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This book by the medical sociologist Siri Suh explores post-abortion care (PAC) in Senegal through the lens of reproductive governance.[1, 2] It is based on the author's fieldwork in three Senegalese hospitals providing post-abortion care in 2009–2011, including observation of services, review of records, and interviews with health care professionals. In addition, Suh conducted an archival review of illegal abortions in Senegal and a PAC and abortion literature review. The book may be based on a specific context, but it elegantly discusses how PAC can be placed within the wider context of reproductive governance, obstetric violence,[3, 4] reproductive justice,[5] abortion stigma,[6] and global inequalities in health.

Suh begins by exploring the history of PAC in general and in Senegal in particular. A pregnant person may need PAC if they experience complications due to a spontaneous or induced abortion, such as haemorrhage or an infection. The contents of the uterus are emptied using a range of methods, some of which are safer than others. In global health, PAC is often considered an intervention that reduces maternal mortality and morbidity particularly in contexts where induced abortions are illegal or only allowed under a narrow set of conditions. While induced abortions may be illegal, PAC provision is always allowed. Suh describes how various institutions have thus decided to promote PAC as a tool to reduce maternal mortality and morbidity instead of arguing for the legalization and provision of safe abortion service, which is too often stigmatized. However, as Suh points out, this has led to a situation where PAC is seen as a 'good enough' solution in the Global South because it prevents people from dying. Few are concerned about the pain and suffering caused by an unsafe abortion (or a miscarriage) gone wrong, which necessitated the care in the first place.

Another important critical point that Suh evokes is that measuring PAC cases and their impact on maternal mortality and morbidity is inherently difficult, and we do not currently have reliable measures to evaluate the effectiveness of PAC in saving lives. In particular, it is challenging to assess how many maternal

(1) Morgan L. M. 2019. Reproductive governance, Redux. *Medical Anthropology*, 38(2), 113–117. https://doi.org/10.1080/01459740.2018.1555829

(2) Morgan L. M., Roberts E. F. S. 2012. Reproductive governance in Latin America. *Anthropology & Medicine*, 19(2), 241–254. https://doi.org/10.1080/13648470.2012.675046

(3) Sadler M., Santos M. J., Ruiz-Berdún D., Rojas G. L., Skoko E., Gillen P., Clausen J. A. 2016. Moving beyond disrespect and abuse: Addressing the structural dimensions of obstetric violence. *Reproductive Health Matters*, 24(47), 47–55. https://doi.org/10.1016/j.rhm.2016.04.002

(4) Zacher Dixon L. 2015. Obstetrics in a time of violence: Mexican midwives critique routine hospital practices. *Medical Anthropology Quarterly*, 29(4), 437–454. https://doi.org/10.1111/maq.12174

(5) Ross L. 2020. Understanding reproductive justice. In McCann C., Kim S., Ergun E. (eds.), *Feminist theory reader* (5th ed.), 77–82, Routledge.

(6) Norris A., Bessett D., Steinberg J. R., Kavanaugh M. L., De Zordo S., Becker D. 2011. Abortion stigma: A reconceptualization of constituents, causes, and consequences. *Women's Health Issues*, 21(3 Suppl), S49–54. https://doi.org/10.1016/j.whi.2011.02.010

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deaths due to unsafe induced abortion are prevented by PAC. This is because according to Suh's observations in the field, hospital records attribute most PAC cases to miscarriage. The reasons for this (mis)classification are complex and linked to the illegal and stigmatized nature of induced abortion: patients are reluctant to disclose an induced abortion due to fear of legal consequences, while healthcare professionals may aim to protect themselves, their hospitals, and their patients by recording most cases as miscarriages. In addition, Suh demonstrates that when healthcare workers assess whether a PAC case was due to an induced abortion or a miscarriage, the patient's sociodemographic characteristics, such as age and marital status, have undue importance.

Overall, the book provides two interesting viewpoints. First, it details the results of the author's fieldwork in Senegal so that the reader thoroughly understands the circumstances of post-abortion care in the hospitals studied. The downside is that the fieldwork happened more than 10 years ago, and the reader is thus left wondering if anything has changed since. Second, the book shows how such localized experiences are directly linked to the wider structure of governments, funders, and NGOs from rich countries operating in the global South. For instance, the health, or even the life, of a person experiencing complications from an abortion in the Global South can be determined by a presidential election result in the United States, as Republican presidents typically withdraw funding from anything abortion-related (known as the 'Mexico City Policy' or the 'Global Gag Rule'). In my opinion, one of the most important merits of this book is how it makes these connections clear and demonstrates their consequences in terms of lived experiences, instead of individualizing the issues of sexual and reproductive health and rights associated with unsafe abortion, e.g. by promoting interventions targeting individuals who do not wish to become pregnant. Such a point of view is sorely needed but sadly often missing, and as such this book provides an important contribution.

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