her stay in the NICU:

> Between everything I was carrying, what I saw ahead of me and the hormones, it was horrible. Going through those doors of the neonatal ICU cost me my life. I would go in and after five minutes I wanted to

> leave, because you are afraid of arriving and seeing what you find, you are afraid of being there and the baby getting sick, but you are also afraid of leaving and being called away. So it was fear, fear, fear all the time.

Experiences like Bibiana's have directed part of our research towards the theme of bonding. Along these lines, we have identified that one of the main tasks of neonatal staff is to help families to create or reinforce this bond, often affected by the hospital experience or the possibility of the baby's death. Healthcare staff report that mothers and fathers often feel "useless" in caring for their children, as they feel they are unable to play a role in their recovery.

This element is particularly problematic given that professional teams strongly emphasise that the good prognosis of newborns depends to a large extent on the bond that families manage to establish with them. Aspects such as the baby hearing the mother's or father's voice or hearing the baby's heartbeat through the kangaroo method are considered crucial. The kangaroo method, created in 1978 in Colombia by neonatologist Edgar Rey Sanabria to alleviate the shortage of incubators and the general precariousness of the hospital where he worked, consists of placing the baby in direct skin-to-skin contact for several hours with an adult

person, in order to regulate its temperature and promote its neurodevelopment. In Bibiana's case, due to her baby's delicate health condition, the kangaroo method could not be used. However, parents who have had this experience highlight its importance in establishing a bond with their children. Sheila, mother of twins born at 29 weeks, says:

> Skin-to-skin [...] if you couldn't do it, when would you bond with your baby? The time you are there with them is what they really need, the warmth of the parent, which is what the incubator tries to supply artificially [...] It helped

> us a lot, it helped us to get to know them, to feel them. Then we had to adapt again at home, to get to know them more and more. But it helped us a lot, both my husband and me.

The difficulties in establishing this link might be explained by what Elise Andaya and Lisa Campo-Engelstein identify in their anthropological analysis as the ambiguity of the status of premature babies in the NICU. Being suspended between the categories of foetus and newborn, these babies become liminal beings. Liminality is a concept frequently used in anthropology to refer to the transitory states in which human beings find themselves in certain vital phases, such as birth, when the baby transitions from intrauterine to extrauterine life. Therefore, analysing the liminality of premature babies is fundamental to understanding the dynamics in neonatal ICUs and many of the challenges faced by families during the hospitalisation experience.

Artificial Placenta: a paradigm shift?

Those who have had the opportunity to see images of the artificial placenta technology will know that it leaves no one indifferent. Several media reports show how the AP experimental model team handles a premature sheep foetus and places it in a container that many compare to scenes from science fiction films. What is perhaps most "extracorporeal membrane oxygenation" (ECMO).

ECMO not only delivers the groundbreaking is that, before the foetus is removed from the womb and takes its first breath of air to officially enter extrauterine life, its umbilical cord is cut and it is connected to a machine called nutrients needed for the developing foetus, but also oxygenates the foetus' blood, acting like an external lung, and returns it to the foetus' body through a closed circuit. The fact that the foetus is also placed in a liquid environment raises questions about its legal and even ontological status: is it a foetus or a newborn? Can it be considered "born"? What is the difference between biological and technological intrauterine life?

Throughout the history of neonatology, the limit of viability (currently at 23 weeks of gestation according to SeNeo), has been gradually lowered by improving technologies and the care offered to neonates. Although the AP could only be used on an already formed foetus, the possibility that it could work on foetuses from 21 weeks is already mentioned among some of the projects underway. This projection generates concern among some of the professionals interviewed, who worry about possible long-term sequelae:

> What worries me most is that the viability limit will be lowered [...] Before the viability limit was at 25 weeks, then it went down to 24 weeks and we are lowering it more and more due

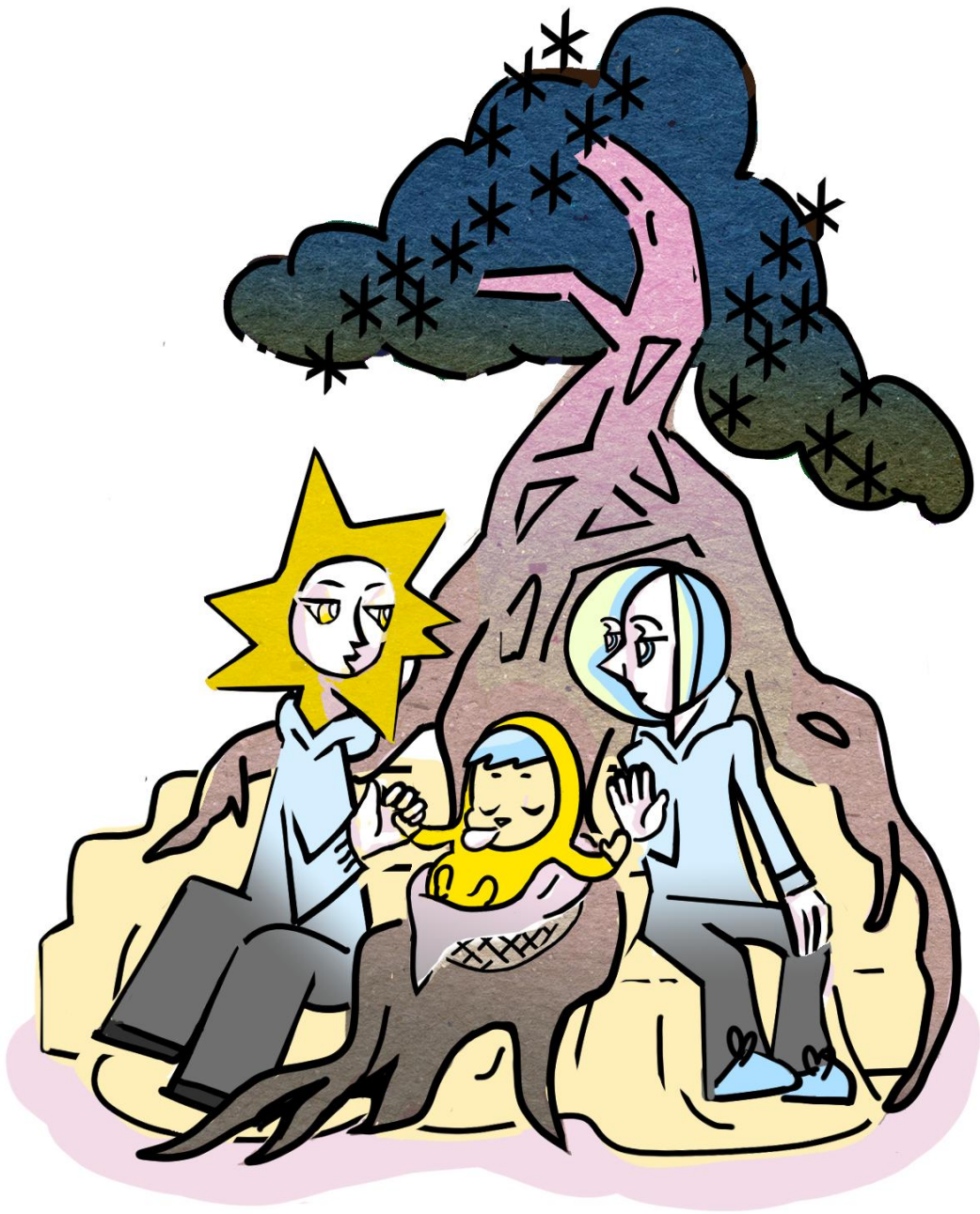
to medical advances, which in the end are medical advances that allow the person to continue living, but in what conditions? Like the elderly, yes, now we can live to be 100 years old, but there are also studies of people who get to be many years older, for example, women who live many more years, but in worse conditions (neonatology professional).

Another issue that has emerged in the social science literature on the possible implications of AP is the redefinition of the autonomy of the pregnant woman in deciding whether or not to offer active treatment to a baby born at the limit of viability. A decision that, according to the current SeNeo protocol, must be agreed with the family in births between 23 and 24 weeks of gestation. However, authors

such as Elisabeth Chloe Romanis debate whether, once the technology is proven safe for the survival of patients, its use could become mandatory to safeguard the well-being of those foetuses that cannot continue their gestation in utero, regardless of the will of the mother or the family.

Potential inequalities in access to the technology are often another concern for both patients and professionals. PA, which requires a large financial investment, is currently only being developed in high-income countries and in highly specialised hospitals. This raises questions about how people with fewer resources or who live far from hospitals with BP could benefit from the technology. This is an issue that is likely to be addressed differently in the various countries that are developing the technology and that have different health systems.

As was the case with the incubator, the Artificial Placenta proposal also generates some controversy. In our study, upon seeing images of the sheep foetus in the AP, several parents and professionals expressed ambivalence or disagreement with animal testing, even though it is widely known that experimental models include animal testing. However, the main concern we have identified in our fieldwork is the impact that AP might have on the infant-parent bond. This uncertainty has been expressed both by neonatology



professionals and by mothers and fathers of preterm infants, highlighting that, despite the high degree of sophistication of existing technologies, family and social relationships are still perceived as a fundamental element in the care and good prognosis of babies. Taking these aspects into account, our research continues to focus on identifying the challenges and needs of families and professionals in the face of the paradigm shift that the use of Artificial Placenta could represent.

About the author

Paula Martone

PhD Candidate in Social and Cultural Anthropology at the Universitat Autònoma de Barcelona, Spain

Paula Martone is a Cultural Anthropologist from the Università di Bologna (Italy) and a Master in International Cooperation from the University of Edinburgh (United Kingdom). She is currently in her third year of her doctorate at the AFIN Group of the Universitat Autònoma de Barcelona. Her research focuses on the social aspects of premature births and the possible use of artificial placenta technology to treat them. After having worked on various reproductive health projects within the framework of AFIN, she continues her research work as a Senior Medical Anthropologist in an innovation consultancy.

Anna Molas

Lecturer at Monash University (Melbourne, Australia)

Anna Molas is a lecturer at Monash University (Melbourne, Australia) and has completed her Juan de la Cierva postdoctoral fellowship with the AFIN research group at the Universitat Autònoma de Barcelona (2023-2024). Her research interests lie in medical anthropology and science, technology, and society studies, focusing on the fields of biotechnologies and reproductive health. She is currently engaged in various research and knowledge transfer projects, as well as the publication of her book based on her doctoral thesis, T*aming Egg Donors: The Production of the Egg Donation Repromarket in Spain,* for which she received the First Book Grant 2023 from the Independent Social Research Foundation.

About the author

Diana Marre

Professor at the Universitat Autònoma de Barcelona.
Director of the AFIN Barcelona Research Group (UAB)

Diana Marre is a professor at the Universitat Autònoma de Barcelona (UAB) and Visiting Professor at the University of the West of England, UK. Director of the AFIN Research Group Barcelona (UAB). Her research areas include the social, cultural, and political aspects of human reproduction. She is the author of over a hundred publications in her field. She has been the principal investigator of numerous research projects on human reproduction, family, and childhood funded by various organizations and entities. In 2019, she received the ICREA Academia award. She is currently working on projects related to the mobilities forced by certain barriers to access reproduction and on the experiences of people and families going through early reproductive losses and extreme prematurity, as well as the healthcare teams that accompany them.

About the images author

Jiwon Shin

Jiwon Shin is an artist from Seoul. Studied illustration at the Edinburgh College of Art (ECA) in the UK and is currently teaching at the Department of Visual Design at Duksung Women's University of Seoul. She likes to discover and describe hidden patterns in the nature, and gets inspired by the traditional images of various countries and geometric configurations.

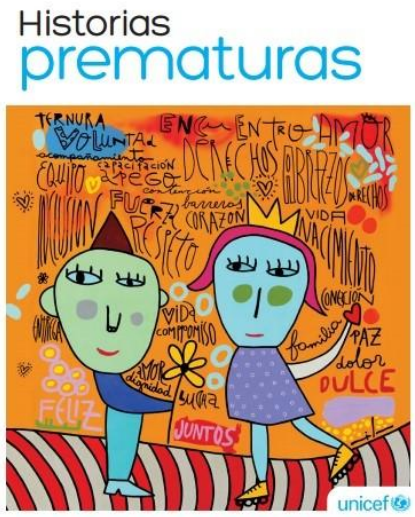
Further Reading

García Puig, M. (2023)
La historia de los vertebrados.
RandomHouse

This story based on the life of its author relates her experience with the premature birth of her twins. Through the analysis of her personal difficulties, she takes a tour of the universal stories of other women and their personal struggles.

Andrés, Y. (2018)
Nacimiento
Caniche Editorial

This illustrated book is the diary that its author drew and wrote during the weeks after the premature birth of her daughter, born at 29 weeks. Each copy of this book is delivered wrapped in a bag embroidered by the author herself.



WWA. (2014)
Historias prematuras
UNICEF

Ten true stories about premature births told by different writers. This book, available online for free, addresses the experiences with prematurity of health professionals and parents.

Further watching

Barther, S. (2023)
La generación cápsula
United Kingdom, 111 min.

Film between the genres of science fiction and romantic comedy that takes place in New York in the not-too-distant future. In it, a couple uses a new technology called Pegasus, which consists of an artificial uterus that will produce their future baby.

Puenzo, L.; Olivera, J. y D'Agostino, L. (2013)
Prematuros
Argentina, 30 min.

Documentary series composed of 4 chapters. In each of them, the importance of the care of health professionals and families to support premature babies is shown.

VVDD. (2016)
This is us **[Television series]**
U.S.A, 60 min

American fiction series that follows the life of a family throughout their lives. In the third and fourth seasons, one of the protagonists has a premature child. After this event, the difficulties that prematurity entails at both a medical and family level are shown.

News AFIN

Call for Papers for Third European Network for Psychological Anthropology Biennial Conference "Anthropologies and Psychologies in Inter/Action – Interdisciplinary Perspectives"

The third ENPA biennial conference, "Anthropologies and Psychologies in Interaction and Action: Interdisciplinary Perspectives," will take place from June 11 to 13, 2025, at the University of Münster (Germany).

This edition explores the emerging intersections of psychological anthropologies and anthropological psychologies, fostering dialogue on the potential for interdisciplinary collaboration. Contributions are welcomed from anthropology, psychology, and related disciplines professionals interested in presenting their research, sharing reflections, and envisioning future collaborations at the intersection of these fields.

Proposals for panels, papers, roundtables, and workshops are invited. Interdisciplinary and experimental formats are particularly encouraged. Sessions will be either fully online or fully in-person; both formats will not be mixed in the same session.

The deadline for abstract submissions is January 31, 2025.

Submissions should be sent to: submissions@enpanthro.net

For more information about the different presentation formats, registration, and other details about the Conference and the pre-conference Workshop, please visit: https://enpanthro.net/enpa-2025-conference/

You may also contact: carolina.remorini@uab.cat

Participation of Giulia Colavolpe in *Focus – Assisted Reproductive Technologies and Egg Donation, Under Debate*

Last November 28, like every last Wednesday of the month at 9:15 p.m., Ràdio i Televisió d'Andorra broadcast the third episode of the *Focus* program. This episode, titled "*Tècniques de Reproducció Assistida i Ovodonacions, a Debat*", included a round table of experts, among whom, together with Julià Álvarez (gynecologist specialized in fertility), Esther Argilés (nurse with training in bioethics) and Sílvia Palau (psychologist specialized in perinatal grief), there was Giulia Colavolpe Severi, doctoral student at the AFIN Group who presented results of the project *Reproductive governance and mobilities in Europe and Latin America: questioning reproductive justice and rights in a context of austerity and fertility decline* (PID202-0112692RB-C21; PID2020-112692RB-C22) funded by the Ministerio de Ciencia e Innovación of Spain, in which Giulia participates.

Watch the episode on Andorra Difusió.

AFIN Secures Funding from La Marató de TV3 for a Research Project

The consortium led by Dr. Elisa Llurba from the Research Institute of the Hospital de la Santa Creu i Sant Pau, including research groups from Hospital Clínic, Vall d'Hebron, and the AFIN research group, has obtained funding from the Fundació La Marató de TV3 to carry out a project over three years. The project is based on a clinical trial aimed at evaluating the effectiveness of a pharmacological treatment for two pregnancy complications: preeclampsia and intrauterine growth restriction.

The subproject led by AFIN, *Needs, Experiences, and Expectations of Pregnant Women Regarding the Care Received in Diagnosis, Prevention, and/or Treatment of Preeclampsia, Intrauterine Growth Restriction, Preterm Birth, and Their Implications for Future Health* (Fundació La Marató Tv3Cat, Project 166/C/2024, Subproject 240/U/2024), will focus on identifying the needs, experiences, and expectations of pregnant women in relation to the information provided, technological and pharmaceutical advancements, and interventions in these cases.

More information:
https://www.uab.cat/web/sala-de-premsa/detall-noticia/personal-docent-i-investigador-de-la-uab-rep-suport-de-la-marato-1345829508832.html?detid=1345936051302

AFIN Secures Funding from the Instituto de Salud Carlos III for a Research Project

As part of a network funded for three years starting in January 2025 by the Instituto de Salud Carlos III, Ministerio de Ciencia, Innovacion y Universidades of Spain, led by Dr. Elisa Llurba from the Research Institute of the Hospital de la Santa Creu i Sant Pau and comprising Health Research Institutes from tertiary hospitals in Bizkaia, Catalunya (Santa Creu i Sant Pau, Sant Joan de Déu, Clínic), Murcia, Madrid (12 de Octubre, Gregorio Marañón, La Paz, Torrejón, San Carlos), Andalucia (Granada, Cádiz), Asturias, Galicia (Santiago de Compostela), Valencia (La Fe), the Universidad Complutense de Madrid, the Health Research Institute of Hospital La Fe (Valencia), Cantabria (Marqués de Valdecilla), and Aragón, the AFIN research group will develop the project *Towards Personalised Maternal and Infant Health Care through Accessible, Sociocultural, and Gender-Sensitive Information, Practices, and Training, Together with Data-Driven and Generative AI Technologies,* subproject RD24/0013/0003 of the *Spanish Network in Maternal, Neonatal, Child, and Developmental Health Research* (RICORS-SAMID). This project focuses on personalised maternal and infant health care through accessible information, practices, and training sensitive to sociocultural and gender diversity, in combination with generative and data-driven AI technologies.

IV International ReproMob Conference – Call for Papers

The deadline for submitting communication proposals for the IV International ReproMob Conference *Reproductive Governance and Mobilities in Europe and Latin America: Questioning Reproductive Justice and Rights in a Context of Austerity and Fertility Decline* is open until January 31, 2025. This conference will take place in person in Bellaterra and Barcelona between June 10 and 12, 2025.

In an era marked by economic austerity and declining fertility rates, reproductive justice and rights are undergoing profound transformations in Europe and Latin America. This international conference aims to explore the complex dynamics of reproductive governance at both national and international levels. It also seeks to analyze internal and cross-border mobilities, focusing on the impact of austerity measures on reproductive justice and rights.

Topics proposed for discussion include:

– The consequences of government policies on access to reproductive health care and services.
– Cross-border reproductive and non-reproductive care and its implications for reproductive justice and rights.
– Medical and non-medical mobilities in shaping reproductive futures.
– Reproductive mobilities of people, technologies, bioproducts, knowledge,

ideas, and finances.
– Intersectional reproductive experiences involving gender, race, disability, age, and class.
– The influence of nation-state policies on mobility, rights, and reproductive justice.
– Reproductive politics and governance in Europe and Latin America and cases that challenge them.
– The role of reproductive activism in advocating for equitable reproductive rights and justice.

To view the full list of panels and submit your proposal through the online form available on the website, please visit: https://afin-barcelona-uab.eu/proyectos/reprom ob/

Each participant may present only one paper as a speaker, co-author two papers presented by others, and participate in one roundtable.

As the conference is funded by various institutions, there is no registration fee.

However, registration and subsequent confirmation of attendance are mandatory.

Second Part of the AFIN Seminar Cycle 2024-2025 begins

The AFIN Barcelona Group will resume its AFIN Seminar Cycle 2024-2025 on Thursday, February 6, 2025, with the second part kicking off with the seminar titled “Exploring Barriers and Facilitators Experienced by Disabled Women in Reproductive Health Spaces”, presented by Laura Sanmiquel, Joan Pujol, and Marisela Montenegro.

The seminar series, which will conclude on June 19, 2025, offers a total of 25 online seminars open to the public, delivered by researchers from various institutions and countries. Sessions are held every Thursday from 16:00 to 17:00 (CET) via Zoom.

Direct access to the sessions: Zoom

The complete program, with details on speakers and topics, is available at the following link:
https://afin-barcelona-uab.eu/en/the-afin-seminar-cycle-2024-2025-begins/